



EAST SUSSEX HEALTH AND WELLBEING BOARD

THURSDAY, 28 SEPTEMBER 2023

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 Andy Batsford, Hastings Borough Council
Councillor Teresa Killeen MBE, Rother District Council
Jessica Britton, NHS Sussex
Dr Stephen Pike, NHS Sussex
Vacancy, NHS Sussex
Mark Stainton, Director of Adult Social Care
Darrell Gale, Director of Public Health
Alison Jeffery, Director of Children's Services
Veronica Kirwan, Healthwatch East Sussex
Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Margaret Bannister, Eastbourne Borough Council
Councillor Paul Davies, Lewes District Council
Becky Shaw, Chief Executive, ESCC
John Willett, Sussex Police and Crime Commissioner
Mark Matthews, East Sussex Fire and Rescue Service

A G E N D A

1. Minutes of meeting of Health and Wellbeing Board held on 27 June 2023 *(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 Safeguarding Adults Board (SAB) Annual Report 2022 - 2023 *(Pages 9 - 82)*
6. Sussex Learning from Lives and Deaths (LeDeR) Annual report 2022/23 *(Pages 83 - 122)*
7. Healthwatch East Sussex Annual Report 2022-23: Together we're making health and social care better *(Pages 123 - 152)*
8. Director of Public Health Annual report 2022/23 *(Pages 153 - 248)*
9. East Sussex Shared Delivery Plan (SDP) programme update *(Pages 249 - 268)*

10. Creative Health Position Paper (Public Health) (*Pages 269 - 312*)
11. Work programme (*Pages 313 - 314*)
12. Any other items previously notified under agenda item 4

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

20 September 2023

Contact Martin Jenks, Senior Scrutiny Adviser,
01273 481327
Email: martin.jenks@eastsussex.gov.uk

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 27 June 2023.

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Councillor Trevor Webb, Councillor Teresa Killeen MBE, Jessica Britton, Dr Stephen Pike, Mark Stainton, Darrell Gale, Alison Jeffery, Veronica Kirwan and Charlotte O'Brien
INVITED OBSERVERS PRESENT	Councillor Andy Batsford, Councillor Paul Davies and Sophie Hepworth
PRESENTING OFFICERS	Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation Lourdes Madigasekera-Elliott, Public Health Strategic Lead - Creating Healthy Places
ALSO PRESENT	Graham Evans, Head of Public Health Intelligence Nick Kendall, Public Health Practitioner Julia Powell, Community Pharmacy Surrey and Sussex.

1. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 7 MARCH 2023

- 1.1 The minutes of the meeting held on 7 March 2023 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

- 2.1 The following apologies for absence were received from members of the Board:

- Councillor John Ungar, East Sussex County Council.
- Joe Chadwick-Bell, East Sussex Healthcare Trust.

- 2.2 The following substitutions were made for members of the Board:

- Charlotte O'Brien substituted for Joe Chadwick-Bell.

- 2.3 The following apologies for absence were received from invited observers with speaking rights:

- Becky Shaw, East Sussex County Council.
- Mark Matthews, East Sussex Fire and Rescue Service.
- Geraldine Des Moulins, Voluntary and Community Sector representative.

- 2.4 The following substitutions were made for invited observers with speaking rights:

- Sophie Hepworth substituted for Mark Matthews.

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

3.1 Councillor Carl Maynard declared a personal non prejudicial interest under item 6 Better Care Fund Plans, as the Disabled Facilities Grant element of the funding is administered by District and Borough councils, and he is a member of Rother District Council. Councillor Trevor Webb declared a personal non prejudicial interest under item 6, Better Care Fund Plans, as the Disabled Facilities Grant element of the funding is administered by District and Borough councils, and he is a member of Hasting Borough Council.

3.2 Councillor Carl Maynard declared a personal non prejudicial interest under item 7, East Sussex Public Health and Planning Memorandum of Understanding, as he is a member of Rother District Council.

4. URGENT ITEMS

4.1 There were none.

5. DRAFT SUSSEX INTEGRATED CARE STRATEGY SHARED DELIVERY PLAN (SDP)

5.1 The Board considered a report on the draft Sussex Integrated Care Strategy, Shared Delivery Plan (SDP). The report included a summary of the background to the development of the Shared Delivery Plan, the governance arrangements to support delivery, and next steps for submission of the Plan to NHS England.

5.2 Jessica Britton, NHS Sussex commented that from an NHS Sussex perspective it was welcome to see the East Sussex Health and Wellbeing Board's priorities reflected in the wider SDP, and similarly those for West Sussex and Brighton and Hove. The key elements of the Plan are those longer term priorities that partners can work on jointly such as workforce, digital and the development of integrated community teams which will underpin future service delivery. Some of the more immediate priorities for continuous improvement and collaborative working are also included in the Plan such as health inequalities, mental health and learning disability. The Plan sets out a direction of travel and key objectives and priorities for the health and care system, that supports how partners in East Sussex can work together whilst gaining the benefit of the strategic approach across Sussex.

5.3 Mark Stainton, Director of Adult Social Care and Health commented that he was happy to support the endorsement of the SDP. The three priority areas outlined in the SDP align with the Council's priorities, together with the enhanced focus on children and young people. If the NHS Sussex Integrated Care Strategy previously considered by the Board sets out the 'what' that the SDP starts to describe the 'how'. The governance arrangements set out in the report should be seen as equally important as the contents of the Plan, as they clearly set out the role of 'place' in the delivery of the Plan.

5.4 The Board commented that it was clear how much work had gone into the development of the SDP. The Board made number of comments and asked questions about the report, which are summarised below.

5.5 Alison Jeffery, Director of Children's Services commented that from a Children's Services perspective the way in which the Children's Board for Sussex can influence all eleven workstreams is to be welcomed. Under the mental health section, the commitment to review the profile of spending on mental health across the population is also to be welcomed. If the health and care system wish to be more preventative then more investment in services for children and young people will be needed, as many mental health conditions often begin in adolescence.

5.6 In the section of the SDP which sets out the ambitions for improving living at 'place' for East Sussex, there is table titled "Difference this will make to local people and workforce in East Sussex and how it will be measured". The Board asked what the reduction in the number of inappropriate referrals to mental health secondary services, and an increase in appropriate referrals to secondary mental health services meant in relation to more people being able to access support with their mental health needs, more quickly and closer to home.

5.7 Vicky Smith, Programme Director, East Sussex Health and Care Transformation responded that the plans and measures for mental health in East Sussex are linked to the pan-Sussex plans for community services transformation with mental health. The transformation programme aims to widen access to a range of mental health support at a primary care level for the population, and better access to appropriate specialist support at a secondary care level for people with more serious mental health issues. The transformation programme continues commitments and delivery made in previous years. Within the programme there are a number of strands including appropriate accommodation and housing-related support, working with District and Borough Councils and the voluntary sector.

5.8 Jessica Britton added that there are delivery boards operating across East Sussex and Sussex which are in place to support the delivery of these ambitions. There is a pan-Sussex Mental Health, Autism and Learning Disability delivery board which takes responsibility for overseeing the expansion of community based mental health services. This includes the rollout of mental health practitioners in Primary Care Networks which expands the range of opportunities that there are alongside other community-based services to access services locally. People may then not need to access secondary care mental health services. Through the review of the profile of spending and the need for children's services, there are also plans to increase mental health teams in schools and emotional health and wellbeing services for children and young people outside special support services. It will be possible to track and see the growth in access for local people to those services, and partners will be able to see what action has taken place.

5.9 Mark Stainton commented that under the housing options work there is intensive housing support available for those people leaving hospital settings. As well as the pan Sussex board there is also an East Sussex 'place' based board which has a workstream on accommodation which is looking at a model similar to the "discharge to assess" programme to support people leaving inpatient mental health services. This will provide a small number of commissioned places for people to move into before moving on to more permanent accommodation.

5.10 Veronica Kirwan, Healthwatch East Sussex, outlined that Healthwatch were able to provide some detailed feedback on the SDP at the Sussex Health and Care Assembly which took place in May. Healthwatch is pleased to see the feedback on the language and targets has been taken on board and NHS acronyms in the Plan have been removed to make the document more publicly accessible. In terms of communications with the public, Veronica Kirwan asked if there is a plan to have a more publicly accessible version of the Plan.

5.11 Vicky Smith confirmed that there are plans within the communications strategy for the SDP to have a more accessible version and/or summary document.

5.12 The Board RESOLVED to:

- 1) Endorse the East Sussex milestone plans that will enable delivery of East Sussex population and Place priorities, as set out in Delivery Area 4 of the SDP, and the collaborative arrangements in East Sussex to support delivery (in paragraphs 2.11– 2.16 of the report) and;
- 2) Endorse the draft SDP as set out in Appendix 1 and agree that the Health and Wellbeing Board submits a statement of support, prior to the SDP being submitted to NHS England (NHSE) and the NHS Sussex Integrated Care Board (ICB).

6. BETTER CARE FUND PLANS 2023-25

6.1 The Board considered a report on the Better Card Fund (BCF) Plans for 2023-25 which includes allocated funding of around £180 million over the next two-year period. It is one of roles of the Health and Wellbeing Board to approve Better Care Fund Plans. The Board asked a number of questions which are summarised below.

6.2 The Board asked about some concerns that have been expressed regarding delays to the Disabled Facilities Grant (DFG) process, especially in relation to those people in social housing, and whether these problems had been resolved.

6.3 Mark Stainton responded that the problems have not been resolved completely, but the nature of the challenges and issues are different across the five District and Borough councils who administer the scheme. The County Council has the responsibility to identify the need and then the relevant District or Borough council will work through the DFG process. Hastings Borough Council has recently agreed some additional resources to speed up the grant process. A separate issue has been delays around getting permission from landlords to carry out adaption work and some social landlords will deny permission where they deem the property to be under occupied. This is not something the County Council has influence over but is happy to support councils such as in Hastings where this may be a particular problem.

6.4 It was clarified that the County Council and District and Borough councils have influence over the parts of the process that are under their control, such as obtaining contractors to carry out the work. However, this can also be another cause of delays as it can sometimes be difficult to secure a building contractor to carry out the adaption work.

6.5 Councillor Andy Batsford confirmed that Hastings Borough Council (HBC) has agreed additional resources to speed up the DFG process and remove delays. However, obtaining owner or landlord permission remains a challenge, particularly with social landlords who have reservations about adapting properties and would rather move people. HBC is also looking at securing some additional Occupational Therapist resources from the East Sussex County Council (ESCC) Team to speed up the process.

6.6 Mark Stainton commended HBC for allocating additional resources to the DFG process and clarified that the DFG process under discussion was for adults and there is a different process for children. He commented that he is aware of number of questions that the Leader of HBC has raised about the DFG process and is putting together a response to those questions.

6.7 The Board RESOLVED to:

- 1) Note the Better Care Fund requirements for 2023-25; and
- 2) Approve the East Sussex Better Care Fund Plans for 2023-25 recognising the 2024/25 plans are subject to review later this year.

7. EAST SUSSEX PUBLIC HEALTH AND PLANNING MEMORANDUM OF UNDERSTANDING (MOU)

7.1 The Board considered a report and short presentation on the East Sussex Public Health and Planning Memorandum of Understanding (MoU). The Board asked a number of questions about the report which are summarised below.

7.2 The Board commented that it was good that Public Health and local planning authorities at the Borough and District councils are working together on this and asked if consideration had been given to working with social landlords and private renting forums/landlord associations.

7.3 Darrell Gale, Director of Public Health responded that the document is essentially about the planning process and the role of local authorities. In regard to housing, the Public Health Team have done some work on health and housing and is working through some of the issues with social housing providers. The Team is also undertaking a new piece of strategic housing work and have employed a strategic housing manager to work in partnership to develop solutions with housing providers and the District and Borough councils.

7.4 Cllr Andy Batsford commented that it would be good for ESCC to take a lead on this issue and asked if the MoU will be applied to the disposal of County Council land.

7.5 Darrell Gale responded that the MoU document was really about the planning system rather than Estates and disposals of assets. The strategic Planning lead for the part of Planning system that ESCC is responsible for is also a signatory of the MoU. It is a useful reminder of the role councils have to play in the management of the assets they hold including highways. Darrell Gale will take forward this work with the strategic Estates Team at ESCC to ensure the MoU is reflected in any disposal and Estates strategies.

7.6 The Board RESOLVED to note the Memorandum of Understanding between the County Council and Borough and District Councils in respect of planning from a Public Health perspective.

8. PHARMACY CLOSURES IN EAST SUSSEX - UPDATE REPORT

8.1 The Board considered an update report on Pharmacy closures in East Sussex, which provided an update on the changes and the actions to be taken in regard to the pharmacy closures and the impact on the Pharmaceutical Needs Assessment (PNA).

8.2 Veronica Kirwan commented that Healthwatch had received some feedback on out of hours pharmacy services as part of its roadshow work, where the public did not know where to go to find out which pharmacies are open out of hours. This may be a communications issue and Healthwatch would be happy to work with the Public Health team to address this.

8.3 The Board RESOLVED to:

- 1). Approve the removal of the Supplementary Statement posted regarding Lloyds Pharmacy (in Sainsburys) St Leonards;
- 2) Agree that no supplementary statement will be required regarding Lloyds Pharmacy (in Sainsburys) Hampden Park; and
- 3) Approve the issue of a Supplementary Statement for Lloyds Pharmacy in Sainsburys in Newhaven.

9. WORK PROGRAMME

9.1 The Board considered the items on the future work programme for the Health and Wellbeing Board.

9.2 Mark Stainton outlined that due to unavoidable clashes with other statutory meetings it was going to be necessary to cancel the Health and Wellbeing Board meeting on 18 July 2023. The options for those reports scheduled for the meeting on 18 July are to combine them with the other items on the September meeting agenda or rearrange another meeting to consider them. It was clarified that none of the reports, which are annual reports, are time critical but it would be good for the Board to consider them as soon as practical.

9.3 The Board RESOLVED to cancel the meeting due to be held on 18 July 2023 and agreed to move the reports to the Health and Wellbeing board meeting on 28 September 2023.

10. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

10.1 There were none.

The meeting ended at 3.01 pm.

Councillor Keith Glazier (Chair)

Report to:	East Sussex Health and Wellbeing Board
Date of meeting:	28 September 2023
By:	Seona Douglas Interim Independent Chair East Sussex Safeguarding Adults Board
Title:	East Sussex Safeguarding Adults Board Annual Report 2022-23
Purpose:	To present the annual report detailing how effective the work of the Safeguarding Adults Board (SAB) has been as required by The Care Act 2014.

RECOMMENDATIONS:

- **East Sussex Health and Wellbeing Board are recommended to consider and comment on the report.**
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1. Background Information

1.1. The Care Act 2014 requires each Safeguarding Adults Board (SAB) to:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Commission safeguarding adult's reviews (SARs) for any cases which meet the criteria for these.

2. Supporting Information

2.1 The format of the SAB Annual Report 2022-23 is structured against the SAB priorities as set out in the Strategic Plan 2021-24 (see appendix 2 - SAB Strategic Plan 2021-24). The data section includes contributions from a number of partner agencies in addition to the core data from the local authority (see Appendix 1 - SAB Annual Report 2022-23).

2.2 Seona Douglas was appointed as the Interim SAB Independent Chair in June 2023 following the resignation of Deborah Stuart-Angus in January 2023. A number of staff changes have also taken place within the SAB business support area in 2022/23 including the addition of an interim safeguarding coordinator, funded by Adult Social Care (ASC), to support the increased safeguarding adult review (SAR) activity. The jointly SAB funded post of the SAB Quality Assurance and Learning Development Officer (with Brighton and Hove SAB) ended in November 2022 when the seconded post holder returned to their substantive role in ESCC; this role has now been combined with the role of Safeguarding Coordinator (which ceased end of June 23) into a new permanent post of SAB Board Support Coordinator for 2023/24 (jointly funded between the SAB and ASC).

2.3 Safeguarding Adult Review (SAR) referral activity during 2022/23 increased by 100%.

- 4 SARs were commissioned: SAR Eve, SAR Hannah, SAR Finley and SAR Gwen and Ian.
- Three SARs were published in 2022/23: A Thematic SAR, SAR Charlie, and SAR Anna.
- SAR Donna is awaiting publication and SAR Eve is currently on pause

2.4 Highlights in the report, under the SAB five strategic themes, are as follows:

Strategic Theme 1: Accountability and leadership

- Recommendations from the Thematic Safeguarding Adult Review (SAR) and SAR Charlie (both published in 2022/23) required assurances that transitional safeguarding processes are meeting the needs of people who have had adverse childhood experiences but may be struggling to engage with services, are met after they reach the age of 18 years old.
A transitions task and finish group was established in January 2023 by the SAB and East Sussex Children's Safeguarding Partnership (ESSCP) and is chaired by the Head of Safeguarding for the Sussex NHS Integrated Care Board. A scoping activity has been undertaken to identify current pathways for children who reach eighteen in East Sussex. This will identify any potential gaps and map the current provision for adolescents and what further work needs to be developed across agencies in East Sussex. The work of the task and finish group will continue this year with the aim of developing an identified multi-agency transition to adulthood protocol for East Sussex.
- A SAB strategic objective for accountability and leadership is to develop arrangements with other Boards to be responsive to specific safeguarding themes: ***Learning from Partnership Reviews*** was a local partnership collaboration to compare current action plans/emerging themes and current learning around Domestic Homicide Reviews (DHRs) Drug and Alcohol Related Deaths (DARDs) Local Children's Safeguarding Practice Reviews (LCSPRs) and SARs This was presented to the Safer Communities Board in September and as part of the NHS Sussex Safeguarding Fortnight with SAB partners in November 2022. Agreed outcomes following this collaboration included:
 - Bi-monthly meetings for review managers, which includes sharing review recommendations to contribute to 'smarter' action planning to avoid duplication and support a more systematic approach.
 - Regular learning briefings developed to themes across reviews and shared briefings to be developed where appropriate.

Strategic Theme 2: Performance, Quality and Audit, and Organisational Learning

- A SAR Quality Assurance Code of Practice was developed in 2022. This quality assurance process is aligned with the Social Care Institute of Excellence (SCIE) considerations, which assumes the principles of Making Safeguarding Personal, as well as the Six Principles of Safeguarding that should underpin all adult safeguarding

work (Empowerment; Prevention; Proportionate; Protection; Partnership; Accountability).

- The Adult C Safeguarding Adult Review (SAR) published in December 2020 set out important learning in relation to the barriers and challenges faced by women with a combination of needs in relation to chronic trauma, drug and alcohol abuse, homelessness, and domestic abuse . An audit was undertaken in 2022 to establish the extent to which a multi-agency approach is effective in supporting women with multiple disadvantage who experience domestic abuse, in managing risk and enabling them to achieve sustained positive outcomes. Some of the overall strengths and examples of good practice from the audit are listed below:
 - The Probation service showed a recognition of gaining the adult's voice and wishes and including these in planning with clear recordings showing the opportunities taken to gain the information around the adult's previous trauma and how this may be impacting on her presentation and behaviour at the time.
 - There were examples of Adult Social Care (ASC) practitioners using funding to support more appropriate temporary housing to prevent risk escalating and providing support to access refuges and the transportation of belongings.
 - Multi-Agency Risk Assessment Conference (MARAC) recordings were clear showing planning to manage risk and safety. A particular good example of consideration of previous trauma was considered included the specific assignment to avoid using male workers with an adult.

Strategic Theme 3: Policies and Procedures

- To raise awareness of safeguarding policies and procedures relating to specific local themes and challenges the SAB have produced a number of learning briefings, revised documents, and resources this year. They include :
 - Reviewing and refreshing the Sussex Adult Death Protocol, the SAR Protocol, the Information Sharing Protocol, and the Sussex Safeguarding Adults Thresholds Guidance* (*which has now been adopted by Rotherham SAB)
 - Publishing a Court of Protection Learning Briefing
 - Adding a new Advocacy Information section to the SAB website
 - Publishing The Importance of Multi-Agency Meetings Learning Briefing
 - Including the Mental Capacity Toolkit on the SAB website
 - Developing and publishing Recognising and Responding to Child Protection and Adult Safeguarding Concerns : Safeguarding Guidance for Homes for Ukraine Host Families in East Sussex.
- The Sussex Policies and Procedures Review Group has responsibility for the Sussex Safeguarding Adult Policy and Procedures (which are held by the three local authorities as the statutory leads for adult safeguarding) and the development and implementation of changes to these. The Policy and Procedures site was refreshed in 2022 with the aim of providing a more accessible version, with possible alternative hosting options being explored in 2023-24.

Strategic Theme 4: Prevention, Engagement and Making Safeguarding Personal

- Through the SAB Safeguarding Community Network, focussed discussions were introduced in 2022/23 on particular safeguarding themes that community groups wished to be more aware of and which would improve their confidence in recognising and responding to concerns. We are grateful to the Safeguarding Development Team and the East Sussex Domestic Abuse ,Sexual Violence/ Abuse & Violence Against Women and Girls (VAWG) Team who supported these sessions. Topics covered this year which have been requested by the Network have included:
 - Coercion and control
 - Modern Slavery
 - Reporting a safeguarding concern
- In collaboration with West Sussex and Brighton SABs we produced new information, posters, and leaflets, for our communities which are accessible and raise awareness of adult safeguarding with the aim of increasing confidence in raising concerns. The images used in the new publications ensures our communication and engagement strategies consider the diversity of local communities and reflect changing demographics.

Strategic Theme 5: Integration, and Training and workforce development

- Two learning events were delivered in March which 82 professionals attended. The event focused on SAR Anna which identified areas of learning which were the focus of the event.
 - At the end of the session 81% of attendees reported their knowledge of SARs had improved compared to 41% at the start of the session
 - 88% of attendees reported that the workshop had provided them with further knowledge and understanding to enhance their practice
 - 90% of attendees who had received SAR information, training or learning briefings reported that this had impacted on their operational practice and knowledge in a good way
- Supporting the work of partners raising awareness of Modern Slavery and Human Trafficking the SAB supported in the delivery of awareness raising events for community volunteers and community development staff who were supporting the Homes for Ukraine scheme and local refugee/asylum seeker support services. A Modern Slavery Podcast was developed in collaboration with Discovery - the East Sussex multi-agency partnership which aims to expose and tackle Modern Slavery and Human Trafficking.

3. Next steps

- 3.1 The key priority areas identified for the SAB in 2022 - 23; embedding the Mental Capacity Act into practice, safeguarding transitions for young people at risk and supporting adults who face multiple disadvantages continue to be priority areas of development and require further embedding within safeguarding practice for 2023/24

whilst including the additional areas of self-neglect, homelessness and safeguarding the increasing migrant population.

- 3.2 The SAB will progress work in relation to the newly commissioned SARs in 2023/24 and seek assurance to ensure that the learning and recommendations from previous SARs continue to be embedded in practice.

4. Conclusion and Recommendations

- 4.1 East Sussex Health and Wellbeing Board are recommended to consider and comment on the report.

SEONA DOUGLAS

Interim Independent Chair East Safeguarding Adults Board

Officer Contact: Lucy Spencer - SAB Development Manager

Email: lucy.spencer@eastsussex.gov.uk

APPENDICES -

Appendix 1 SAB Annual Report 2022-23

Appendix 2 East Sussex SAB Strategic Plan 2021-24

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Annual Report

2022 to 2023

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Foreword by the East Sussex Safeguarding Adults Board Interim Independent Chair

I am delighted to have joined the East Sussex Safeguarding Adults Board as interim Chair from June 2023.

I have been struck immediately with passion and commitment of everyone involved, and the drive of the Board members to make a real difference for the residents and those in contact with services, as they remain at the heart of all our work. I feel it's a privilege and am proud to be leading this Board for the next six months. All Board members have impressed me with an eagerness to continue to learn about what works well, and to discuss and develop what we can mutually, and build on this together.

Already, I am aware of the level of work the Safeguarding Adults Review (SAR) subgroup coordinate on behalf of the board; the outcomes from our Performance and Quality and Assurance Group and the safeguarding policies and procedures development being led by our joint Policy and Procedures Review subgroup.

Our work is set out in the [Strategic Plan 2021 - 2024](#), which has already been added to in the past year, by introducing a quality assurance framework for our SARs, jointly working with the Boards of West Sussex and Brighton and Hove, to improve the lives of vulnerable people and guests in this country, with accommodation and resettling issues; developing our policies and procedures to ensure independence in our review processes; and working to learn from our partners, how improvement is actually embedded into our safeguarding practices.

I hope that as you go through this Report, you learn more about the sheer scope and importance of our activity for the people in our County. I think you will find, it is readable, comprehensive, and thorough, clearly reflecting the huge amount of work that takes place every day, by many people across our County, who safeguard others, who have care and support needs.

I look forward to the months ahead, to continuing to take our Board forward, and to supporting our membership in the challenges they face us, whilst enabling others to live lives, free from abuse and neglect.



Seona Douglas

Interim Independent Chair, East Sussex Safeguarding Adults Board



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 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 these objectives.

Publish an annual report detailing how effective our work has been over the past 12 months.

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 our Independent Chair, and supported by a SAB Development Manager, a Board Support Coordinator and a part-time Administrator.

The Board meets at least 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. 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.

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. 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 (ESSCP), Safer Communities Partnership (SCP), Children and Young People's Trust (CYPT) and the Health and Wellbeing Board. In addition, the Board maintains links with Sussex-wide and national networks and forums including:

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

The Board works closely with the neighbouring Brighton & Hove and West Sussex SABs, and our Safeguarding Policy and Procedures are adopted on a Sussex wide basis, as well as many protocols and guidance documents.



Our Strategic Priorities 2021-2024



Accountability and
Leadership



Performance, Quality and
Audit and Organisational
learning



Prevention, Engagement and
Making Safeguarding
Personal



Safeguarding Policies and
Procedures



Integration, Training and
Workforce Development

The Strategic Plan 2021-24 has two main purposes:

- To specify the actions required by the SAB and its member agencies to implement the strategy.
- To inform the local community and all interested parties about the work programme of the SAB

SAB Budget

Adult Social Care and Health (ASCH), NHS Sussex Integrated Care Board(ICB), Sussex Police, East Sussex Healthcare Trust (ESHT) and East Sussex Fire and Rescue (ESFRS) contribute annually to the SAB budget. SAB Partners support with the running of the Board, for example by offering to chair meetings and co-delivering training.

Income for 2022 – 2023

Partner Contributions	£126,400
Carry over from 21/22	£20,022
West Sussex and Brighton and Hove SABs	£22,053*
(*contributions towards P & P site, staff, and SAR)	
Total	£168,475

Expenditure for 2022 – 2023

SAB Staffing	£110,310
Independent Chair	£19,251
Safeguarding Adult Reviews	£26,625
Website (SAB & Procedures) costs	£4,295
Total	£160,481

Key Achievements 2022 – 23

Strategic Priority 1: Accountability and Leadership

The SAB Operational subgroup has been chaired by the Principal Social Worker for the past 12 months and the role of chair has been passed to the recently appointed Head of Safeguarding and Quality for Adult Social Care and Health (ASCH).

Recommendations from the Thematic Safeguarding Adult Review¹ (SAR) and SAR Charlie² (both published in 2022/23) required assurances that transitional safeguarding processes are meeting the needs of people who have had adverse childhood experiences but may be struggling to engage with services, are met after they reach the age of 18 years old.

- A transitions task and finish group was established in January 2023 by the SAB and East Sussex Children's Safeguarding Partnership (ESSCP) and is chaired by the Head of Safeguarding for the Sussex NHS Integrated Care Board. A scoping activity has been undertaken to identify current pathways for children who reach eighteen in East Sussex. This will identify any potential gaps and map the current provision for adolescents and what further work needs to be developed across agencies in East Sussex. The work of the task and finish group will continue this year with the aim of developing an identified multi-agency transition protocol for East Sussex.



- To ensure effective governance is in place in order that all Board members understand their roles and responsibilities under the Care Act 2014 the SAB members pack was updated in January 2023 to reflect new deputising arrangements and information sharing/data protection information.

¹ <https://www.eastsussexsab.org.uk/wp-content/uploads/2022/11/ESSAB-Thematic-Review.pdf>

² <https://www.eastsussexsab.org.uk/documents/executive-summary/>

- A new SAB Complaints Policy³ was developed for any complaints made to the East Sussex Safeguarding Adults Board and how these would be managed.
- A SAB strategic objective for accountability and leadership is to develop arrangements with other Boards to be responsive to specific safeguarding themes:

Learning from Partnership Reviews was a local partnership collaboration to compare current action plans/emerging themes and current learning around Domestic Homicide Reviews (DHRs) Drug and Alcohol Related Deaths (DARDs) Local Children's Safeguarding Practice Reviews (LCSPRs) and SARs This was presented to the Safer Communities Board in September and as part of the NHS Sussex Safeguarding Fortnight with SAB partners in November 2022.

Agreed outcomes following this collaboration included:

- Bi-monthly meetings for review managers, which includes sharing review recommendations to contribute to 'smarter' action planning to avoid duplication and support a more systematic approach.
- Regular learning briefings developed to themes across reviews and shared briefings to be developed where appropriate.

Annual presentation to the Safer Communities Board on key learning from reviews.

Strategic Priority 2: Safeguarding Policies and Procedures



There are a number of similar themes identified in Safeguarding Adult Reviews that are undertaken across Sussex. The three Sussex Safeguarding Adult Boards worked together to produce a **12-minute podcast** which identified four shared themes identified in reviews undertaken across Sussex and some of the actions that have been undertaken in response.

These four themes are Mental Capacity, Making Safeguarding Personal, Application of Safeguarding processes, and Multi-agency information sharing and communication.

³ <https://www.eastsussexsab.org.uk/documents/east-sussex-safeguarding-adults-board-complaints-policy/>

To raise awareness of safeguarding policies and procedures relating to specific local themes and challenges the SAB have produced a number of learning briefings, revised documents, and resources this year. They include⁴:

- Reviewing and refreshing the **Sussex Adult Death Protocol**
- Reviewing and updating the **Sussex Safeguarding Adults Thresholds Guidance** (this has been adopted by Rotherham SAB)
- Publishing a **Court of Protection Learning Briefing**
- Including a new **Advocacy Information** section on the SAB website
- Publishing **The importance of multi-agency meetings** Learning Briefing
- Including **the Mental Capacity Toolkit** on the SAB website
- Updating the **Information Sharing Protocol**
- Developing and publishing *Recognising and Responding to Child Protection and Adult Safeguarding Concerns* : **Safeguarding Guidance for Homes for Ukraine Host Families in East Sussex.**






The Sussex Policies and Procedures Review Group has responsibility for the Sussex Safeguarding Adult Policy and Procedures⁵ (which are held by the three local authorities as the statutory leads for adult safeguarding) and the development and implementation of changes to these.

- The Policy and Procedures site was refreshed in 2022 with the aim of providing a more accessible version.

Contents →

Amendments →

Share

1.1 Sussex Safeguarding Adults Policy

Contents

- [1.1.1 Introduction](#)
- [1.1.2 Statutory safeguarding principles](#)
- [1.1.3 Making Safeguarding Personal](#)
- [1.1.4 Key principles informing this policy](#)

1.1.1 Introduction ▾

1.1.2 Statutory safeguarding principles ▾

1.1.3 Making Safeguarding Personal ▾

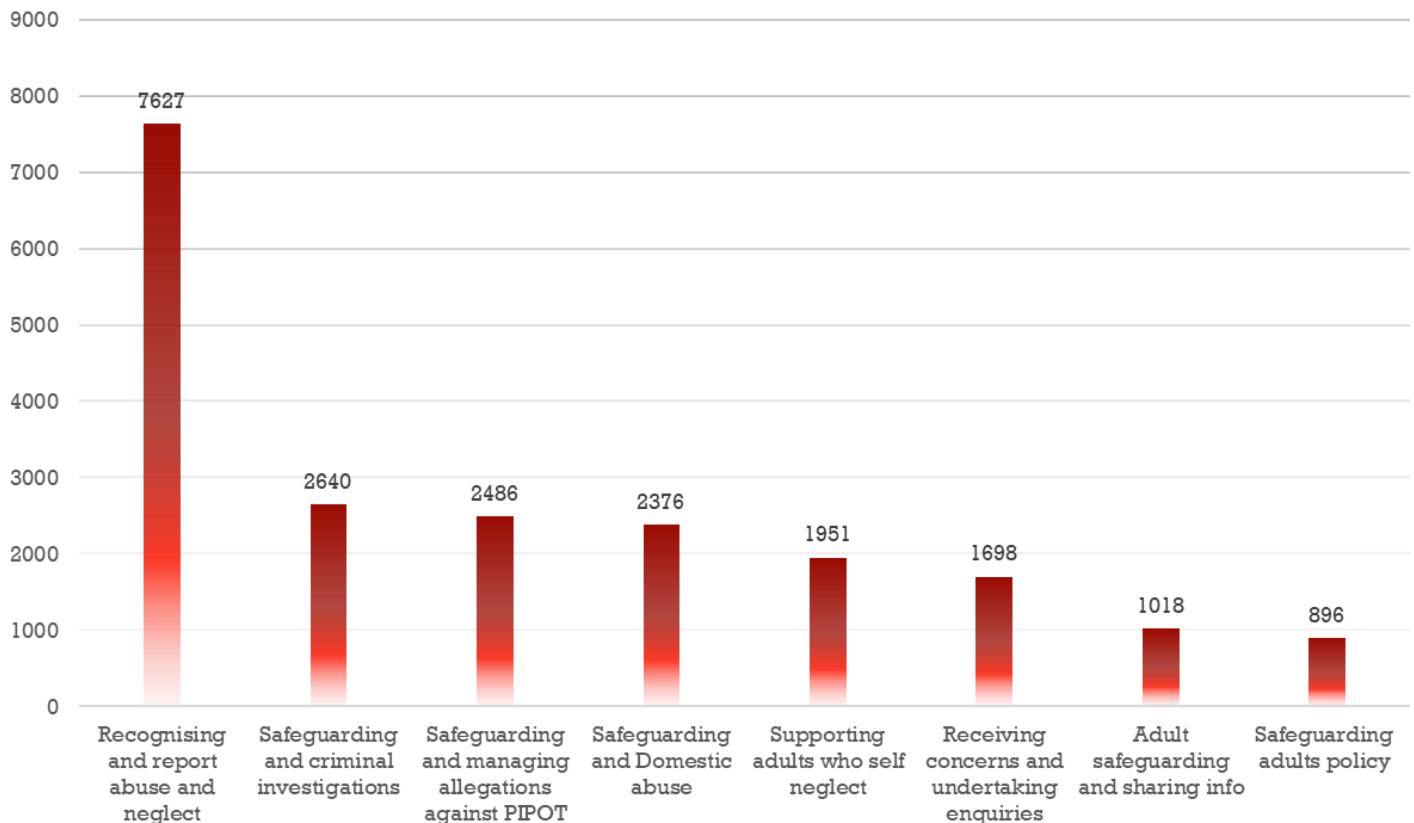
1.1.4 Key principles informing this policy ▾

This table
The

⁴ All these documents are available on our website [Guidance and Resources - East Sussex SAB](#)

⁵ <https://sussexsafeguardingadults.procedures.org.uk/>

Number of people who accessed the Policies & Procedures April 2022 - March 2023



Number of people who accessed the policy and procedures site during 2022/23 and what safeguarding information was accessed.

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

A SAB strategic objective of performance, quality and audit and organisational learning is to ensure the SAB has effective arrangements for the commissioning of SARs to ensure our reviews are precise in form and focus and take into account a range of case and contextual factors so as to shape learning and continuous improvement.

- To support this objective, we developed a SAR Quality Assurance Code of Practice in 2022. This quality assurance process is aligned with the Social Care Institute of Excellence (SCIE) considerations, which assumes the principles of Making Safeguarding Personal, as well as the Six Principles of Safeguarding that should underpin all adult safeguarding work (Empowerment; Prevention; Proportionate; Protection; Partnership; Accountability).



The SAB recognises that SARs are a statutory process with the purpose of organisational learning and improvement. This approach to the quality assurance of SARs supports and reinforces the focus on actions to promote learning and agency practice improvement. To ensure the SAB has robust multi-agency safeguarding data to shape learning, awareness, and practice audits are often identified as recommendations within SARs to ensure this is taking place.

The Adult C Safeguarding Adult Review (SAR) published in December 2020 set out important learning in relation to the barriers and challenges faced by women with a combination of needs in relation to chronic trauma, drug and alcohol abuse, homelessness, and domestic abuse .

- An audit was subsequently undertaken to establish the extent to which a multi-agency approach is effective in supporting women with multiple disadvantage who experience domestic abuse, in managing risk and enabling them to achieve sustained positive outcomes.

✓ The overall strengths and examples of good practice from the audit are listed below:

The Probation service showed a recognition of gaining the adult's voice and wishes and including these in planning with clear recordings showing the opportunities taken to gain the information around the adult's previous trauma and how this may be impacting on her presentation and behaviour at the time.

There were examples of Adult Social Care (ASC) practitioners using funding to support more appropriate temporary housing to prevent risk escalating and providing support to access refuges and the transportation of belongings.

Sussex Partnership Foundation Trust (SPFT) provided support to accident and emergency services by providing a triage assessment which provided a good overview of the adult's current mental state.

East Sussex Healthcare Trust (ESHT) staff in the emergency department raised a safeguarding concern for domestic abuse to reduce the risk escalating.

Multi-Agency Risk Assessment Conference (MARAC) recordings were clear showing planning to manage risk and safety. A particular good example of consideration of previous trauma was considered included the specific assignment to avoid using male workers with an adult.

ASC practitioners evidenced good examples of multi-agency meetings which provided good joint planning between agencies and proactive approaches were taken to meet with the adult face to face gaining their views which were included in accommodation plans.

Strategic Priority 4: Prevention, Engagement and Making Safeguarding Personal

The SAB continue to develop approaches to safeguarding which recognise the value of prevention and early intervention.

Through the SAB Safeguarding Community Network, focussed discussions were introduced in 2022/23 on particular safeguarding themes that community groups wished to be more aware of and which would improve their confidence in recognising and responding to concerns. We are grateful to the Safeguarding Development Team and the East Sussex Domestic Abuse, Sexual Violence/ Abuse & Violence Against Women and Girls (VAWG) Team who supported these sessions.

Topics covered this year which have been requested by the Network have included:

- **Coercion and Control**



The session included the background and definition of controlling and coercive behaviour, examples and signs of controlling and coercive behaviour and lived experience of domestic abuse. The audience was shown a short film and asked to identify the elements of coercive control they noticed, what warning signs they noticed and the challenges which may be facing the victim

- **Modern Slavery**



This session outlined the context and prevalence of Modern Slavery including Human Trafficking. It explored the different types of Modern Slavery, signs, and indicators of the various types of exploitation and referrals into Adult Social Care.

- **Reporting a Safeguarding Concern**



This session provided an overview of the Care Act S42 safeguarding duty, an overview of the SAB Thresholds Guidance⁶ and how to raise a safeguarding concern.

Homes for Ukraine



- *Recognising and Responding to Child Protection and Adult Safeguarding Concerns – Guidance for Host Families in East Sussex* was developed in collaboration with the East Sussex Safeguarding Children's Partnership (ESSCP) to help host families understand what action to take if they were worried about an adult or child staying in their home.

⁶ <https://www.eastsussexsab.org.uk/wp-content/uploads/2022/02/Sussex-Safeguarding-Adults-Thresholds-Guidance-Print-Version.pdf>

In collaboration with West Sussex and Brighton SABs we produced new information for our communities which is easily accessible, raises awareness of adult safeguarding and increases confidence in raising concerns, which ensures our communication and engagement strategies consider the diversity of local communities and reflect changing demographics.



What is a Safeguarding Adults Board (SAB)?

Who we are	What we do	Find out more
<p>Each SAB has the strategic lead for Safeguarding Adults in their area.</p> <p>It is comprised of an Independent Chair, the Local Authority, Integrated Care Board, Police, and a range of other agencies.</p>	<p>We have three statutory duties: to have a strategic plan; produce an annual report, and to carry out Safeguarding Adults Reviews (SARs).</p> <p>We look at Safeguarding activity to understand and anticipate risk, undertake assurance work to look at areas for improvement, and produce learning aids to take forward recommendations from SARs. SABs publish these, alongside safeguarding policies and procedures you should be working to, and details of priorities for the year.</p>	<p>Visit your SAB website:</p> <p>Brighton & Hove: www.bhsab.org.uk</p> <p>East Sussex: www.eastsussexsab.org.uk</p> <p>West Sussex: www.westsussexsab.org.uk</p>



Is somebody you know experiencing, or at risk of, abuse or neglect?

Help us to keep them safe. Report it.

If you feel that somebody is at immediate risk of harm and that it is an emergency, call 999.

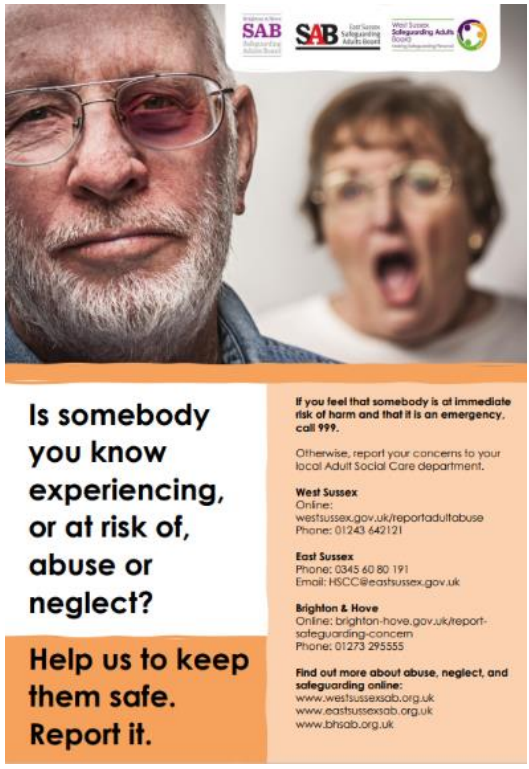
Otherwise, report your concerns to your local Adult Social Care department.

West Sussex
Online: westsussex.gov.uk/reportadultabuse
Phone: 01243 642121

East Sussex
Phone: 0345 40 80 191
Email: HSCC@eastsussex.gov.uk

Brighton & Hove
Online: brighton-hove.gov.uk/report-safeguarding-concern
Phone: 01273 295555

Find out more about abuse, neglect, and safeguarding online:
www.westsussexsab.org.uk
www.eastsussexsab.org.uk
www.bhsab.org.uk



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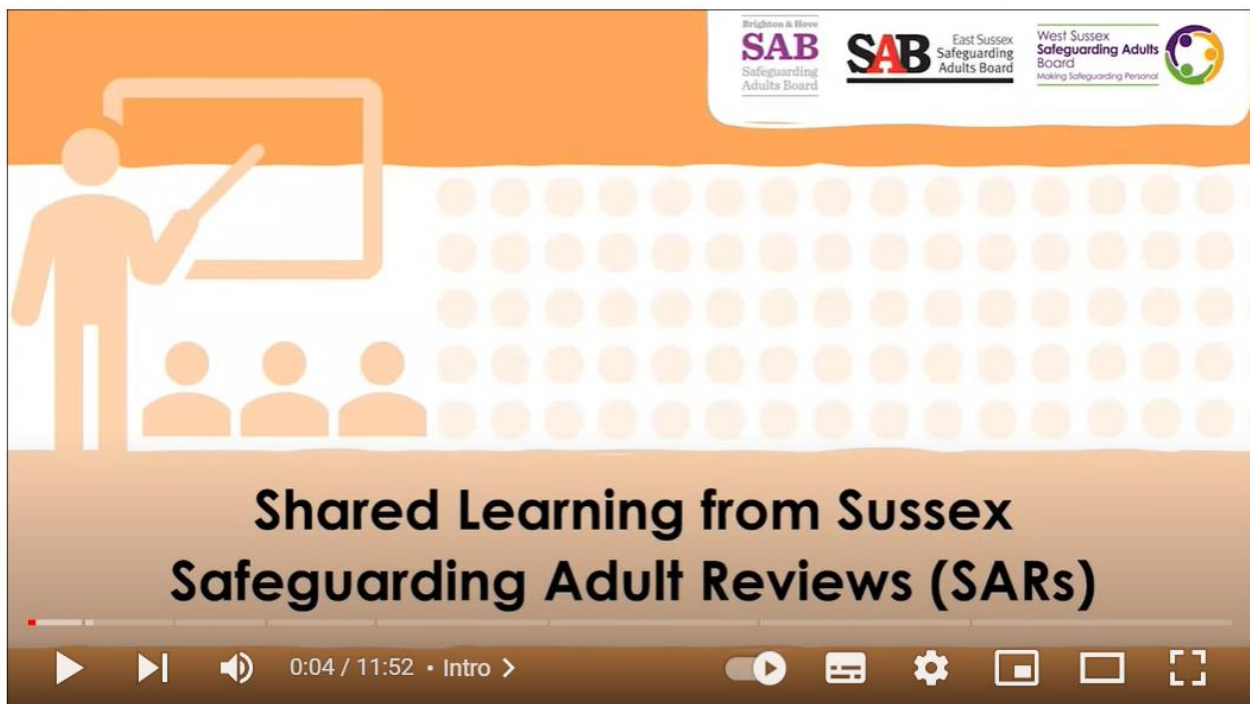
- The East Sussex SAB website⁷ received 12,217 visits between March 2022 and April 2023 with 86.4% of these being new visitors.



The most popular page visited within the website was 'Safeguarding Adult Reviews' receiving 3043 views followed by 2270 visits to the 'raising a concern page' and 1,684 visits to the 'guidance and resources' section.

The average time a user spent on a page within the ESSAB website was 01:47 minutes and a total of 8,340 documents were downloaded from the website.

- New content has been added onto the website including information on Advocacy and a page to sign up to SAB learning Events.
- During Safeguarding Adults Week 2022 the SAB promoted a number of SAB and national resources which linked to the themes of *Exploitation and County Lines, Self-neglect, Creating Safer Organisational Cultures, Elder Abuse and Domestic Abuse in Tech-Society*. The tweet which received the most engagement was the launch of the Pan-Sussex SAR Learning from SARs Podcast.



Pan Sussex SAB Shared Learning From Sussex Safeguarding Adult Reviews (SARs) Podcast.

⁷ <https://www.eastsussexsab.org.uk/>

Strategic Priority 5: Integration, Training and Workforce Development

The SAB training and workforce development subgroup supports the strategic objective of ensuring the workforce is equipped to support adults effectively where abuse and neglect takes place.

Two learning events were delivered in March which 82 professionals attended. The event focused on SAR Anna⁸ which identified areas of learning which were the focus of the event:

- The importance of Multi-Agency Meetings
- The impact of coercion and control on capacity assessments
- How legal interventions can be used to better protect vulnerable adults
- The relevance and importance of working closely with the whole family
- Dealing with hostility and aggression shown by family members
- Knowing when to consider using the Adult Death Protocol

84% of attendees confirmed they had received information, training or learning briefings about East Sussex SARs

At the end of the session 81% of attendees reported their knowledge of SARs had improved compared to 41% at the start of the session

88% of attendees reported that the workshop had provided them with further knowledge and understanding to enhance their practice

90% of attendees who had received SAR information, training or learning briefings reported that this had impacted on their operational practice and knowledge in a good way

⁸ <https://www.eastsussexsab.org.uk/wp-content/uploads/2022/05/SAR-Anna-Overview-Report.pdf>

- Supporting the work of partners raising awareness of Modern Slavery and Human Trafficking the SAB supported in the delivery of awareness raising events for community volunteers and community development staff who were supporting the Homes for Ukraine scheme and local refugee/asylum seeker support services.
- A Modern Slavery Podcast was developed in collaboration with Discovery – the East Sussex multi-agency partnership which aims to expose and tackle Modern Slavery and Human Trafficking.



- A Multi-agency domestic abuse training pathway was developed and made available in April 2022. The pathway consists of 19 training courses available to a wide range of audiences including SAB members and frontline staff.

The current East Sussex SAB training programme includes the following courses:

- Self-neglect
- Modern Slavery and Human Trafficking
- Mental Capacity Act 2005: A Multi-agency Approach to Complex Cases
- Adopting a Whole Family Approach to Domestic Abuse
- Coercion and Control

Safeguarding Adults Reviews (SARs)

The SAR Subgroup acts with delegated responsibility from the East Sussex SAB. Its' main purpose is to monitor the delivery of its statutory duties with regards to SARs and other reviews of cases where there are lessons to be learnt.

The purpose of a SAR is set out in the Sussex SAR Protocol,⁹ 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.

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 SAR Protocol was reviewed in 2022/23 and refreshed to include:

- The criterion for a SAR is now aligned to the Care Act 2014 wording which now states that the death was as a result of abuse and neglect and not that abuse, and neglect was a factor in their death
- Arrangements for endorsing a SAR when an Independent Chair is not in post.
- Improvements made to what information the referee provides which support the SAR criteria

SAR activity during 2022/23 has increased.

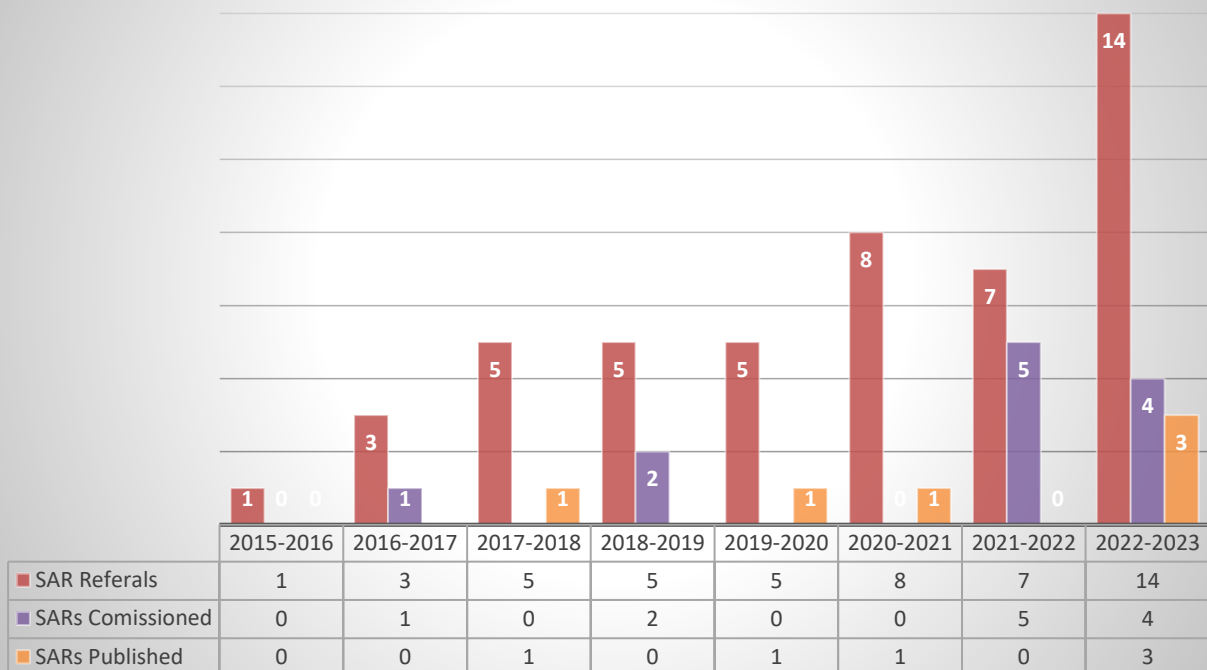
- SAR referrals have increased by 100%
- Commissioned SARs have slightly decreased however a number of referrals received in 2022/23 have progressed as SARs in 2023.
- Three reviews have been published.¹⁰



⁹ <https://www.eastsussexsab.org.uk/documents/sussex-sar-protocol/>

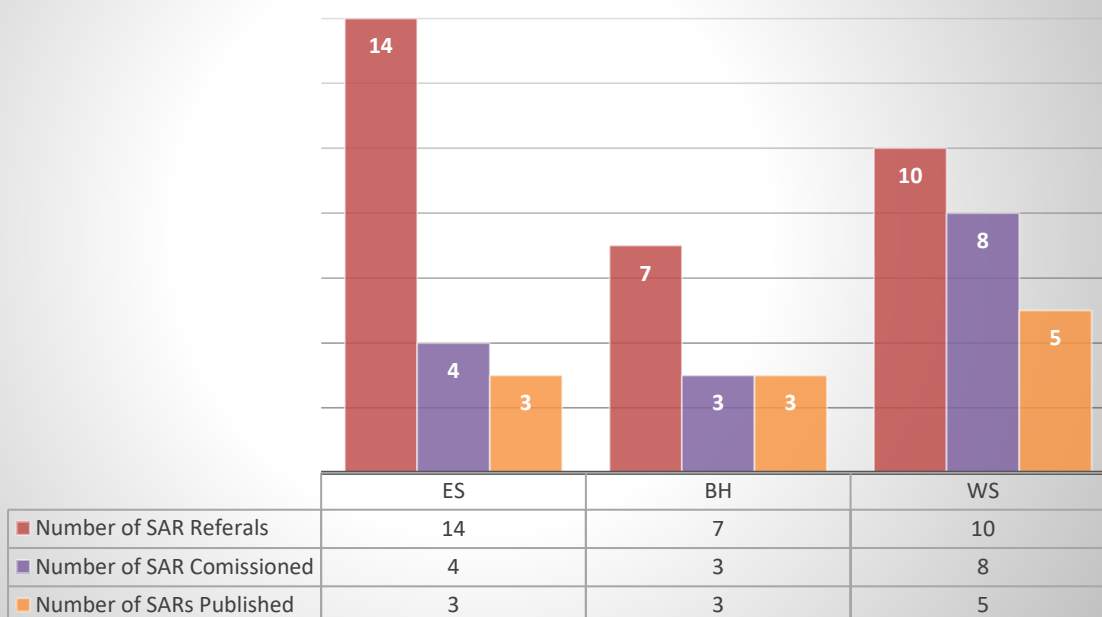
¹⁰ <https://www.eastsussexsab.org.uk/publications/sars/>

SAR Activity by financial year



The table above shows East Sussex SAR activity since 2015 and the table below shows SAR activity across Sussex during 2022/23

SAR Activity Across East Sussex, West Sussex and Brighton & Hove 2022-23



Published Safeguarding Adult Reviews 2022/23

- A total of 24 recommendations from three published reviews were developed into one SAR Action Plan in 2022/23 and the recommendations have been developed in partnership with several partner agencies over the last 10 months. A number of actions and assurances have been recorded against 22 recommendations.
- The two remaining recommendations are being progressed and will be included within the SAR Action Plan for 2023/24. Completed actions have included:

SAR Anna – published May 2022

‘Coercion and Control: A Multi Agency Workshop for Staff Working with Domestic Abuse’ training has been amended to reflect particularly when applied to older people

SAR Anna presentation delivered to occupational therapy teams, Mental Health Substance Misuse Service Teams, Neighbourhood Support Teams, and Older Peoples Mental Health Teams.

Domestic Abuse in Older Age presentation and learning– delivered as a MARAC Continued Professional Development (CPD) session and various partner agencies with 80+ attendees and is being amended for roll out to ASCH Operational teams.

East Sussex Healthcare Trust (ESHT) staff are referred to Nice guidance to evaluate bruising in vulnerable adults.

SAB Learning Events for SAR Anna delivered in March 2023.

The Safeguarding adult's competency framework for Directly Provided Services (DPS) and operational support staff (including financial services) has been developed to ensure that staff are meeting the expectations of The Care Act 2014, in relation to safeguarding. Staff complete the competency framework as part of an annual review or appraisal which includes an understanding of the factors that might increase risk of abuse and vulnerability.

SAR Ben – published September 2022

Joint podcast with WSSAB and BHSAB on Learning from SARs which included the mandate for reviews. SAR referrals have doubled in 2022/23 and all have been timely in relation to referral timings.

ESCC Specification for reviews which applies to both in and out of county placements now includes the opportunity for the provider to request a review:

Reviewing Mental Capacity Act Training and how Advocacy is promoted within the current training offer provided assurance that 10 courses include the promotion and use of advocacy.

The Safeguarding Development Team Manager presented an overview and learning from SAR Ben to the Registered Managers Meeting in October. This overview included duties and responsibilities around the appropriate use of DOLs.

Assurance provided that there is free comprehensive training available to all care homes in East Sussex (300) which currently includes: *Safeguarding awareness, Mental Capacity and Deprivation of Liberty Safeguards.*

ESSAB in partnership with Sussex NHS ICB developed and published *A Court of Protection Learning Briefing* in September 2022

Thematic Review: -published November 2022

Public Health updated SAB partners on the three-year Sussex Suicide and Self-Harm Prevention Strategy in January 2023.

SAB Self-Harm and Suicide Mini-Briefing was developed for partners to promote the Royal College of Psychiatrist's report including the importance of Suicide Safety Plans and the Consensus Statement which identified obtaining information from and listening to the concerns of families as key factors in determining risk.

Updates and assurance from SPFT in relation to their *Towards Zero Suicide Strategy* was provided to SAB Partners in January. The strategy identifies a broad range of actions to improve the responses of its services to suicide risk. They are working closely with Local Authority colleagues in Public Health, Police, and other members of the Integrated Care System on a Pan Sussex Suicide Prevention Strategy.

Supporting the use of outreach and flexible approaches to meet the needs of individuals over the age of 18 years old who find it hard to engage with services and who services consider have multiple-complex needs and/ or have had experienced adverse childhood experiences SAB partners are actively involved in the Sussex, Changing Futures Programme stakeholders and partners monthly meetings and the Changing Futures Pan Sussex Trauma Informed network.



Safeguarding Adult Reviews commissioned in 2022/23

Eve was a 76yr old female who died in temporary accommodation, which an inquest determined was a drug related death. She had terminal cancer for which she was on pain medication. Eve was estranged from her family and lived with her partner.

Eve was offered support by various agencies for her medical issues and to help safeguard her, however she found difficulty in accepting the support offered and may have been controlled and/or coerced to not engage with agencies by her partner.

Due to the coercion and control evidenced this review is currently a joint Domestic Homicide Review (DHR) and is currently on pause.

Focus for the review – inherent jurisdiction, financial abuse, domestic abuse with a cancer diagnosis, adult death protocol and suitability of carer.

Hannah was 48-year-old women who died in 2022 as a result of a severe injury to her temple she sustained after a fall while she was intoxicated. Prior to her death Hannah had severe alcohol misuse issues and had previously attended rehabilitation in the States and in the UK.

Hannah lived with her husband and young sons, although she lived a very separate life away from her family in the family home. The children were being supported by children's services at the time of her death. A number of health agencies were involved due to regular hospital admissions in relation to alcohol issues and the significant this was having on her body.

Focus for the review- self-neglect and the harm caused by alcohol, multi-agency approaches to managing risk, the consideration of carers and making safeguarding personal.

Gwen and Ian- Were not known to each other but both cases had strong similarities and have been combined as one review.

Gwen was a 95-year-old woman who died in 2021. She was living with her daughter and had not seen her GP or Community Nurse since 2018. A neighbour contacted Adult Social care to report concerns about how Gwen and her daughter were managing. She was on regular medication, but her prescriptions had not been collected since early 2021. Gwen was admitted to hospital with significant physical concerns and died shortly afterwards in Kent.

Ian was a 67-year-old man who was living with his son. He was made redundant in 2021 and also had limited agency involvement. Concerns raised about self-neglect and he was admitted to hospital on West Sussex in 2022 and died in hospital due to multiple organ failure and Alzheimer's dementia.

Focus for the review- challenges when there is non-engagement or disengagement by vulnerable adults from minimal services, needs of adults who are informal carers and response to safeguarding concerns, when raised by a member of public, family member or agency.

Finley was a 31-year-old male who died in 2021 due to drug toxicity. He experienced both mental health and substance misuse issues. There were concerns prior to his death of cuckooing. Finley was in debt despite being supported by his mother who had Power of Attorney for finance. There were also reports of self-neglect. Finley had recently been discharged from an inpatient ward for mental health support and there were concerns that he was unable to care for himself properly due to difficulty in accepting support from services.

Focus for the review – impact of substance misuse, professionals understanding of lasting power of attorney, involving family carers in care planning arrangements, how agencies recognise and respond to self-neglect and how potential indicators of cuckooing are assessed.

Family involvement in Safeguarding Adult Reviews

Family, carers and friends' contributions and their involvement in reviews is a significant factor in ensuring the person, subject of the review, is known and understood – this additional information can help provide a deeper understanding of their personality and life experiences. Importantly it reminds us that a review focuses on a period of time in someone's life and does not reflect their entire life.

The SAB have been grateful this past year to have had contributions from family members involved in a number of reviews namely: Donna, Charlie, Finley, Hannah, Gwen, and Ian.

“If one person, one family doesn't have to go through this from lessons learnt , changes made, then my battle for my son has not been in vain.” Sue (SAR Finley)



The Safeguarding Adults Review (SAR) Guide for Families, Friends, and Carers was updated last year to acknowledge the significant distress that many families experience having to 'relive' the aspects of their loved one's death.

Details on Cruse Bereavement has been included, the benefits which their contributions bring to the review and how we will work to support them as much as possible if they decide to contribute.

Priorities 2023 – 24

In April 2021, the East Sussex SAB published its Strategic Plan for 2021 – 24¹¹. The key priority areas identified for the SAB in 2022 – 23 continue to be priority areas of development and require further embedding within safeguarding practice for 2023/24 and are listed below. Additional areas of self-neglect, homelessness and safeguarding the increasing migrant population will be featured in and alongside these priorities.



Embedding the Mental Capacity Act in practice



Safeguarding transitions for young people at risk



Supporting adults who face multiple disadvantage

Specific objectives for 2023/2024 include:

- Undertaking the bi-annual safeguarding assurance activity across the partnership.
- Develop and hold ESSAB Learning Events with the purpose of promoting learning and best practice from published SARs.
- Collaborating with West Sussex and Brighton and Hove SABs on a West Sussex commissioned SAR to consider the complexity of the self-neglect process within Sussex and considering practical change in relation to support for cases who self-neglect.
- A review of the Multi-Agency Risk Management Protocol (MARM)¹² process. The review will consider the themes from referrals, emerging issues, and chairing arrangements.
- Develop and publish an East Sussex Multi-Agency Transition to Adulthood Protocol
- Progressing recommendations identified in current and future actions plans for SARs Charlie, Donna, Hannah, Finley, Gwen, and Ian.

¹¹ <https://www.eastsussexsab.org.uk/documents/sab-strategic-plan-2021-2024/>

¹² <https://www.eastsussexsab.org.uk/documents/multi-agency-risk-management-marm-protocol/>

East Sussex Contextual Information

The State of the County Report¹³ for East Sussex 2022 reports:

- Compared to 2022, by 2025 there will be 41,060 older people (age 65+) projected to have a limiting long-term illness whose day-to-day activities are limited a little (up 6.5%), 31,450 people's day to day activities will be limited a lot (up 6.8%).
- By 2028, around 20,000 more people in East Sussex will be living with two or more of these conditions, when compared with the needs of our population in 2018.
- 12,681 Estimated number of people aged 65+ living with dementia in East Sussex by 2025.¹⁴
- Recently released 2021 Census figures shows East Sussex has the second highest proportion of over 85s in England. This means that there is a higher percentage of the population locally, compared to the national figure who will have, or will develop, care and support needs
- The 2021 Census showed around 53,820 residents (9.9%) of East Sussex were born outside the UK, an increase of 10,970 (25.6%) since 2011.



¹³ <https://www.eastsussex.gov.uk/media/zpqehvzy/state-of-the-county-2022-for-publication-august.pdf>

¹⁴ https://www.alzheimers.org.uk/sites/default/files/2019-07/ldp_east_sussex.pdf

Migrant Support, Refugee Resettlement and Asylum Dispersal

In 2022/23 SAB partners sought assurance regarding healthcare needs, mental health needs and safeguarding and potential risks of exploitation in relation to vulnerable refugees and asylum seekers being accommodated in various locations in East Sussex. Updates and assurances were provided at a number of meetings of the Safeguarding Adults Board.

At the end of February 2023 almost 1600 Ukrainian guests had arrived in East Sussex on a Homes for Ukraine visa, matched with over 600 sponsors.



Homes for Ukraine¹⁵ is being delivered in East Sussex through partnership of organisations across the public and VCSE sector, with coordination and leadership from the County Council. Partners help to deliver safety checks, welfare support, financial support, and assistance with key needs such as accommodation, employment, English language, and education.

SAB Partner agencies have also responded to the need to safeguard people in contingency hotels in East Sussex. A number of safeguarding training sessions have been facilitated, as well discussions around access to local services and support, meeting basic needs and community tension and integration.

More recently the Home Office have advised there is potential for a large site at Northeye¹⁶ in Bexhill to accommodate male asylum seekers. The Home Office is considering options which could potentially transform the current site into suitable accommodation for asylum seekers in response to the increasing pressures on the UK asylum system.

A Northeye Multi-Agency Forum was set up in June 2023 to provide a forum to share and manage next steps and representatives include ESCC, Rother District Council, Sussex Police, ESFRS, NHS Sussex, Home Office, South-East Strategic Partnership for Migration and VCSE reps (local and national) should the Home Office pursue this option.

To address the challenges and opportunities, of the increase in asylum seekers and refugees in East Sussex, it has been agreed that an East Sussex Migration Partnership Board is established, with the overall purpose of supporting the delivery of a coherent and sustainable strategy for supporting displaced persons in East Sussex, including refugees, people seeking asylum and other migrants (e.g., people on Government visa schemes), and to work collaboratively with partners and communities to achieve this.

¹⁵ <https://www.gov.uk/guidance/homes-for-ukraine-scheme-frequently-asked-questions>

¹⁶ <https://www.gov.uk/government/publications/asylum-accommodation-factsheets/factsheet-bexhill-asylum-accommodation-accessible>

Adult Social Care and Health

The Care Act 2014 sets out 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 2022/23 for both concerns raised and enquiries undertaken by Adult Social Care and Health (ASCH) in East Sussex County Council.

A safeguarding concern is when someone reports an adult is being abused, neglected, or exploited,

The total number of safeguarding concerns received in 2022/23 was **5,171**, **decrease of 11.1%** compared to 5,819 in 2021/22.

A section 42 enquiry relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect.

The total number of safeguarding enquiries that commenced in 2022/23 was **2,680**, **an increase of 10.4%** compared to 2,428 enquiries in 2021/22.

The table below illustrates the number of concerns raised and enquiries since 2017/18 to 2022/23

Year	Total Concerns	Concerns not progressed to enquiry	Enquiries	Percentage of Concerns progressed to Enquiry
2017/18	4873	3317	1556	31.9%
2018/19	4841	3713	1128	23.3%
2019/20	4465	2437	2028	45.4%
2020/21	4931	2915	2016	40.9%
2021/22	5819	3391	2428	41.7%
2022/23	5171	2491	2680	51.8%

- Previous Audit activity provided assurance on decisions made to progress concerns to safeguarding enquiries, but the increased conversion rates will be monitored in 23-24, to ensure appropriate responses to safeguarding concerns are being achieved.

Safeguarding Enquiries Outcomes

The desired outcomes are the wishes of the adult at risk or their representative which have been expressed at some point during the information gathering or enquiry phases.

	Fully achieved	Partially achieved	Not achieved
2021/22	53%	43%	4%
2022/23	47%	47%	6%

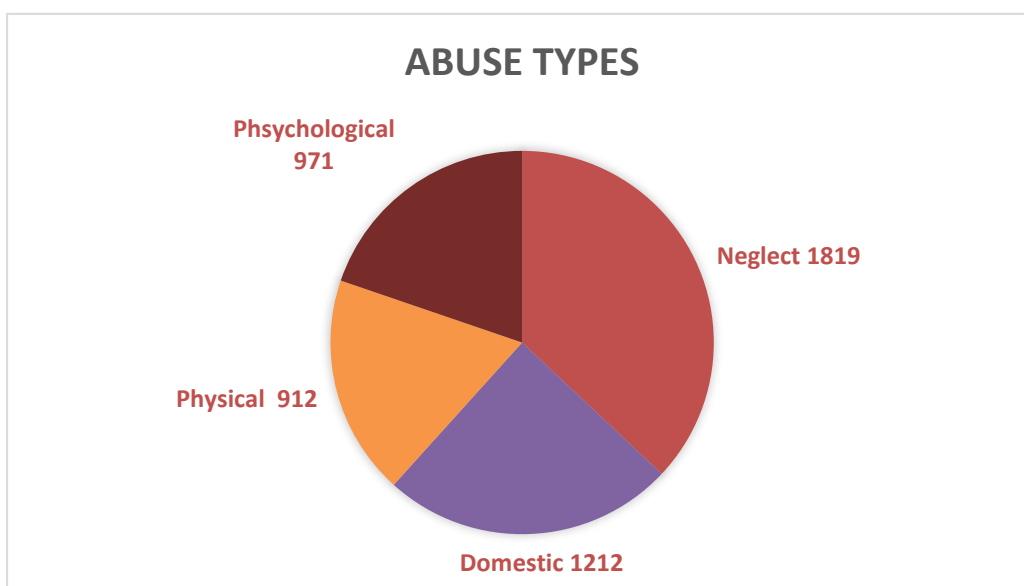
Mental capacity for completed safeguarding enquiries

	Adult has capacity	Adult lacks capacity	Not Known
2021/22	72%	27%*	1%
2022/23	71%	28%	1%

*Of the adults who lacked capacity, 98% were supported by an advocate.

- In March, the option of 'not recorded' for Mental Capacity within the ASC Safeguarding episode database was removed, with the aim of improving this further. Of the adults who lacked capacity, 98% were supported by an advocate.

Most reported abuse types (by completed episode) 2022/23



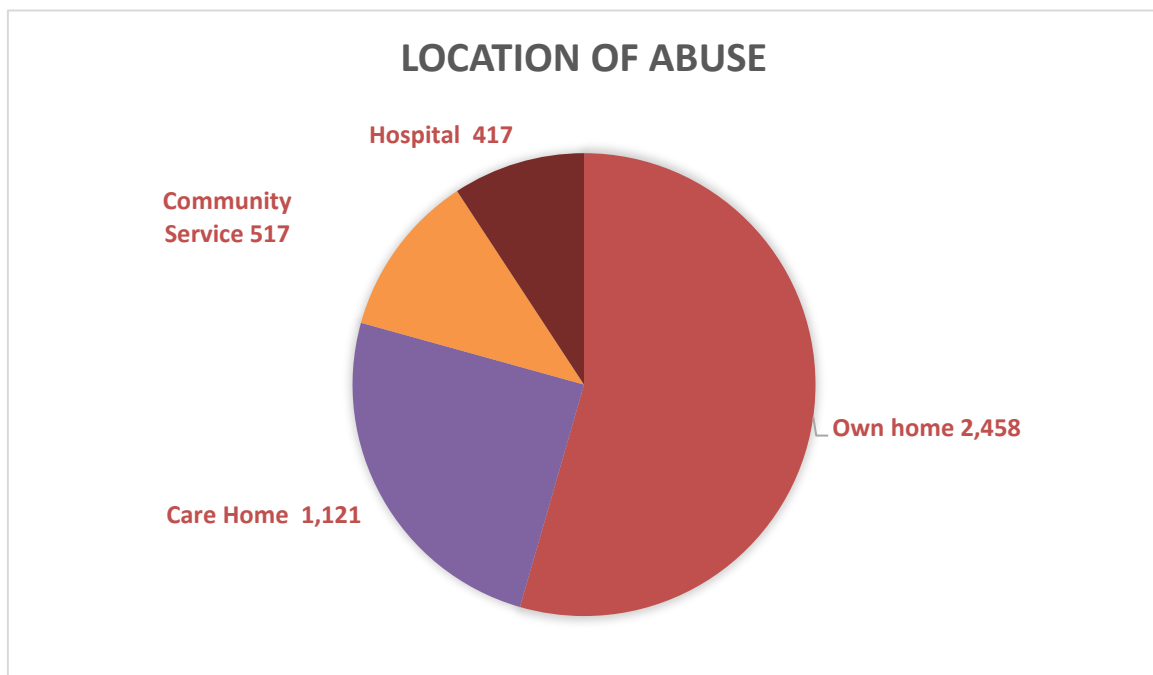
- These four abuse types remain the same as the most reported in 2021/22.
- Neglect cases have increased by 17% this financial year .

National data from 2022¹⁷ reports that the most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 31% of risks.

- Domestic abuse, psychological, financial, and physical abuse have all decreased slightly compared to last year.

Most common locations of abuse 2022/23

- This remains the same as 2021/22 and as in previous years, the most common reported location of abuse is in the adult at risk's own home. This has increased by 6% compared to last year's figures.
- The second most common location continues to be Care Homes. This has increased this year from 954 to 1,121 an increase of 15%.

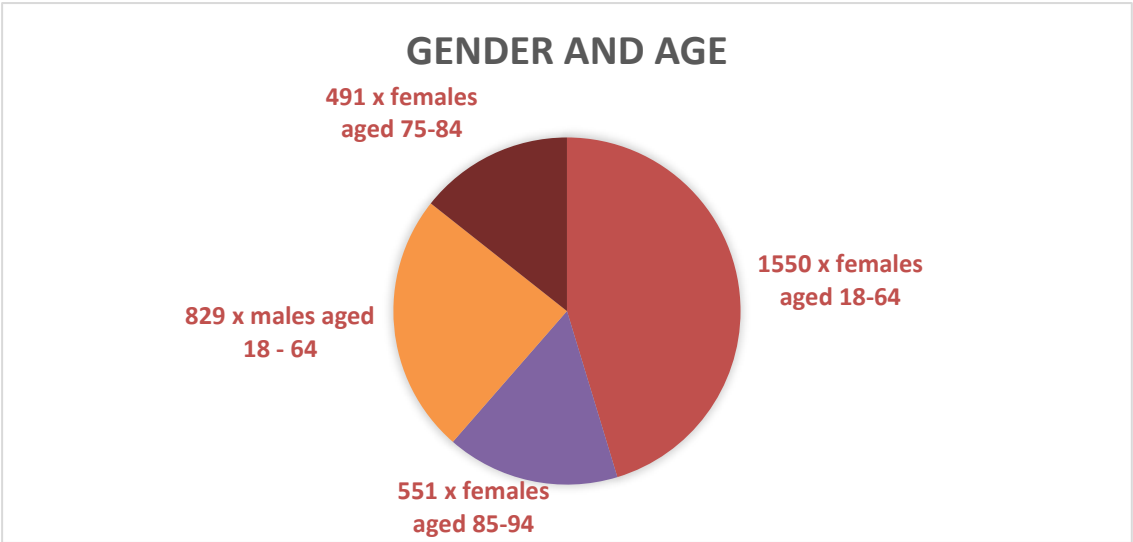


¹⁷ [Safeguarding Adults, England, 2021-22 - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

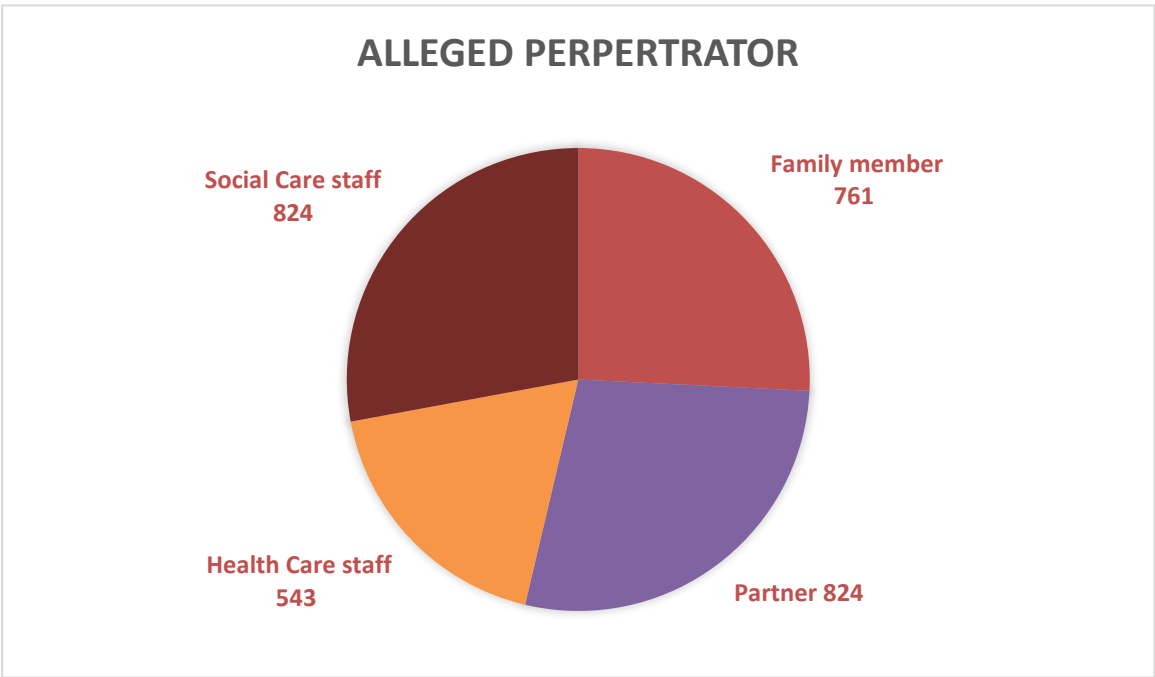
Type and location of risk reported nationally in 2021/22¹⁸

East Sussex data in 2022/23 is comparative with national data from 2021/22. The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 31% of risks, and the most common location of the risk was the person’s own home at 48%.

Most common age and gender of victims 2022/23



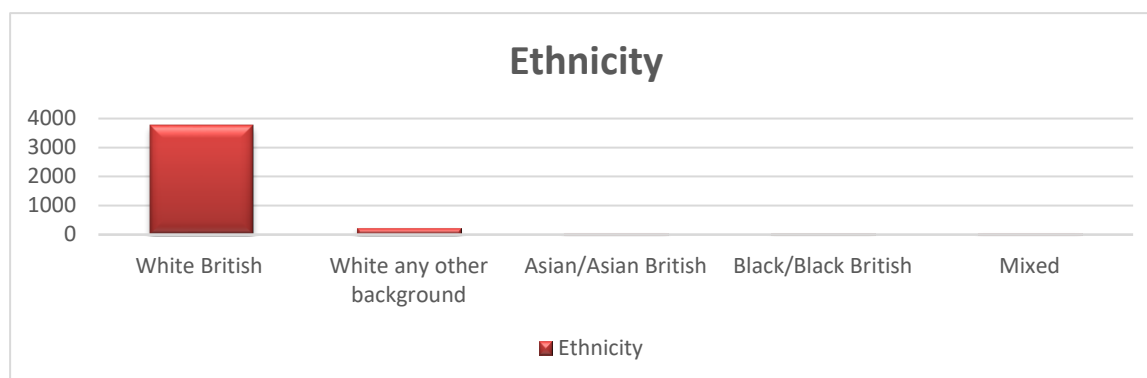
Alleged perpetrator type 2022/23



¹⁸ [Safeguarding Adults, England, 2021-22 - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

Safeguarding enquiries by ethnicity

The table below shows a breakdown of the 5 most recorded ethnicity categories.



- As with the 2021/22 SAB annual report, adults of white origin continue to be the largest group, accounting for 82%(3,766) of individuals, which is consistent with East Sussex population data and in line with the previous year. The second largest recording (5%) is that of white any other background which represents 239 cases.

Making Safeguarding Personal

- There continues to be an increase in the proportion of adults who were asked for their desired outcomes.
- There will be cases where outcomes will not have been achieved - 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.

For each enquiry was the individual or individual's representative asked what their desired outcome was?		
Yes, they were asked, and outcomes were expressed	82%	1654
Yes, they were asked, and no outcomes expressed	13%	271
No	4%	82
Don't know	0.19%	4
Not recorded	0.24%	5
In how many of these cases were the desired outcomes achieved?		
Fully achieved	48%	800
Partially achieved	46%	770
Not achieved	5%	84



Complaints - Adult Social Care and Health

The total number of new complaints received by Adult Social Care & Health (ASCH) in 2022 - 2023 was **430** which is an increase of 25% from 2021/22.

Of these, 18 related to safeguarding, this is 4.2% of the total complaints received, and compares to 15 (4.5%) complaints received in relation to safeguarding in 2020 – 2021.

The outcome of the 18 complaints relating to safeguarding can be broken down as follows:

- Not upheld: 12
- Partially Upheld: 5
- Upheld: 1

Learning and actions from these 18 complaints, include:

- Case audits were undertaken by the Adult Safeguarding Development Team.
- The Adult Safeguarding Development Team have **developed Pressure Ulcer Guidance** which has recently been reviewed and updated. Health and Social Care Connect, our contact centre, also has a specific form for providers to complete when a concern is being raised about this. Our Pan Sussex Thresholds Guidance, which was recently revised, also contains a section on pressure ulcers and how these should be reported/responded to.
- There is greater emphasis in our training on areas including:
 - **Professional Curiosity** (described as not taking things at face value but exploring every possible indicator of abuse or neglect and the use of awareness of current evidence, applying knowledge to practice, and understanding how policies directly affect patients), and considering protective characteristics within the Equalities Act.
 - **Mitigating Unconscious bias** is a specialised course offered to all Adult Social Care (ASC) staff by the Corporate Training Team and it includes: ageism, racism, sexism, and numerous other forms of covert or overt discrimination. This training to ASC staff is promoted through internal communication media, newsletters, and emails.
 - **Neglect** is a subject highlighted in the Safeguarding Adults e-learning and in both the Safeguarding Adults Introduction and Refresher Training sessions. It is mandatory training for ASC staff.

- The **procedures and Lead Enquiry Officer (LEO) checklist** was updated and published last year and highlights the need to consider **the use of an independent expert in safeguarding enquiries**. The checklist also includes the consideration of **equality and diversity issues, protected characteristics and ethnicity and cultural needs** within the enquiry
- Working with the ASC Principal Social Worker for Adults, ASC practitioners and partners request provider reports with a view to ensuring there is a **clear and consistent approach to requesting information**. This information is then be analysed in line with the Pan Sussex safeguarding procedures.
- The use of multi-agency meetings including all relevant agencies should support practice as should the LEO checklist to ensure that all identified areas within the enquiry have been concluded.


Agenda and minute templates have been updated and published over the last few months to support the structure of enquiries and to follow up on areas of dissent, disagreement, and feedback on minutes within 10 working days.

- Apology given for the complainant not being made aware earlier that there are safeguarding reports and a copy had not been given to complainant in a timely manner. This was addressed with the Worker. The Practice Manager also followed up with their team and provided additional refresher training to all staff members to ensure safeguarding reports and plans are sent out to all parties as per the safeguarding procedures.



Number of Crimes per Category of Abuse Risk reported 2022/23
(figures are comparable with figures from 2021/22).

Physical	819
Institutional	2
Neglect	31
Discriminatory	22
Psychological	458
Sexual	310
Financial	118

- Operation Signature¹⁹** is the force campaign to identify and support vulnerable victims of fraud. The campaign aims to combat fraud and scams with a particular focus on protecting the more vulnerable and elderly.
- 
- In 2022/23 Operation Signature supported 952 victims who were either standard, medium, or high-risk victims of fraud and scams
- Across Sussex vulnerable people have been targeted by scammers who have stolen more than £3.6million through courier fraud.
- The majority of the 543 reports of courier fraud reported to Op Signature have been targeted at women aged 75yrs or over. Of those cases 185 suffered a financial loss, leading to the fraudsters walking away with £3.6m.

In one instance, a woman in her 80's in East Sussex was called by a man claiming to be a police officer. The caller claimed her bank account was at risk and a member of the bank staff was committing fraud against her account. She was asked to assist with a fraud investigation and was told to withdraw £8,000 from her local branch. A courier would then collect the cash and "check that the notes were not counterfeits". Thankfully, the bank staff stopped the withdrawal having realised the scam was being carried out and stopped the woman from withdrawing the money before explaining what was happening

¹⁹ <https://www.sussex.police.uk/advice/advice-and-information/wsi/watch-schemes-initiatives/os/operation-signature/>



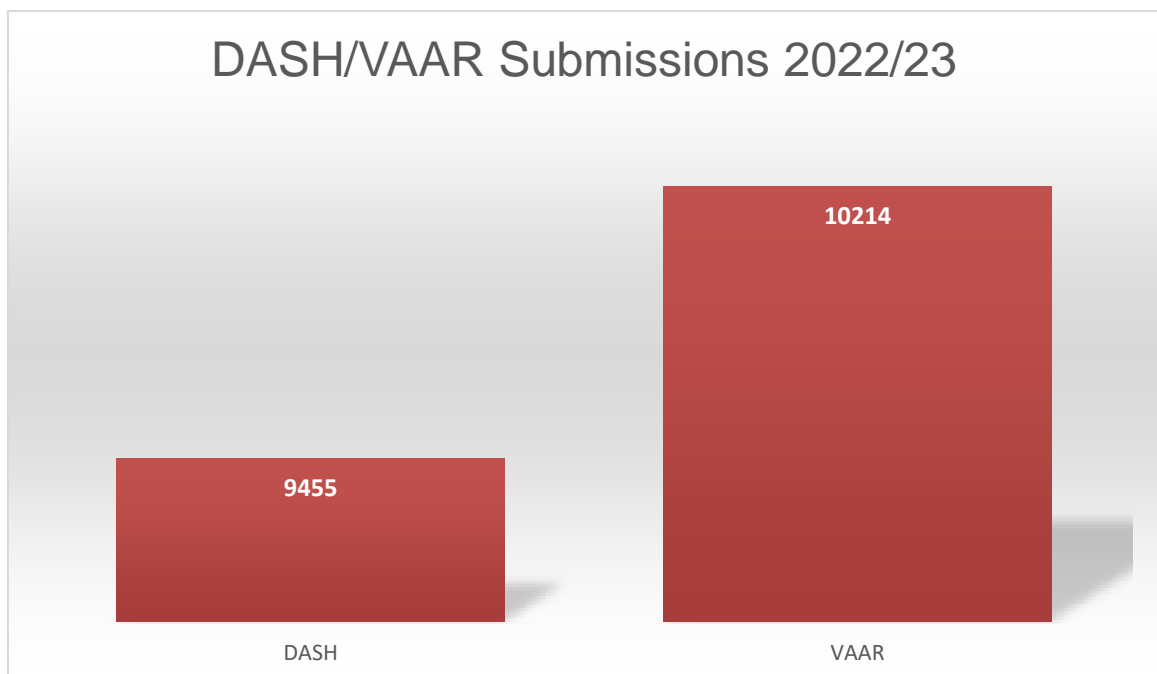
- Sussex residents lost over £3 million to dating scams in 2022.
- The county ranked fifth in the list of areas hardest hit by such scams with 251 people in the county falling victim.

Policing has a crucial role to play in the identification, support and safeguarding of adults who are at risk of harm.



Domestic Abuse, Stalking and Harassment and Honour-based violence risk forms (DASH) forms are for use by specialist domestic abuse and other non-police agencies for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

The Vulnerable Adult at Risk (VAAR) section of the Single Combined Assessment of Risk Form (SCARF) is completed by the police for every safeguarding concern



In August 2022, the Sussex Partnership NHS Foundation Trust (SPFT) moved to a new system for recording safeguarding concerns that are shared with local authorities. Safeguarding concerns now form part of the Trust's internal incident reporting and are recorded in its incident management system.

- The change provides a central database for the storage and analysis of the Trust's own safeguarding concern data. Prior to this system, the Trust relied on information from different sources, including local authorities, to understand its safeguarding activity.

The table shows Adult Safeguarding Concerns raised by SPFT in East Sussex in 2022/23

- The total figures for the twelve-month period are taken from the eight months of data from August 2022 to the end of March 2023. Future reporting cycles will be based on actual data across the twelve-month period.

Categories of Abuse	Number
Physical	90
Sexual	29
Financial	38
Discriminatory	6
Domestic	26
Psychological/emotional	63
Neglect & acts of omission	74
Self-neglect	23
Organisational	6
Modern slavery	5
Total	360

Section 42 Enquiries

Trust safeguarding enquiry information records forty-two Section 42 enquiries within East Sussex where the Trust was believed to be the cause of risk.

- The majority of these enquiries were linked to inpatient mental health settings with a category of abuse of neglect and acts of omission. Enquiries focussed issues related to delays in admission, unsafe discharges, and incidents on the wards.

- Concern continues to exist about safeguarding risks arising from hospital admission delays, especially following mental health act assessments. The issues leading to this situation are complex and relate to the number of hospital beds as well as available health and social care support in the community to enable discharge of patients who no-longer need to be in hospital.

Safeguarding Adult Reviews

The Trust participated in the Safeguarding Adult Review work of the Board which included the three Safeguarding Adult Reviews that were published in the 2022/23 business year (SAR Anna (May 2022), SAR Ben (September 2022) and a Thematic Review (November 2022).

The Thematic Review is especially relevant to the Trust as women at the centre of the review had mental health problems. The Trust is engaged in the action planning from the review and embedding learning, which focusses on trauma informed care, working with people with multiple compound needs/multiple disadvantage and suicide prevention.

Safeguarding Service

The Trust's Safeguarding Service is fully staffed and allows the Trust to deliver its safeguarding adult training in line with NHS requirements. It also enables the Trust to support its frontline services to respond to safeguarding concerns and enquiries, and to play its part in the work of the Sussex Safeguarding Adult Boards.

The challenge for the Trust is delivering core services at a time of increasing demand and continuing pressure on health and social care resources.

Safeguarding Initiatives and Projects

Domestic Abuse - The Trust has updated its Domestic Abuse & Sexual Violence policy for working with patients and carers and created a new domestic abuse policy to respond to its own staff who are victims or perpetrators of domestic abuse. A working group has begun to update the Trust's mandatory domestic abuse training.

The Trust continues to provide mental health representation to East Sussex Multi-Agency Risk Assessment Conferences (MARAC) and is supportive of the current East Sussex pilot to amend MARAC processes in the county.

Safeguarding Policies - The Trust's adult safeguarding and Prevent policies have been reviewed and updated. The updated Prevent policy now includes reference to two new posts within the Trust to support its Prevent work. These are a Prevent Practitioner (Social Worker) and a Senior Clinical Lead for Prevent (Consultant Psychiatrist).

East Sussex Fire and Rescue Service

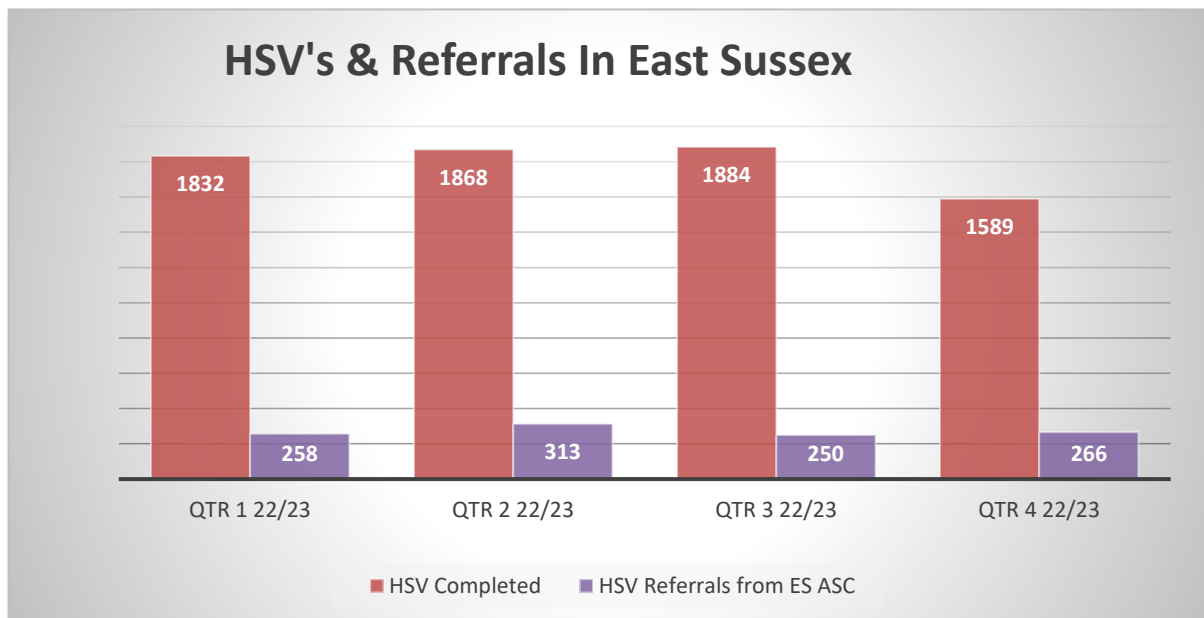


Home Safety Visits

East Sussex Fire and Rescue Service (ESFRS) provide Home Safety Visits (HSV's) to members of the community with essential information on safety in their home, escape plans and what to do in the case of a fire.

ESFRS also works with GP surgeries to deliver home safety visits to those most at risk from accidental dwelling fires.

- In 2022/23 over 7,000 home safety visits were completed in East Sussex



Coming to Notice (CTN) forms

- 399 CTN forms were submitted in 2022/23 in relation to safeguarding concerns. Hoarding and mental health were the two most common safeguarding concerns raised.
- Hoarding represented 30% of all concerns
- Mental Health represented 13% of all concerns

Safeguarding Training

Safeguarding and community safety staff attend East Sussex Safeguarding Children Partnership training courses throughout the year.



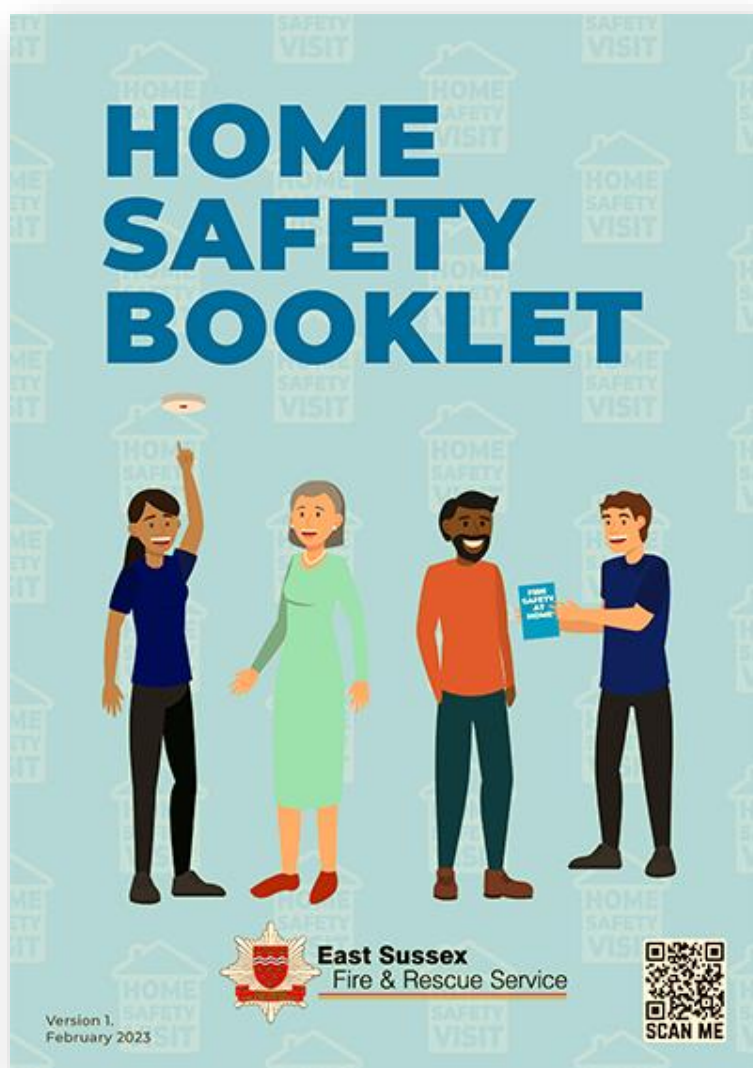
Between 2021/22 and 2022/23 staff have attended the following courses:

Safeguarding Essentials course (online course) – 675

Safeguarding Adults & Children (face to face course) – 67

The new **Home Fire Safety booklet** is an easy-to-read guide that brings together important safety information from various sources. It helps keep homes and families safe, especially children. The booklet also covers topics such as:

- Mental health
- Wellbeing
- Dementia
- Cost of living



East Sussex Probation area covers both areas of East Sussex and Brighton and Hove. Therefore, the data below is reflective of both areas.

In 2022/23:

There has been a decrease of 71 probation cases since November 2022

There have been increases in safeguarding and police check requests and responses.



- Safeguarding checks increased by 29.22%
- Safeguarding checks returned increase by 31.29%
- Police checks increased by 22.54%
- Police checks returned increased by 21.71%

Safeguarding Current Activity from Probation Service by Gender

Gender	Safeguarding - Known Persons Check	Safeguarding Referral	Safeguarding Referral (Adult)	Safeguarding Referral (Child)	Police Intelligence Enquiries Requested	Police Intelligence Enquiries -Response Received	Total
Female	39	2	2	1	327	244	615
Male	439	107	2	5	2912	1929	5394
Total	478	109	4	6	3239	2173	6009

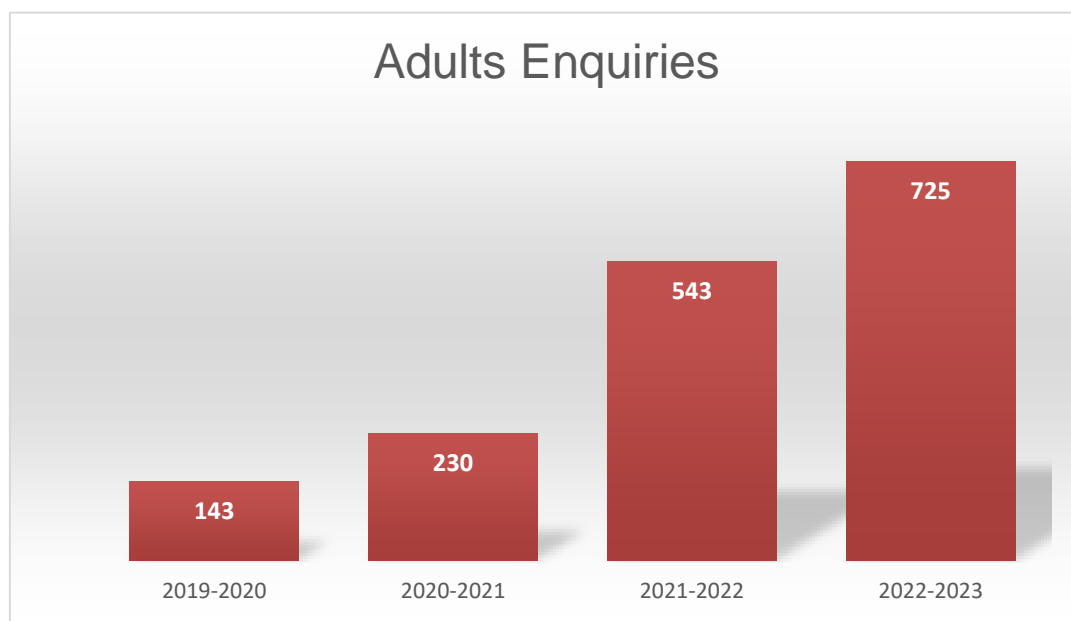
- 89.76% checks and responses are for males on probation caseload

Safeguarding Current Activity from Probation Service by Age Group

Age Group	Police Intelligence Enquiries Requested	Police Intelligence Enquiries - Response Received	Safeguarding Enquiries Requested	Safeguarding Enquiries - response received	Safeguarding - Known Persons Check	Safeguarding Referral	Safeguarding Referral (Adult)	Safeguarding Referral (Child)	Total
Brighton and East Sussex	3225	2149	1475	1517	473	108	4	6	8957
18 - 20	77	71	55	42	14	0	0	0	259
21 - 24	289	191	139	134	41	3	0	0	797
25 - 30	640	413	270	287	77	17	1	1	1706
31 - 40	1087	728	501	518	161	40	0	2	3037
41 - 50	546	378	259	277	101	23	3	2	1589
51 - 60	404	249	160	182	50	13	0	1	1059
61 - 70	140	85	64	51	19	6	0	0	365
71 - 80	35	30	18	21	8	3	0	0	115
81 - 90	7	3	8	5	2	3	0	0	28
91 - 100	0	1	1	0	0	0	0	0	2
Total	3225	2149	1475	1517	473	108	4	6	8957

- 33.90% checks and responses are for 31 – 40 age group

East Sussex Healthcare NHS Trust (ESHT) has seen a year-on-year increase in the number of Safeguarding Adults enquiries, the predominate themes are neglect and self-neglect.



The trust implemented **a quality improvement plan in 2022-2023** in response to an increase in the number of enquiries about the organisation that were predominantly attributed to the discharge process and to a lesser extent to skin damage.

- Improvements in documentation and handover have supported the skin damage enquiries. Concerns regarding discharge frequently included the terms 'unsafe' and 'failed' discharge. Significant work has been and continues to be undertaken with regard to discharge. This includes safely balancing patient choice whilst also trying to mitigate the risk of harm from deconditioning. In trying to ensure that patients do not rapidly decondition; the culture and approach to falls prevention is changing as a result.
- One element of quality improvement was the development of a weekly tracker to monitor the themes alongside meetings with the Heads of Divisions and Matrons led by the Chief Nurse. The progress of completion of the provider reports is also monitored through a database and discussion within Divisional governance forums to ensure robust and timely responses.
- There has been an additional and significant challenge with the very high numbers of patient with a very extended length of stay many of whom are frail,

complex and at high risk of harm e.g., falls, pressure damage and psychological distress.

- The presentation of some cases is increasingly complex. An area where this is of particular note is within Maternity Safeguarding, for example domestic abuse considerations have also to encompass any risks to new-borns and other families.
- Since Covid, ESHT facilitated a level 3 Think Family Safeguarding training. This has been delivered through a combination of e-learning and a virtual training platform; this training is being updated for 2023-2024.
- The Health Independent Domestic Violence Advocate (HIDVA) facilitates Domestic Abuse training within the trust. In 2022 the HIDVA also facilitated training for Domestic Abuse champions within the trust, 14 staff completed this programme and it is hoped this will be offered again this year.
- In 2022 the trust employed a Mental Capacity lead to support staff to be more cognisant of the Mental Capacity Act and to embed understanding about the Deprivation of Liberty Safeguards (DOLS) process. As a result, the numbers of Deprivation of Liberty Safeguards (DOLS) applications within the trust have increased.
- The East Sussex Healthcare team has functioned alongside considerable staffing challenges in the last year with staff sickness alongside vacancies.

"Can't thank the staff in A&E enough for their dedication and care when my husband, who has dementia was taken ill. Their kindness, humour, and especially patience made the visit less stressful for me"

"This year my wife had the onset of new Atrial Fibrillation. The care and kindness received from her Cardiologist has been and continues to be amazing. He is a brilliant listener and worked hard to find a solution to returning her to good health. Two words 'fantastic and thanks'"

"Went to A&E on a Saturday afternoon with a progressive hand infection. I was triaged quickly, and the subsequent assessment was very thorough, culminating in a course of antibiotics. The staff were very empathic and put my mind at rest while waiting. Subsequently, due to good liaison from the clinician, my GP contacted me a few days later to assess progress"

NHS Sussex (also known as the local Integrated Care Board or ICB) became an organisation on 1st July 2022, taking on the commissioning functions previously carried out by the Clinical Commissioning Group²⁰ (which ceased to exist thereafter) and has continued to work alongside both statutory and wider Safeguarding Adults Board to safeguard the local population.

This includes providing health leadership to all SAB subgroups and chairing the Transitional Safeguarding Task and Finish group which was jointly commissioned by the Safeguarding Adults Board and Safeguarding Children Partnership during Quarter 4 and will continue working on this crucial piece of work in 2023/24 financial year.

In addition to fulfilling its statutory obligations, as per the NHS: Safeguarding accountability and assurance framework²¹, during the 2022-23 year, NHS Sussex have continued to undertake a number of actions to support strengthening safeguarding practice and arrangements across the East Sussex health landscape.

Some notable highlights this year have included:

- Mental Capacity Act Reforms / Liberty Protection Safeguards (LPS) Readiness: In anticipation of the implementation of the Mental Capacity (Amendment) Act 2019: **Liberty Protection Safeguards NHS Sussex set up a Sussex Wide LPS implementation Board**, chaired by the Chief Nursing Officer, and a system wide LPS steering group. This was designed to be a supportive forum as well as bringing together Integrated Care System colleagues across Sussex to coordinate and plan the implementation for the revised legislation across the local health economy.

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

- At the end of the 2022-23 year (April 2023), the Government announced that delay the implementation of the Liberty Protection Safeguards²² would be beyond the life of this Parliament. NHS Sussex remains committed in supporting to ensure that there is an appropriate understanding and implementation of the Mental Capacity Act within health settings, leading to improved patient experiences and outcomes. **A number of training webinars**

²⁰ [NHS Sussex - Sussex Health and Care \(ics.nhs.uk\)](https://www.nhs.uk/ics)

²¹ [NHS England » Safeguarding children, young people, and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)

²² [Mental Capacity \(Amendment\) Act 2019: Liberty Protection Safeguards \(LPS\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

regarding use of the Mental Capacity Act, using real case studies to putting theory into practice, have been scheduled to be held in 2023-24. Members of the Sussex wide LPS Steering Group have also agreed a change to its Terms of References, becoming the Sussex Wide MCA Steering Group moving forward.

- **NHS Sussex Safeguarding Fortnight:** During Q3 2022-23, NHS Sussex delivered a fortnight of multi-agency learning events covering a wide range of topics including learning from statutory reviews, exploitation, domestic abuse, and trauma informed care.
The events reached approximately 1,165 attendees across the twelve sessions with representation from 120 different organisations (including from statutory, voluntary and the independent sector).

Feedback from the fortnight indicates that the sessions were very well received, with attendees reporting that they were taking forward the related learning to embed into practice.



- **Revised Local NHS Sussex Safeguarding Arrangements (Place Based Leadership):** In consideration of the breadth of the revised organisational geography of NHS Sussex (when compared to the former individual CCGs) and in recognition of bespoke local safeguarding issues within Sussex, changes were made, through the implementation of ICB 'place-based' Safeguarding leadership to support the system safeguarding work .
- Since Q3, there has been **dedicated Designated and Named Safeguarding Professionals for Safeguarding Adults for East Sussex.** This enables our Safeguarding Professionals to work more consistently alongside multi-agency partners in identifying and support the development of local safeguarding needs, whilst maintaining the benefits of continuing to work as part of the wider Sussex system (such as sharing best practice / relevant learning from across the Integrated Care System).
- **Raising awareness of Serious Violence and Exploitation:** During Q4 2022-23, NHS Sussex hosted a virtual conference including sessions on 'cuckooing', tackling serious and organised crime and 'honour-based' abuse. The conference was very well attended by a wide range of professionals and has been well evaluated, with learning being shared and developed into practice.

Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust (SCFT) serves a wide geographical area which includes, West Sussex, Brighton & Hove, and High Weald, Lewes, and Havens, and provides health services in the community to both adults and children.

- Safeguarding is a fundamental part of our recruitment process, ensuring appropriate checks are in place to ensure all staff are employed within SCFT services to contribute to the delivery of excellent care within the community.
- All staff have access to mandatory and statutory safeguarding training for adults and children appropriate to their role and position within the Trust including higher-level training for those in specialist roles.
- SCFT has a safeguarding team which provides specialist advice for both adults and children across all services and supports staff to recognise signs of abuse and how to report it. The Trust works effectively with all safeguarding partnerships to ensure a multi-disciplinary and cross agency approach.
- The safeguarding team works closely with new service developments to ensure we provide high quality and effective health services. The team is part of a Quality and Safety Department, which enables close working both with specialist safety teams and clinical staff. This ensures that we focus on learning for improvement and strengthens our personalised approach to safeguarding.



Healthwatch- Putting a Face to Unmet Need Report 2023



Following contact from a member of the public about their father's experience of health and social care services, Healthwatch East Sussex undertook a project in 2022/23: *Putting a Face to Unmet Need*²³ to explore people's social care needs and how they were being met. The findings and recommendations from the project were published in May 2023.

- Working in collaboration with three partner organisations, Citizens Advice in Eastbourne, Diversity Resource International (DRI) and Care for the Carers, fifteen people were identified and interviewed. They were asked about their experience of social care and the impact of needed social care.
- People were drawn from three groups, namely unpaid carers, individuals from an ethnic minority background and people on low incomes.



Unmet Need and Safeguarding

This report looks at unmet social care needs in a broad way. People were asked about their lived experience of the social care system and based on what Healthwatch heard, the public appear to know relatively little about who oversees adult social care, how it works, how it is paid for and what help they might get.

²³ <https://cdn.whitebearplatform.com/hweastsussex/wp-content/uploads/2023/05/05152842/HWES-Unmet-Need-Project-Report-2023-FINAL-5.5.23.pdf>

The complexities of what is a health need or a housing need or a social care need and who might (if anyone) help or be responsible for helping was reflected in the interviews that were conducted.

A number of recommendations have been put together by a combination of Healthwatch East Sussex staff and volunteers and representatives of partner organisations contributing to this report.

Recommendations include:

- There is a general lack of public awareness about Adult Social Care (ASC), what it is, who is responsible for providing services and how to access advice and services.
- Adult Social Care should work with partners and in particular the Safeguarding Adults Board to develop and implement a plan to improve public awareness of safeguarding and who to contact with a concern.
- Health and social care partners including ASC, NHS and voluntary, community and social enterprise (VCSE) organisations should develop a plan to provide information, advice and emotional support for Unpaid carers and people arranging for the care of a family member.
- Health and care strategies and delivery programmes should identify and focus resources on preventative measures, rather than just crisis management.

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](#)

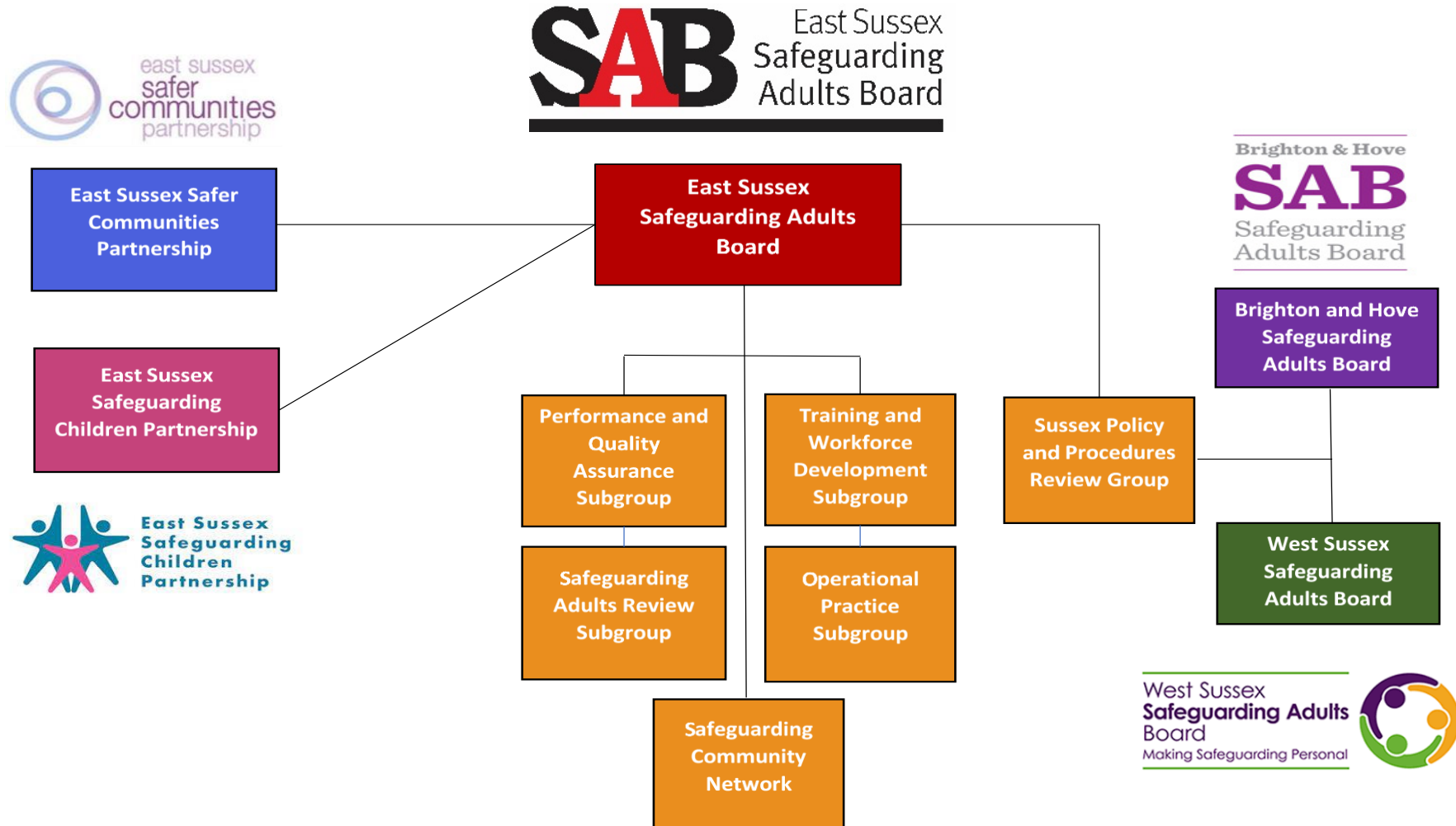
Contact the police on 101 or in an emergency 999

Find out more in our [safeguarding leaflet](#) and [easy read version safeguarding leaflet](#).

Appendix 1 – Board membership

- East Sussex Adult Social Care & Health (ASCH)
- NHS Sussex Integrated Care Board (ICB)
- 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
- Independent 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, East Sussex County Council
- Voluntary and community sector representation

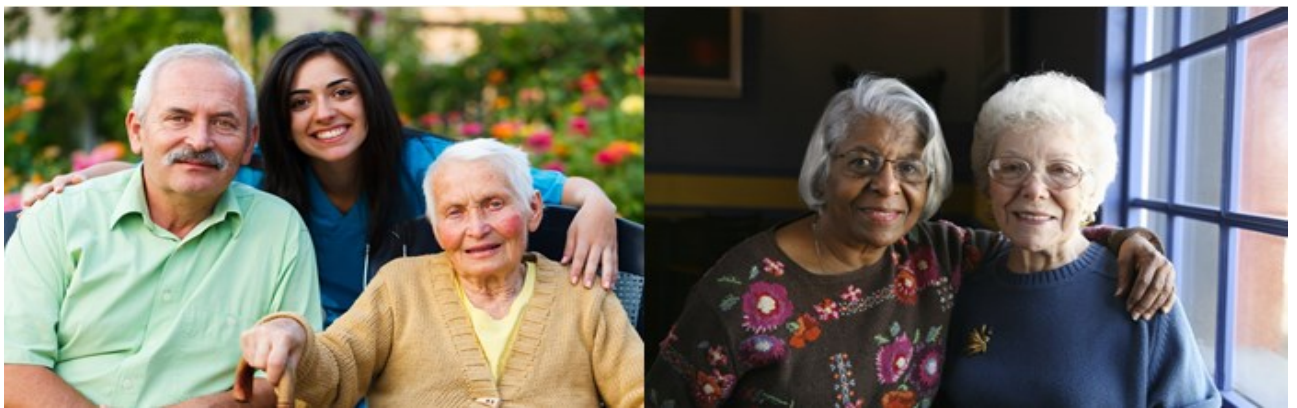
Appendix 2 – Board structure



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East Sussex Safeguarding Adults Board Strategic Plan 2021 - 2024



You can get all our publications in a format to suit you. If you would prefer this plan in an alternative format or language, please ask us.
Please phone Health and Social Care Connect on 0345 60 80 191.

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Introduction from Graham Bartlett, East Sussex Safeguarding Adults Board Independent Chair



I'm pleased to present the Strategic Plan for the East Sussex Safeguarding Adults Board (SAB) for 2021 – 2024. This strategic plan is a statement of the SAB's vision and priorities over the next three years and details how we will work as a partnership to keep people safe from abuse and neglect.

The Care Act 2014 sets out the statutory responsibilities of SABs to work together to safeguard adults and prevent and reduce the risk of abuse and neglect. Of crucial importance, it also outlines that agencies must enable people involved in safeguarding interventions to have choice and control over decisions about risk and safety.

As chair of the SAB I am keen to ensure that people who live and work locally in East Sussex are clear about our vision and the important role the SAB has to play in supporting an effective partnership response to abuse and neglect. Safeguarding is everyone's business. By helping people to understand what abuse and neglect is, how to report concerns and what steps agencies will take to respond to these concerns we aim to build resilience and empower communities.

Over the course of 2020 the Covid-19 pandemic presented turmoil and challenges beyond anyone's expectations. During 2021 the East Sussex SAB is working under the expectation that Covid-19 and responses to it will continue over this next year and possibly beyond, and therefore there will be specific areas of work for the SAB which directly relate to Covid-19.

Our strategic priorities for the next three years will be delivered through our annual business plan, which will be reviewed and revised regularly to ensure we are achieving what we said we would do and that safeguarding needs are being addressed across East Sussex.

A handwritten signature in black ink, appearing to read 'G. Bartlett'.

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

About us

The East Sussex Safeguarding Adults Board (SAB) is a multi-agency partnership of key statutory and voluntary agencies in East Sussex as well as lay members. The SAB provides leadership and strategic oversight of adult safeguarding work across East Sussex.

A full list of the partners of the East Sussex SAB is listed at [Appendix 1](#).

The work of the SAB is underpinned by the Care Act 2014. The SAB has the overarching purpose of ensuring 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.
- Gaining assurance that the principles of Making Safeguarding Personal (MSP) are central to safeguarding, and practice is person-centred, and outcome focused.
- 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.
- Striving for continuous improvement in safeguarding practice and that this enhances the quality of life of adults in East Sussex.

SABs are required to publish a strategic plan, which sets out how the Board will seek to prevent abuse and neglect and how it will help and protect adults with care and support needs from abuse, neglect and exploitation.

The strategic plan has 2 main purposes:

- To specify the actions required by the SAB and its member agencies to implement the strategy.
- To inform the local community and all interested parties about the work programme of the SAB.

Our strategic plan sets out:

- **Our vision:** the outcomes we want to achieve for the people of East Sussex.
- **Our strategic plan for 2021 – 2024:** our aims and objectives to achieve our vision.

- **Our annual work plan:** the key actions and targets we will undertake to achieve our strategic plan.

Partnership working across Sussex

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 and the Health and Wellbeing Board.

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

Our vision

Our vision is for all agencies across East Sussex 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.

Making Safeguarding Personal

The East Sussex SAB is committed to the principles of Making Safeguarding Personal (MSP) and this ethos is embedded in all our strategic objectives. MSP means that any safeguarding interventions should promote a strengths-based approach and be informed by what the adult or their representative would like to achieve, and which enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Our Strategic Plan 2021 – 2024

Strategic theme 1: Accountability and leadership

SAB priority: Ensure the SAB provides strategic leadership to embed the principles of safeguarding and contribute to the prevention of abuse and neglect.

Desired outcome: To provide assurance to the people of East Sussex that effective safeguarding arrangements are in place across the partnership so that people have confidence in multi-agency safeguarding responses.

Strategic objectives:

- Ensure there is effective governance in place so that all Board members understand their roles and responsibilities under the Care Act 2014.
- Ensure robust mechanisms are in place for partners to be held to account for their safeguarding practice.
- Ensure that there is appropriate representation from partners and organisations on the SAB and its subgroups.
- Ensure clear and transparent annual budget plans are in place for all SAB activities.
- Develop arrangements with other Boards to be responsive to specific safeguarding themes, including in relation to self-neglect, coercion and control, criminal exploitation, modern slavery including cuckooing, young people at risk and transitions from children's to adults services and homelessness.
- Review our links and strengthen joint working arrangements with partnerships across Sussex including with children safeguarding partners following the implementation of the new Safeguarding Children Partnership arrangements in 2019.
- Ensure risk and impact on safeguarding from Covid-19 is evaluated and monitored, and lessons are learnt to strive for continuous improvement.

Strategic theme 2: Policies and procedures

SAB priority: 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.

Desired outcome: Our partners work within a framework of policies and procedures that keep people safe from abuse and neglect.

Strategic objectives:

- Ensure robust feedback mechanisms on safeguarding policies and procedures are in place, to ensure safeguarding practice is in line with current best practice and the Care Act 2014.
- Undertake assurance activity to test compliance and effectiveness of the implementation of the Sussex Safeguarding Adults Policy and Procedures.
- Raise awareness of safeguarding policies and procedures related to specific local safeguarding themes and challenges.
- Raise awareness of the Sussex Safeguarding Adults Review (SAR) Protocol and its referral process and to support robust and consistent decision making.
- Ensure feedback is given consistently, where appropriate, to those who have raised a safeguarding concern, and that referrers are supported to understand the decisions made.

Strategic theme 3: Performance, quality and audit, and organisational learning

SAB priority: Assure learning from SAB and SAR activity is effectively embedded into practice to facilitate organisational change across agencies, refocus quality assurance mechanisms and better use safeguarding data to define SAB priority areas of business.

Desired outcome: Confidence that services are learning and improving in their safeguarding practice and in managing needs and risks collaboratively.

Strategic objectives:

- Ensure learning from SARs, other reviews and multi-agency audits are effectively embedded into practice and facilitate organisational change.
- Ensure the SAB has effective arrangements for the commissioning of SARs to ensure these reviews are precise in form and focus and take into account a range of case and contextual factors so as to shape learning and continuous improvement.
- Ensure the SAB has robust multi-agency safeguarding data to shape learning, awareness and practice.
- Ensure a culture of openness and transparency is adopted to promote learning and celebrate success.
- Share learning with neighbouring Boards and relevant national links, such as the National SAB Managers Network.

Strategic theme 4: Prevention, engagement and Making Safeguarding Personal

SAB priority: Adults, carers and the local community as well as professionals assisting to shape the work of the SAB and to ensure safeguarding practice is person-centred.

Desired outcome: Local communities have a good awareness of safeguarding, and clients and professionals feel empowered for their voices to be heard in safeguarding practice and policy development.

Strategic objectives:

- Develop a culture where all agencies engage adults in conversations from the outset as to how best to respond to and progress safeguarding concerns and achieve their desired outcomes.
- Develop processes to enable meaningful feedback to the SAB from adults and carers who have experienced safeguarding interventions.
- Build the resilience of those who may be at risk of abuse and neglect, including young people who are transitioning from childrens to adults services, and those who are homeless to improve wellbeing.
- Continue to develop approaches to safeguarding which recognise the value of prevention and early intervention.
- Produce information for the community which is easily accessible and raises awareness of adult safeguarding and increases confidence in raising concerns.
- Ensuring communication and engagement strategies consider the diversity of local communities and reflect changing demographics.

Strategic theme 5: Integration, and training and workforce development

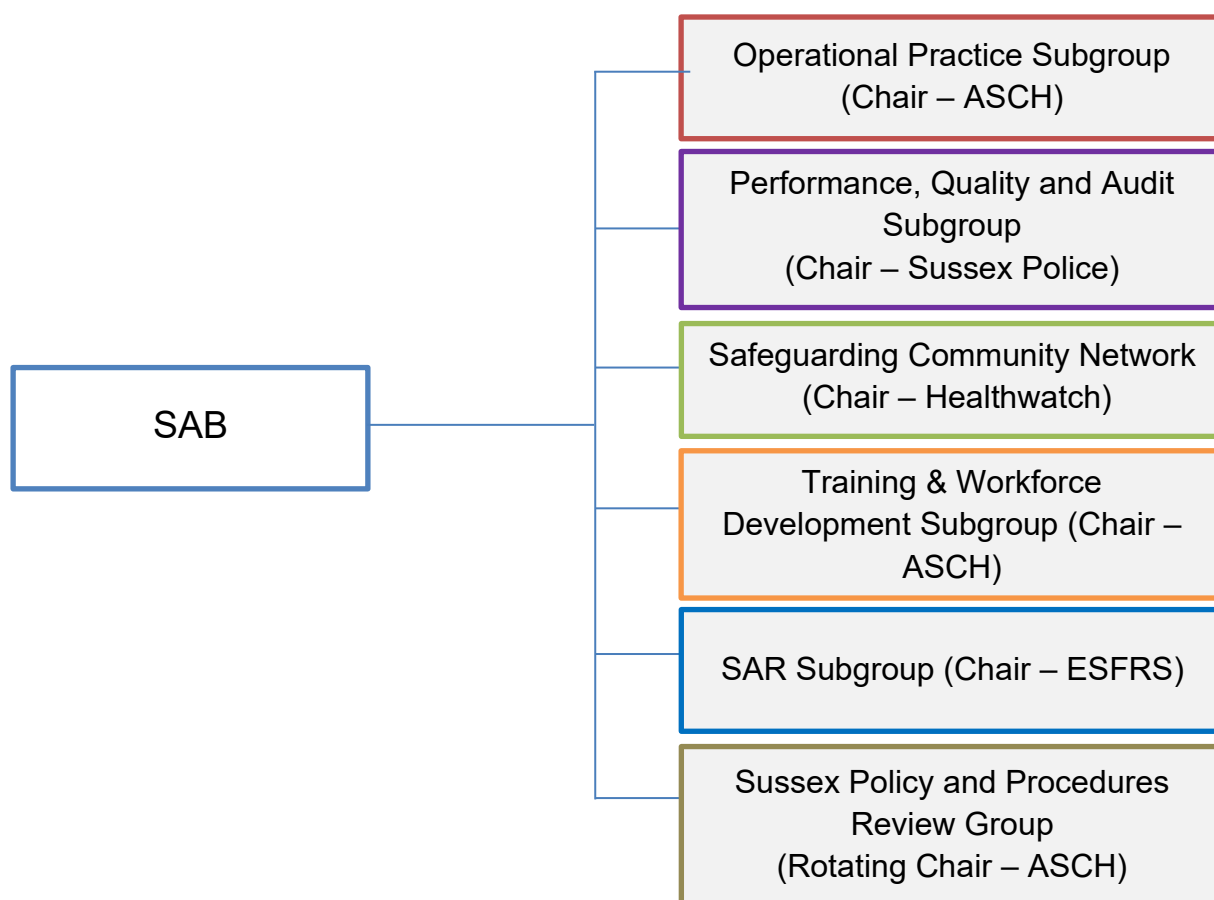
SAB priority: Ensure the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This is to include emerging local safeguarding issues.

Desired outcome: Adults are supported by a skilled and competence workforce.

Strategic objectives:

- Ensure the workforce is equipped to support adults effectively where abuse and neglect takes place.
- Ensure there are mechanisms to review the impact and effectiveness of training, including in response to the Covid-19 pandemic.
- Explore opportunities for multi-agency training delivery that promote equality and diversity.
- Continue to implement delivery of the Sussex Learning and Development Strategy 2019 – 2022, which provides a Sussex-wide approach to sharing training resources and learning from SARs and other reviews.

Our Annual Business Plan 2021 - 2022



Key priority areas for the East Sussex SAB 2021 – 2022

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

SAB

Objectives for 2021 – 2022

- Oversee the work of the subgroups and monitor progress of the strategic plan and business plan to ensure the SAB's core duties under the Care Act are met.
- Ensure the effectiveness and transparency of the SAB to oversee and lead safeguarding activities that contribute to the prevention of abuse and neglect.
- Establish a subgroup chairs meeting which will meet on a 6 monthly basis with the aim of strengthening links and communication across the subgroups of the SAB and opportunities for peer support and reciprocal challenge.
- Develop a Board members pack outlining constitution arrangements, terms of reference and quoracy of the SAB.
- Ensure SAB budget plan reflects fair and appropriate partner contributions, evidenced by a report on budget spend given annually.
- Ensure key partners within homecare, residential and nursing care, housing providers and the voluntary and community sector are engaged with for strategic leadership to be achieved.
- Monitor the LADO's activity in 2021 – 2022 and ensure there is clarity on the response to allegations about people in a position of trust.

SAR Subgroup

Objectives for 2021 – 2022

- Ensure the core business of managing SARs and other reviews is delivered in line with statutory duties.
- Raise awareness of the Sussex SAR Protocol with the aim of improving the quality of SAR referrals and ensure the threshold for decision making is applied consistently across Sussex.
- Support and embed the learning from the SAR National Analysis, including developing core standards for SAR reports.
- Ensure that learning from SARs locally and nationally is regularly considered and supported.
- Ensure mechanisms are in place to share learning across SARs, Child Safeguarding Practice Reviews (CSPRs), Domestic Homicide Reviews (DHRs) and the Learning Disabilities Mortality Review (LeDeR) Programme.

Performance Quality and Audit Subgroup

Objectives for 2021 – 2022

- Ensure the SAB has robust multi-agency data to shape practice and priorities, and effect change when required.
- Through the Performance, Quality and Audit Framework support partner agencies to monitor, assess and improve safeguarding adults' arrangements.
- Provide an overview of local and regional safeguarding transitions pathways to the SAB and develop mechanisms to address the gaps for supporting young people at risk of exploitation as they transition from children's to adults services.
- Ensure the impact of the Coronavirus upon services within East Sussex are evaluated, that recovery measures are monitored, and the learning is shared both in relation to the opportunities and challenges this period has created.
- 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.

Operational Practice Subgroup

Objectives for 2021 – 2022

- Seek assurance from partners on organisational arrangements to ensure compliance in relation to the Mental Capacity Act.
- Ensure the effectiveness of joint working, including information sharing and consolidation of standards for safeguarding across agencies.
- Develop a multi-agency risk management framework to enhance partnership working in supporting adults with multiple complex needs.
- Strengthen mechanisms and tools to feedback to individuals and agencies who raise safeguarding concerns to increase knowledge and confidence of safeguarding pathways.
- Review and update protocol and guidance documents to ensure they remain relevant and up-to-date for safeguarding practice. Over this financial year, this will include reviews of the Sussex Information Sharing Guide and Protocol and the Adult Death Protocol.
- Implement the Financial Abuse Strategy for 2021 – 2024 to ensure a coordinated partnership response to financial abuse.
- Ensure compliance with the Liberty Protection Safeguards (LPS) ahead of implementation in April 2022.

Training and Workforce Development Subgroup

Objectives for 2021 – 2022

- Provide an overarching framework for adult safeguarding training and workforce development in all three Sussex SABs, which sets out a shared approach to the promotion of safeguarding competency frameworks and analysis of learning outcomes from SARs.
- Develop awareness amongst the workforce of the importance of an understanding of trauma within the context of safeguarding and ensure this embedded within safeguarding training.
- Keep informed on developments with Liberty Protection Safeguards (LPS) and ensure training programmes are developed ahead of implementation in April 2022.

Safeguarding Community Network

Objectives for 2021 – 2022

- Develop a communication and engagement strategy to ensure greater adult and carer representation within the SAB.
- Expand lay member representation to support effective links between the SAB and the local community and to independent insight on behalf of the public into the work of agencies and the Board.
- Develop the arrangements to maximise involvement and engagement across the membership of the SCN to take into account the diversity of needs and perspectives in relation to safeguarding.

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

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Report to: East Sussex Health and Wellbeing Board

Date: 28 September 2023.

By: Edel Parsons, NHS Sussex

Title: Sussex Learning from Lives and Deaths (LeDeR) Annual Report 2022-23

Purpose of Report: To inform the Board of the published Sussex Learning from Lives and Deaths (LeDeR) Annual Report 2023-23.

East Sussex Health and Wellbeing Board is recommended to:

1) Note the content of the report.

1. Background

1.1 LeDeR is a service improvement programme for people with a learning disability and autistic people. Established in 2017 and funded by NHS England, it's the first of its kind. LeDeR works to:

- improve care for people with a learning disability and autistic people.
- reduce health inequalities for people with a learning disability and autistic people.
- prevent people with a learning disability and autistic people from early deaths.

2. LeDeR reviews

2.1 A LeDeR review looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes. We look for areas that need improvement and areas of good practice. We use these examples of good practice to share across the country. This helps reduce inequalities in care for people with a learning disability and autistic people. It reduces the number of people dying sooner than they should.

2.2 So far, we've completed over 13000 reviews. We have found out lots of information and learning on the best way to carry out these reviews. We use the data and evidence to make a real difference to health and social care services across the country.

2.3 The LeDeR annual report is published in full and in easy read on the NHS Sussex website: [Learning disability and autism - Sussex Health and Care \(ics.nhs.uk\)](https://www.nhs.uk/learningdisabilityandautism/sussex-health-and-care/) and a copy is attached in Appendix 1 of the report.

3 Conclusion and reasons for recommendations

3.1 The East Sussex Health & Wellbeing Board is recommended to consider and note the report.

Contact Officer

Edel Parsons, Sussex learning from lives and deaths (LeDeR) programme lead, NHS Sussex.

Email: edel.parsons@nhs.net

Tel: 07766 922639

Appendices

Appendix 1 - Sussex Learning from Lives and Deaths (LeDeR) Annual Report 2023-23

Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR)

NHS Sussex: Annual Report 2022-23

Improving Lives Together

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1 Executive summary

- Page 87
- 1.1 The Sussex learning from the lives and deaths of people with a learning disability programme (LeDeR) wishes to thank families, services and professionals across Sussex for their continued support and involvement.
 - 1.2 This is the fourth 'LeDeR Annual Report' for Sussex. All previous reports are available on our [website](#).
 - 1.3 The LeDeR programme receives notifications for all deaths of people with a diagnosis of a learning disability and/or autism over the age of four. A review is completed which looks at each person's life and death to identify good practice and areas for improvement. This is then shared with relevant stakeholders to ensure that this learning is used to improve the services available for people with learning disabilities and their families.
 - 1.4 This report details the progress of the LeDeR programme in Sussex between 1st April 2022 and 31st March 2023. During this reporting period, 111 notifications of death were received. People with a learning disability and/or autistic people die on average up to 27 years earlier than the general population.
 - 1.5 Respiratory conditions are the most common cause of death in people with a learning disability and/or autism within the reporting period.
 - 1.6 The thematic areas for improvement identified in this report are to address the variation in the application of the Mental Capacity Act for people with a learning disability and/or autistic people, and a lack of advanced care planning to support people dying in their place of choice.
 - 1.7 Positive themes of practice identified within the report include carers going the extra mile to meet people's needs at the end of their lives, high levels of advocacy, regular and thorough reviews of needs in primary care, increased confidence in placements being maintained to manage increased personal needs, and good examples of coordinated care from acute hospital liaison services on discharge from hospital.
 - 1.8 The 'learning into action' section of this report identifies the sustainable quality improvements that are needed to improve outcomes for people with a learning disability and/or autistic people. These actions reflect the findings of the 2022/23 annual report and also incorporate the learning and themes identified in previous LeDeR reports.

2 Introduction

2.1 The LeDeR programme set out a structured way to review the lives and deaths of people with a learning disability and/or autistic people. Sussex has a dedicated LeDeR review team who collect information from families, carers, providers, professionals, medical records and other relevant agencies and organisations in order to see where they can find areas of learning, opportunities to improve, and examples of good practice.

2.2 The total population of Sussex is approximately 1.8 million. Using the national learning disability prevalence rate (2.16%), an estimated 41,730 people with learning disabilities live within Sussex. The national autism prevalence rate (1%) would mean an estimated 7,200 autistic people living in Sussex, with an estimated 2800 also having a learning disability.



3 Acknowledgements

3.1 Considerable acknowledgement and thanks go to all those who provided information when requested, especially considering the pressures still felt in organisations. These include:

- Families
- GP surgeries
- NHS Trusts
- Local authority duty desks
- Home managers and their staff
- Governance group members

3.2 Further thanks go to the reviewers for their compassion when completing the reviews, and keeping the person at the centre of the process, to identify learning and share good practice. This compassion has been noted in feedback from families and partner organisations.

3.3 LeDeR is discussed at all self-advocacy forums in Sussex including the West Sussex Autism board, Learning Disability Partnership Boards, the East Sussex Involvement Matters and Brighton and Hove 'SpeakOut'. We thank these groups for helping us identify and articulate the service improvements required.



3.4 It is the people whose lives we were permitted to review that we thank the most; People who may have experienced care throughout much of their lives, families with loved ones who have died too early and whose premature deaths could have been avoided, people who throughout their lives have often faced adversity with courage. LeDeR in Sussex remains indebted to these extraordinary people.

4 Ensuring compliance with policy and best practice



Page 90

- 4.1 The LeDeR programme in Sussex is fully compliant with national LeDeR policy.
- 4.2 A standard operating procedure (SOP) is in place to ensure that there are clear governance arrangements and agreed processes in place for all reviews, and to ensure they are completed within six months.

5 The inclusion of autistic people in LeDeR in Sussex

5.1 Further work has been undertaken this year to ensure that autistic people and their families, and organisations who work with and for them, are aware of the process for sending a notification into the Sussex LeDeR team. The LeDeR team has focused on developing the capacity, knowledge and skills required to ensure the reviews are completed to a high standard and in a timely manner.

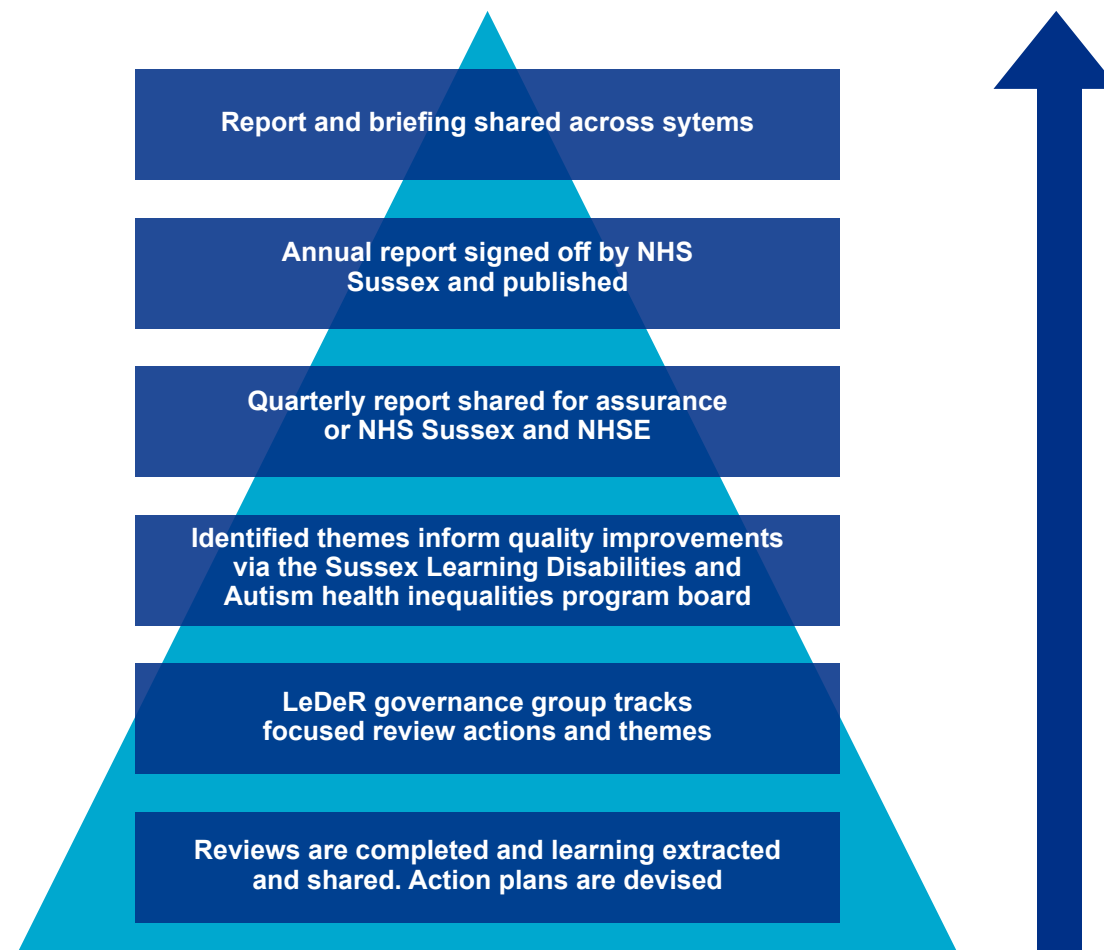
5.2 Sussex received five notifications in relation to the death of an autistic person within this reporting year. These referrals came via hospitals, a community mental health trust, and a local authority. Under the current guidance, all notifications regarding an autistic person receive a focused review. At the time of writing, one review has been completed and four remain on hold pending statutory processes concluding.



6 Governance arrangements in the Sussex system

- Page 92
- 6.1** The Sussex LeDeR Governance Group was established in 2021 and is responsible for the governance and local implementation of the LeDeR programme.
- 6.2** There is ongoing commitment and consistent membership from partner organisations in Sussex including all three local authorities, NHS Sussex (safeguarding, quality and primary care teams), the NHSE regional team, Sussex Local Area Contacts (LACS), senior representatives within each NHS trust, and a Sussex-wide provider of residential and supported living services for people with learning disabilities.
- 6.3** The Governance Group also employs a lay member who is an expert by experience with considerable knowledge and expertise in the LeDeR programme.
- 6.4** The chart below describes the governance framework:

Chart 1: LeDeR Governance Process





- 6.5** The LeDeR policy describes a tiered system of review. For complex cases, and cases for autistic people without a learning disability, there are nationally and locally agreed criteria for undertaking a more detailed focused review.
- 6.6** Focused reviews are required by NHSE to be undertaken for all deaths of autistic people and all deaths of those from an ethnic minority background. Focused reviews in Sussex are undertaken for all deaths where: Families
- the person has both Down's syndrome and a diagnosis of dementia
 - the person is funded by an out of area authority
 - epilepsy is a contributing actor in cause of death
 - the person has died from risks associated with long term constipation

- 6.7** Focused reviews are discussed at a panel with relevant stakeholders and experts who agree the actions to be taken from learning identified.
- 6.8** Reviews are shared with relevant stakeholders and followed up by reviewers for updates on progress against agreed actions.
- 6.9** The data from each notification and review allows the LeDeR team to identify thematic issues affecting people with a learning disability and/or autistic people. A quarterly report is produced on behalf of the Governance Group and circulated to the membership of the Sussex Learning Disability and Autism Board and Sussex Expert by Experience Shadow Board to provide oversight, support and challenge.

- 6.10** The LeDeR team reports quarterly into the Quality and Safeguarding Committee. This report is also shared with the NHSE South East Team.
- 6.11** An annual report is produced and presented at executive board level in the ICB and at various joint committees across Sussex. The three Sussex Health and Wellbeing Boards and Safeguarding Adult Boards receive the report for discussion, with the agreed version published online.
- 6.12** An accessible version of this report is shared with Learning Disability Boards in each local area and the NHS Sussex Shadow Learning Disability and Autism Board, which has a membership of service users and people with lived experience.

7 Performance

7.1 The national standard requires that all LeDeR reviews are completed within six months. In Sussex, a local target was agreed upon to ensure that all reviews were completed within four months of notification. 100% of reviews were completed within this timeframe.

7.2 Some reviews may breach the four-month standard. This happens when the initiation of the review is put on hold so that statutory processes – such as safeguarding adult reviews, serious incident investigations, or inquests – can be undertaken and concluded before the review can begin.

7.3 Three Safeguarding Adult Reviews (SAR) have been published within this reporting year. A further two are in development and one has been referred for consideration by the Safeguarding Adults Board SAR subgroup. LeDeR maintains close links with the Safeguarding Adult Board SAR subgroup to ensure that action plans produced can also inform LeDeR recommendations in regard to service quality improvement.

7.4 At the time of writing, 485 LeDeR reviews have been completed in Sussex since the start of the programme. 16 reviews are currently on hold due to statutory processes being underway.

7.4 This year, due to quality issues within the national LeDeR dataset, there is no comparative data for benchmarking the performance of the LeDeR programme against organisations regionally or nationally.

8 Equality

8.1 Equality impact

8.1.1 The purpose of the LeDeR programme is to reduce the health inequalities which people with a learning disability face, by attempting to understand the determinants that underpin them.

8.2 Four domains of analysis

8.2.1 This section of the report focuses on the analysis of all the reviews received and completed in the reporting period. Reporting from the national LeDeR platform remains unavailable and all data in this report is captured and stored locally.

These domains are:

- Sociodemographic statistics of all notifications received during the reporting period (age, gender, ethnicity)
- The cause of death as recorded on the medical certificate cause of death (MCCD)
- Health conditions (in order of prevalence and multimorbidity)
- Themes identified in the recommendations made in completed reviews



8.3 Age

8.3.1 111 deaths (38 more than last year) were notified to LeDeR during the reporting period:

- The range of age of death was 4 - 91yrs
- The median age of death was 61

8.3.2 40 females with learning disabilities died during the reporting period:

- The range of age was 6 - 87
- The median age was 61

8.3.3 56 males with learning disabilities died during the reporting period:

- The range of age was 14 - 91
- The median age was 63

8.3.4 5 deaths were reported of people with autism during the reporting period. The median age of death for an autistic person without a learning disability was 31.

8.3.5 A total of 38 more deaths were reported to the LeDeR team compared with 2021/22. Compared with last year, there is a rise in the median age of death for both women (4yrs) and men (0.6yrs).

8.4 Age of children

8.4.1 5 child deaths (3 less than the previous year) were reported to LeDeR during the reporting period.

8.4.2 The range of age of death was 5 - 14, with a median age of death of 8.

8.4.3 All child deaths are reviewed by the Sussex Child Death Overview Panel which meets monthly and has responsibility for conducting the statutory independent review for all children normally resident in Sussex. There is LeDeR representation at all child death review meetings and CDOP panels, with the learning from each case embedded in the LeDeR service improvement recommendations.

8.5 Ethnicity

8.5.1 12 notifications were received for people from an ethnic minority background.

8.6.2 Nationally, the Race Equality Foundation and Learning Disability England have both been commissioned by NHS England to understand the specific inequalities that people with a learning disability and/or autistic people who are from an ethnic minority background face.

8.6.3 In Sussex, training has now been delivered to all local area contacts (LACs) and reviewers on the intersectionality of race, being from a minority ethnic community, and having a learning disability and/or being an autistic person.

A pen portrait to introduce some of the people who have died

We should always remember that the learning within this report and the LeDeR programme comes from the lives and deaths of real people who lived with their families or were supported by others in our Sussex communities. We take time to remember some of them here, and thank the families of Tash, Grace, Ronnie and Tony* for their permission to include details of their lives and deaths in this report. **Names have been changed.*

Natasha

Pen portrait:

Natasha, or Tash to her family, lived with her mum, dad and her best friend and brother, Matthew. Tash was a talented and creative person, changing her bedroom decorations with the seasons whilst Mamma Mia, Walking on Sunshine and Frozen played all year round.

Tash received NHS health funding for her care and was supported by personal assistants, her local GP and a physiotherapist and speech and language therapist from the specialist Community Learning Disability Team.

Tash had to deal with a lot of illness throughout her life, including many infections. Unfortunately, Tash was admitted to hospital as a result of her illness and there her family were helped by nurses to make plans with Tash about what was important to her and how best to help her. Tash was provided with end-of-life care, dying at the age of 26, with her family by her side.

At Tash's funeral, Matthew spoke about how "everyone had been told they should treat Tash like glass – no one told me that" whilst a slideshow of pictures played in the background of him pushing Tash around a skatepark in her wheelchair having the time of their lives.

Learning and Actions:

As part of the LeDeR Review, Tash's medical records were reviewed and lots of helpful details were shared. Tash had help and support in different ways throughout her life.

Tash's GP spoke to her carers frequently, but one thing that was noted was a Health Action Plan had not been completed in the last year. LeDeR shared this with Tash's GP surgery who said it was their policy to offer annual health checks annually but there was no follow up if someone didn't respond or chose not to come. As a result of the LeDeR review, the GP surgery made changes to its processes to ensure that if someone doesn't attend their Annual Health Check after the first invitation, they will proactively invite or make contact with everyone to attend. They hoped this would help people have another chance to come to their annual health check during the year.

Positive learning was also identified. The specialist health services who supported Tash had trialled using the ReSTORE2 mini tool with Tash. This tool helps to identify when someone may require additional help if their health starts to deteriorate, and helped Tash and her family to track her good days, bad days and when she needed more help. Feedback on the usefulness of this tool for both Tash and her family was fed back to service managers.

Grace

Pen portrait:

Grace was born in the early 1950's. During this time, parents of children with Down's syndrome were often advised that they should be put into hospital care. Under pressured to do this, her parents initially followed this advice but later brought Grace home after an upsetting family visit to the hospital.

Thanks to Grace's Mothers home tutoring, she grew into a creative and intelligent woman who enjoyed writing poetry. Grace had a wonderful sense of humour, having the best life and experiencing many holidays abroad with her family and friends.

When Grace's mother died her father remarried. Grace continued to live happily with her stepmother after his death when she was 49. When Grace was 60, her sister noticed a change - Grace was forgetting things such as where the dining room was when she came to stay. Grace was later diagnosed with dementia, and her GP surgery worked with her stepmother to develop an advanced care plan which advocated that Grace receive end of life care at home.

Grace's dementia advanced and she became increasing frail. Grace was cared for in her bed with two personal assistants supporting her. They knew Grace very well, but did not understand the risks involved in supporting her, particularly in regard to Grace's difficulty with swallowing food. Grace's stepmother also became frail, which significantly impacted on her ability to support Grace as her carer.

Grace developed pneumonia which increased her seizures and was admitted to hospital on a bank holiday weekend. The personal assistants tried to organise for Grace to come home when the hospital felt she was medically fit for discharge, but this was not arranged and sadly Grace died in hospital on her own.

Agreed Learning and Actions from Grace's review:

Despite the large number of agencies involved, no single agency or individual took responsibility for the coordination and planning of Grace's care. The Local Authority and Community Trust agreed that planning for future care is everyone's business when a person is diagnosed with dementia. They shared Grace's review with social care colleagues who reviewed the case management of Grace's care to identify areas for improvement. The community Trust ensured that psychiatry made onward referrals for specialist support and made improvements to their referral pathways.

Praise was given to Grace's two personal assistants by Grace's sister and the Local Authority, who visited four times a day and went significantly above and beyond their roles in order to offer support to Grace and her stepmother. They both attended 'Stop Look Care' training to spot signs of deterioration in people with a learning disability and what support they could refer a person onto.

Ronnie

Pen portrait:

Ronnie was as a “happy go lucky person who always had a smile on his face”. Ronnie would tell people he was “retired”. Ronnie had a mild learning disability and moved to his last home in 2018, where the staff and residents quickly became his family. Ronnie loved farm animals and take-away meals, as well as various indoor activities and going out with his family. Due to a stroke affecting his mobility, he had a seated walking frame for indoors and a wheelchair for going outside.

In Spring 2022, Ronnie contracted Covid-19 and then a pneumonia from which he never really recovered. His health deteriorated and included progressive dysphagia, making eating and drinking any foods or fluids a risk, and he received regular support and care from the Speech and Language Therapists. He was admitted to hospital with aspiration pneumonia, with food and liquid breathed into the airway and lungs instead of being swallowed. Members of staff from Ronnie’s home took turns to sit with him and were with him when he passed away, “with a smile on his face right to the end”. Ronnie’s funeral was attended by staff from his residential home and his wake comprised of a takeaway meal back at the home in honour of his memory. Ronnie was 67 when he died.

Learning and Actions:

A ReSPECT form was completed whilst Ronnie was in hospital with Covid-19. There was no evidence that this was reviewed after his discharge from hospital (change in care setting) or as his health deteriorated. It was also not clear if Ronnie was involved in the decision making about his future care and treatment. A review of the ReSPECT form which considers changes in care settings and clinical condition should be carried out to ensure end of life care is carried out in accordance with each patient’s wishes. Ronnie’s GP surgery held a learning event and multidisciplinary meeting resulting in the production of a new policy which addresses all the learning and actions.

Positive practice:

Staff from Ronnie’s home provided round the clock support for him once he was admitted to hospital and one of them was with him when he died.

Tony

Pen portrait:

Tony grew up with his family in Southeast London and was a happy, lively, and energetic child. He loved slides and trampolines and would often be found jumping up and down on the sofa too. He enjoyed family holidays and outings, music, walks, and horse riding at school. When Tony and his family moved to East Sussex, he used community services and received regular respite care. His respite service eventually became his permanent home where he was described by staff as a “cheeky chappie”. Tony continued to lead a full and active life and his hobbies included swimming, bowling, live music and carnivals. He liked animals and had enjoyed holding the rabbits and small animals in the rescue animal centre. Tony particularly enjoyed the therapy (PAT) dog visiting the home. When his health started to deteriorate, Tony was supported by his GP, community district nurses, community rehabilitation team, speech and language therapist, dietitians and hospice care. Tony died peacefully at home aged 56.

Learning and Actions:

Tony’s medical records and other relevant information were shared and evaluated. The information indicated Tony had been in the last year of his life, but this was not fully recognised by everyone involved in his care. There were late conversations around his dietary needs at the end of his life. The feedback has promoted positive contact and discussion around dietary and end of life care.

Positive practice:

Tony received person-centred care to enhance his wellbeing. At the end of Tony’s life, he was able to die at home peacefully surrounded by people who knew and cared about him

8.7 Cause of death

8.7.1 In 2021-22, cardiovascular disease was the most common cause of death and pneumonia second.

8.7.2 Within this reporting period, respiratory conditions are the most common cause of death in people with a learning disability.

Top 5 causes of death in people with a learning disability and/or autistic people in Sussex who are known to the LeDeR programme		
1	Pneumonia	12
2	Aspiration pneumonia	12
3	Sepsis	8
4	Cardiovascular disease	7
5	Cancer	5

8.7.3 In comparison to 2021-22, notifications to the programme this year demonstrate a reduction in the incidence of death that can directly attributed to having a learning disability.

8.8 Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)

8.8.1 Health and care professionals making DNACPR decisions for people with a learning disability and/or autistic people is inappropriate and unlawful. To support discussions around DNACPR that are appropriate and specific to individual circumstances, the Sussex palliative and an end-of-life care strategy continues to support the implementation of the ReSPECT process.

8.8.2 This includes bespoke training on the benefits of the ReSPECT process and how it can support people with a learning disability, and their families and/or carers, to understand what it is important to them and what is realistic in terms of care and treatment.

8.8.3 Many health and care providers now have actions plans to address the inappropriate use of completed DNACPR forms within their organisation.

8.9 Recommendations made in completed reviews

8.9.1 In the new format, initial reviews allow two identified learning recommendations to be made and two aspects of good practice to be shared.

8.9.2 The two main areas of concern are the same as those identified in 2021/22.

Theme
A lack of advanced care planning and discussions around dying in their place of choice
Variable application of the Mental Capacity Act

8.10 Positive practice themes

8.10.1 Positive practice continues to be identified in an increasing number of LeDeR case reviews.

Theme
Carers going the extra mile including meeting needs at a person's end of their life.
Placements being maintained despite a person's needs increasing
Shared lives carers providing a high level of advocacy
Capacity assessment undertaken with specialist easy read resources
Regular and thorough reviews by primary care
Acute liaison nurses enabling coordinated care on discharge



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9 Action from learning: What we have learned

9.1 Best practice and areas for improvement

Best practice and positive outcomes we have learned from reviews

Appropriate challenge was available when decisions re: DNACPR/ReSPECT may not have been in a person's best interest
There is increasing evidence of person-centred and collaborative care between individuals, families and agencies
Single points of contact for palliative and end of life care coordination promote better outcomes in line with the wishes of individuals and their families
Information used from a hospital passport ensuring that staff in A&E had Disney music playing when a lady was admitted at the end of her life
Care settings are identifying their own learning via reflective practice and making improvements between the time cases are referred to LeDeR and when the reviews are completed
Evidence of excellent communication between GPs and care settings
Thorough, structured judgement reviews undertaken when a person dies in hospital identify learning and opportunities for improvement quickly
High quality learning disability liaison nursing is available in Sussex and valued by families and carers
Staff supporting people whilst they were in hospital promoted better outcomes including being by their side when they died
Structured medication reviews by a primary care pharmacist are being undertaken in some areas as part of learning disability annual health checks
Stop the over medication of people with a learning disability (STOMP) is being referenced during medication reviews
Collaborative advance care planning increases the likelihood of people being able to die in their preferred place of death



The areas for improvement that were identified in recommendations from reviews

Despite people being identified as frail, validated tools for advance care planning are not always used and appropriate referrals to organisations are not always made

The Mental Capacity Act is not always applied appropriately, and decision making is often collaborative but specific capacity assessments are not always undertaken and family members are not always consulted

Advanced care planning, including ReSPECT, is not undertaken by specialists – this can present an ongoing risk to the health of people requiring care

Health action plans are not always developed after an annual health check

Wellbeing services and social prescribing are underutilised for those with a learning disability and/or autistic people

When multiple professionals are involved in a person's care, there is limited evidence of a coordination role being allocated to ensure that care is appropriately joined up and planned

Individuals whose funding authority is not within Sussex are less likely to have referrals made to the specialist services they require

Access to acute learning disability liaison nursing in Sussex is inequitable depending on where people live

The enhanced health in care homes direct enhanced service is provided differently to learning disability care settings



9.2 Impact

9.2.1 The LeDeR Team in Sussex have worked hard to increase the impact of completed reviews.

9.2.2 This includes delivering briefing presentations with a co-produced easy read version to a range of stakeholders:

- Safeguarding Adult Boards
- Trust mortality and end of life strategic boards
- Learning disability and autism partnership boards
- Shared lives carers
- Local authority social work teams
- Primary care weekly webinar
- All age continuing care

9.2.3 The work was well received by a range of partners.

“Just wanted to say that I have had some great feedback from both Practices and our team in Primary Care following your Webinar about LeDeR last week”

- Primary care network manager

“I wanted to thank you for yesterday, presenting and answering several of our questions at our team meeting. It was fantastic to have such an overview and hear all about the service.

I had lots of feedback from the team yesterday and they found it really positive and informative”.

- Shared lives team manager

“We don’t want to talk about death - we want to talk about living well.”

- Learning disability partnership board co-chair

“.....it is always so helpful to have that face to face contact..... Our team will remember Abby and what LeDeR do and her offer of ongoing contact for queries was really appreciated. We are as a team very aware of health inequalities and often advocate for our service users when services fall short. However, learning more about the role and work of LeDeR has been very beneficial when thinking about the wider context.”

- Local authority duty team manager

“It was excellent training, it totally made me think about those conversations about constipation when reviewing care and added to a repertoire of other health topics, constipation had a renewed focus. Some of the figures and information were shocking and really bought home the importance of the discussion.”

- Social Worker

9.2.4 The Sussex LeDeR Team undertook a survey to determine what was known about LeDeR locally and what could be done to raise its profile and its work to reduce health inequalities for those with a learning disability and autistic people. In total, 78 people responded:

- **83%** were aware of the LeDeR programme
- **58%** knew the process for making a notification
- **56%** knew that the deaths of autistic people were now included in the LeDeR programme and referral criteria
- **36%** had direct experience of participating in a review
- **40%** had received feedback from participating in a review

As part of the survey, we asked people to report where they worked:

I am a family carer	3%
I work in a private provider	15%
I work in a voluntary or charitable organisation	32%
I work in a local authority	24%
I work in the NHS	24%
Other	2%

9.2.5 We asked people to suggest ways in which the LeDeR programme could improve:

- Continue to share outcome of reviews and improve awareness
- Provide feedback at home manager and carer level
- Ensure that all people involved in a person's life are consulted as part of the review, as there is evidence this didn't happen in recent serious cases
- To continue reviewing cases with sensitivity, especially with family members
- Ensure that discussion can be both informative and enjoyable
- Continue the vital work of promoting the right to good palliative and end of life care
- Increase the focus on the lives and deaths of autistic people
- Increase engagement with care homes
- Increased involvement in safeguarding discussion

9.2.6 Results from the survey will inform the 2023-24 communications plan and a review of our standard operating procedure.

9.4 The Sussex NHS Learning Disability and Autism Health Inequalities Project Board

9.4.1 The Learning Disability and Autism Health Inequality Project Board was established to ensure that the health inequalities identified through the LeDeR Programme and the Sussex LDA Strategy, are addressed.

9.4.2 The board includes representation of people with lived experience, families and carers and links to wider population health workstreams in NHS Sussex.

9.4.3 Clinical priorities for the group have been set in accordance with last year's LeDeR data and cardiovascular disease has been the focus for 2022/23.

9.4.4 Based on local and national LeDeR priorities working groups for the LDA HI Steering Group are focused on the following clinical areas:

- Respiratory
- Immunisation and vaccinations
- Cardiovascular disease
- Hearing and sight checks in residential special schools
- Bowels/constipation
- Diabetes – flash glucose monitoring
- Epilepsy awareness
- Cancer and cancer screening

Further details on how the Board is turning Learning into Action in these areas are included in the next section.



10 Learning into action: Changes we have implemented in 2022-23

10.1 Respiratory

10.1.1 A community trust in Sussex is leading work to support pathway change and service improvement for people with a learning disability and autistic people in preventing and treating pneumonia, using new draft NHSE guidance developed by the British Thoracic Society and the NHS Right Care programme. The trust plans to do this by delivering three education sessions to those working with people with a learning disability and autistic people, including families, carers, professionals working in secondary care and child development centres. The training will also incorporate advanced care planning.

10.1.2 An engagement event has been held including the Sussex Respiratory Network and clinical leaders in Sussex.

10.2 Immunisation and vaccinations

10.2.1 Vaccination rates continue to be lower in people with learning disabilities and/or autistic people than the general population.

10.2.1 The LeDeR programme was involved in the development of a number of initiatives to improve the uptake of the COVID-19 vaccination for people with a learning disability and/or autistic people. This included:

- Meeting the accessible information standard to ensure people with a learning disability had access to easy read information and access to professional advice if required
- Providing sufficient reasonable adjustments under the 2010 Equality Act, including quiet spaces and sessions for vaccination outside of core hours
- Advice on the use of the Mental Capacity Act within the context of vaccination consent

10.2.3 This year will see a significant focus on improving uptake of the seasonal flu vaccination. People who have a learning disability can be more susceptible to the effects of flu, and are therefore at an increased risk of developing bronchitis or pneumonia. Messages around flu vaccination will be communicated to people with learning disabilities and their carers / family members, and the LeDeR programme will work with primary colleagues to look at how the vaccination can be delivered opportunistically through annual health checks and other appointments within the health and care system.

10.3 Cardiovascular disease

10.3.1 Funding to address inequities in CVD prevalence and outcomes in people with a learning disability and/or autistic people has been secured via the population health management hypertension surveillance programme.

10.3.2 Phase 1 of this funding will be used to develop co-produced resources that address the following:

- Highlighting the role of lifestyle factors in CVD disease, with a focus on physical activity, healthy weight, dietary advice and smoking cessation support
- Adapting 'Know your Numbers' comms into an easy-read format to highlight the importance checking blood pressure regularly and how to access this support
- Adapting Sussex 'BP@Home' materials to enable more people with learning disabilities who are hypertensive to monitor their BP and submit to their readings to primary care

- Develop educational videos for people with a learning disability on anatomy and physiology, extending to coronary heart disease, hypertension, atrial fibrillation, hypercholesteremia and other risk factors
- Training for families, carers and organisations to support behavior change in people with a learning disability

10.3.3 The remaining funding will be used for a project manager to oversee the following:

- Primary care training and webinars that identify how the learning disability annual health check can be used to reduce CVD risk and ensure that health action plans directly raise awareness around CVD
- Mapping what data is available across universal services in Sussex to understand how this can be used to plan and target resources for people with a learning disability and/or autistic people
- Work with universal providers to support the delivery of awareness training, provided by autistic people and people with a learning disability, around hypertension

- Create a CVD risk detection dataset which will provide an accurate baseline of CVD risk for people with a learning disability and/or autistic people, and support the work of the LeDeR programme
- Established links with existing CVD Prevention programmes to maximise opportunities for the increased identification or people at risk of CVD and improved management of those diagnosed with hypertension

10.4 Reducing risks associated with constipation

10.4.1 Following on from a recommendation in last year's LeDeR report, a webinar was jointly delivered with a person with a learning disability to a number of different organisations across Sussex. The [webinar](#) covered a number of areas including:

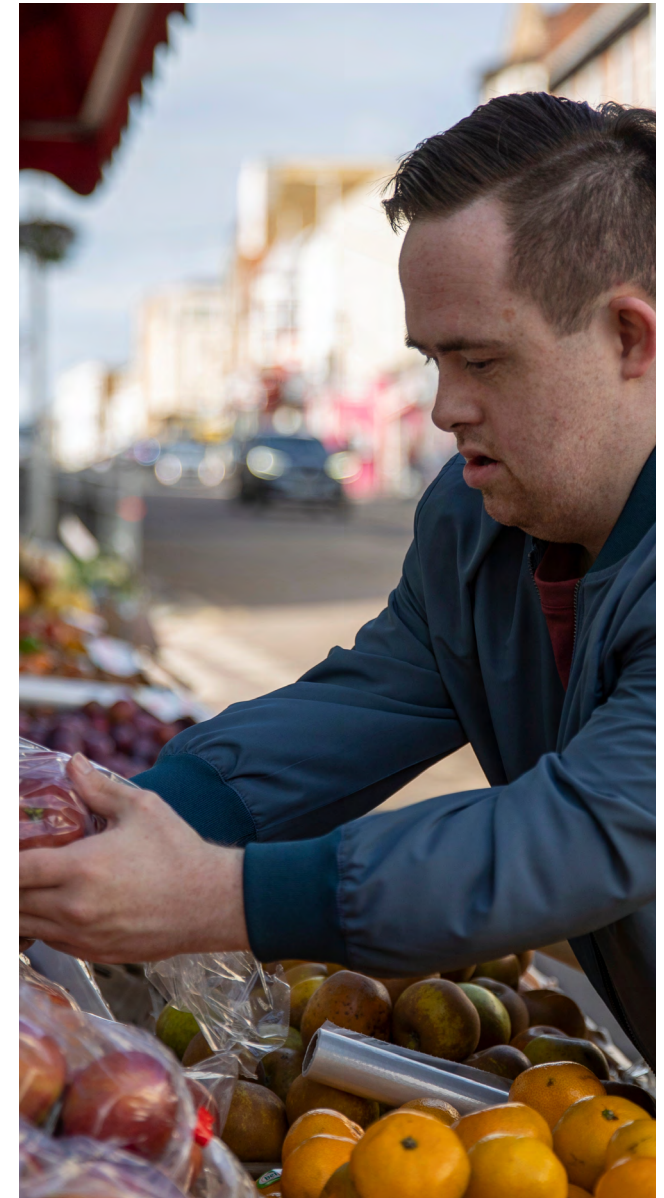
- Providing health promotion advice on lifestyle factors (hydration, diet and exercise)
- Ensuring good monitoring of bowel health when medication is provided
- Ensuring the availability of accessible resources and reasonably adjusted health promotion
- Promoting the importance of the faecal immunochemical test (FIT)
- Ensuring specialist involvement (bladder and bowel) when constipation remains problematic
- Increasing the understanding of good bowel health in preventing bowel cancer
- Ensuring that surveillance and management is clear when there may be a risk of volvulus.

10.4.2 Examples of Feedback received.

"I thought the constipation webinar was great and I showed the Poobusters film in Thumbs Up this afternoon. They are keen to do some peer education work on the subject, so something to think about in the new year."

- Self-advocacy group co-ordinator

"Thanks, just watched it and extremely interesting and helpful!" – **Provider organisation**



10.5 Cancer and cancer screening

10.5.1 Work has been undertaken across Sussex to improve the uptake of cancer screening in people with a learning disability. Engagement events have been held to increase the awareness of faecal immunochemical testing (FIT) and the plan to reduce the screening age to 50. A number of videos were commissioned and co-produced to provide information to people with a learning disability and their carers on

- What is cancer and bowel cancer screening?
- What is cancer and breast cancer screening?
- What is cancer and cervical cancer screening?

10.5.2 Short films that support people with a learning disability and/or autistic people around what to do if their screening result comes back as abnormal are currently being planned.

10.6 Decision Support Tool for Physical Health

10.6.1 The Decision Support Tool for Physical Health (DST-PH) identifies the level of risk of premature mortality for people with a learning disability and provides guidance for the actions to be taken to best support a person depending on their risk level.

10.6.2 The tool was developed by Cheshire & Wirral Partnership NHS Trust, with funding from NHS England, in response to the LeDeR programme which highlighted the significant disparity between age at death for people with a learning disability and the general population. The tool identifies those at greater risk of premature mortality due to their physical health conditions or factors which affect them.

10.6.3 Sussex Partnership NHS Foundation Trust has piloted how the DST-PH could be implemented into Sussex Primary Care through one GP practice in each Sussex locality. It is now being considered how to extend this pilot across PCNs in 2023 to explore the feasibility of delivering the tool with LD Annual Health Checks, and to develop a series of user-friendly resources.



10.7 Advance, anticipatory and end of life care planning

10.7.1 Training has been provided to community learning disability and health facilitation teams across Sussex to roll out ReSPECT. Understanding frailty and how to plan for the person's last year of life is being included in the community learning disability team's physical healthcare training plan.

10.7.2 Learning from LeDeR has been included in the Sussex palliative care and end of life strategy. Examples of where single points of contact promoted better outcomes for people have been collated, as have barriers or gaps within services that have resulted in a person not dying in their preferred place.

10.8 Identifying a deteriorating patient - Stop Look Care

10.8.1 Stop Look Care is a NICE recognised tool and handbook for care workers and carers which is used to support the identification, prevention and appropriate response to deterioration among older people in the health and care sector.

10.8.2 Health facilitation teams have delivered training on its implementation and use across Sussex on a quarterly basis. 102 people received the training this year.

10.8.3 Funding is being sought to create a new Learning Disability and Autism version of the Stop Look Care booklet for the LeDeR programme. This will include guidance on epilepsy care, postural and respiratory management, the prevention of chest infections, and STOMP.





10.9 Annual Health Checks

10.9.1 Throughout 2022-23 Sussex has been working towards a target of 75% of people on the GP learning disability register having an annual health check with 100% of those resulting in a health action plan.

10.9.2 An additional incentive scheme resulted in 450 annual health checks for people with a learning disability being undertaken for those who did not have one last year.

10.9.3 Four practices have been awarded the Thumbs Up quality kite mark award which recognises their proactive commitment to improving outcomes for people with a learning disability.

10.9.4 Easy read appointment summary and medication information sheets have been distributed to all practices, and all clinical content relating to health checks and learning disability and autism has been updated on the ICB website.

10.9.5 The Involvement Matters Team have developed and shared a presentation on the barriers experienced in accessing primary care and two webinars have been delivered to approximately 120 primary care staff.

10.9.6 In 2023-2024 we will develop 'not brought to appointment' guidance to ensure that safeguarding is considered when a person misses an appointment and is in receipt of support.

10.9.7 We will reinstate monthly comms to all partners with a focus topic each month.

10.9.8 A focused review was undertaken for a person who died whilst in prison. This review identified learning in annual health checks being undertaken by prison health services. A plan of work was devised with NHSE, who have responsibility for the commissioning of prison health services, to address this.

11 Action from learning: How we have identified our priorities for 23-24

Planning for a good death

Issues identified include:

- Lack of clear information shared regarding the risks and outcomes of cardiopulmonary resuscitation
- Lack of referrals made to hospices when needed
- Staff may not always understand the prognosis when a person has congestive heart failure
- Advance care planning not undertaken when a person has dementia and dysphagia
- ReSPECT forms not reviewed despite clear changes in prognosis resulting in multiple hospital admissions
- Missed opportunities for conversations with people about their preferred place of death
- People being conveyed to hospital whilst dying do a lack of clear information in their ReSPECT form
- A lack of understanding and support in understand frailty and planning accordingly

Positive practice identified:

- Substandard DNACPR forms quickly revoked by acute learning disability liaison nurses
- Well-coordinated care from a single point of contact promoting the person's end of life care wishes



Care co-ordination

Issues identified include:

- No lead being taken in developing advance care planning despite multiple professionals being involved
- Annual health checks not resulting in referring on as needed
- Referrals delicensed by specialist services without safety netting
- A lack of formal implementation of the self-neglect guidance contained in the Pan Sussex Safeguarding Adult Policy and Procedures
- A lack of advocacy enabling the person's voice to be heard

Positive practice identified

- End of life single point of contact hubs promoting better outcomes



Cardiovascular disease (CVD)

Issues identified

- Lack of referral to heart failure nurses
- Blood pressure not being monitored due to a lack of suitable cuffs
- Difficulties with accessing doppler scanning
- Home monitoring not being undertaken
- Difficulties accessing well-being services
- Annual health checks not resulting in referrals for social prescribing regarding smoking cessation, weight loss and diet
- A lack of understating of prevention and management by people with a learning disability, autistic people and those who support them

Preventing community acquired pneumonia

Issues identified

- Increased risks from chest infections not explained when there was significant increase in spinal curvature
- Poor compliance with adjuncts such as CPAP and a lack of planning for the risks of not using them
- A lack of advance care planning when a person has an eating and drinking plan that does not remove the risk of aspiration



12 Our priorities for 2023-24

- Page 118
- 12.1** Working with public health wellbeing services and social prescribing to improve access to services that can reduce avoidable and harmful health inequalities.
 - 12.2** Continued delivery of the 'Stop Look Care' training to social care to ensure the tool becomes embedded, and development of a version of the booklet based on the learning from LeDeR.
 - 12.3** Developing the Decision Support Tool for Physical Health to support an increase in annual health checks and health action planning.
 - 12.4** Provide training and support to health and social care partners to ensure reasonable adjustments are understood and implemented in order to improve access to universal services such as screening.
 - 12.5** Using the British Thoracic Society guidance to support the redesign of clinical pathways for people with learning disabilities who have respiratory needs that require specialist input.
 - 12.6** Work with the population health management and personalisation team at NHS Sussex to focus on how reasonable adjustments can be implemented to make services more accessible and reduce health inequalities



13 Action from learning: Evaluating the impact



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- 13.1** LeDeR in Sussex will continue to report into the strategic leadership across the Sussex system.
- 13.2** LeDeR in Sussex will promote our “living well for longer” work to ensure that people with a learning disability and/or autistic people can stay well and have good access to healthcare and support of a high standard, with a clear ambition to increase their life expectancy and reduce avoidable health inequalities in Sussex.
- 13.3** LeDeR will continue to collect and improve the quality of information held on causes of death to monitor for changes and improvements, and increase the information held on the lives and deaths of autistic people.
- 13.4** Thematic analysis and briefings will continue to be promoted across services to ensure that all stakeholders are familiar with the areas of learning and implement the quality improvements.
- 13.5** Learning from LeDeR will continue to be shared to inform service development, delivery and the commissioning of services across Sussex.

14 Conclusion

14.1 LeDeR in Sussex continues to play a pivotal role in identifying and addressing the health inequalities experienced by people with a learning disability and/or autistic people. Whilst this report highlights a range of good practice across Sussex, the continued reporting of premature deaths shows the enduring need for the LeDeR Programme to support further development of good practice across Sussex and address variations in both quality and access to health and care services.

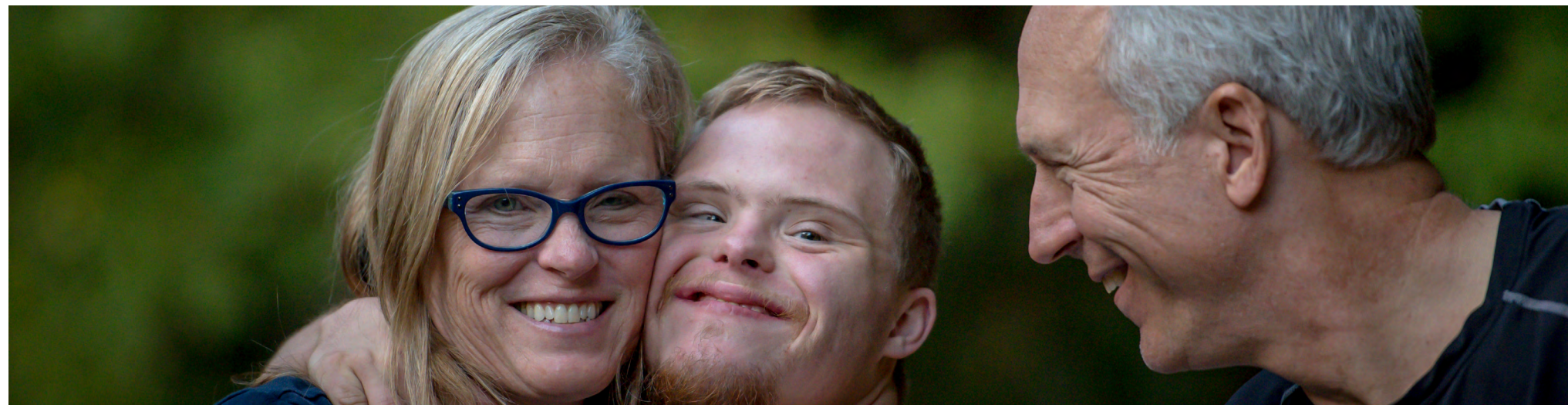
14.2 This report demonstrates the continued focus on the learning from reviews to ensure there are quality improvements in operational services and strategic planning.

14.4 There is an ongoing commitment within the Sussex system to address the health inequalities experienced by people with learning disabilities and autistic people.

14.5 Meaningful involvement of people with learning disabilities, autistic people, and their families/ carers in service improvement continues to

develop and strengthen, with strong links to the Sussex Learning Disability and Autism Shadow board, local self-advocacy groups, local authority-led Learning Disability Partnership boards, and Autism Partnership boards.

14.6 Sussex continues to be proud of, and indebted to, the participation of families and experts by experience in the LeDeR programme.



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Report to: East Sussex Health and Wellbeing Board

Date: 28 September 2023

By: Healthwatch East Sussex

Title: Healthwatch East Sussex Annual Report 2022-23: *Together we're making health and social care better*

Purpose of Report: To provide an overview of the Healthwatch Annual Report 2022/23.

Recommendations: The East Sussex Health and Wellbeing Board is recommended to:

1) Consider and note the Healthwatch East Sussex Annual Report 2022/23.

1 Background

1.1 Each local Healthwatch in England is required to publish an annual report covering certain issues. The Healthwatch East Sussex Annual Report 2022-23 is titled *Together we're making health and social care better* and is attached as **appendix 1**.

2 Supporting Information

2.1 The Annual report sets out, amongst other things, highlights of work over the course of the year; work on engagement; ways in which a difference has been made; information about volunteers; financial details; and details of Healthwatch's priorities for 2023/24.

3 Conclusion and reasons for recommendations

3.1 The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

VERONICA KIRWAN

**Executive Director, East Sussex Community Voice,
delivering Healthwatch in East Sussex.**

Contact Officer

Email: veronica.kirwan@escv.org.uk

Tel: 07794 100291

Appendix 1: Healthwatch East Sussex Annual Report 2022-23: *Together we're making health and social care better*.

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 **Talk
to us** 

 **have
your
say** 

healthwatch
East Sussex

Together

**we're making health
and social care better**

Annual Report 2022–23

Page 125

healthwatch
East Sussex

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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

Healthwatch has reached a significant milestone – 10 years of listening to local communities and amplifying their voices to health and social care commissioners and providers to bring about better and improved services.

During 2022–23, our Listening Tour, engagement roadshows, information and signposting service, projects and communication channels have heard from a diverse range of individuals and communities, and we have plans to continue to expand this over the next 12 months.

We have used these experiences to help service providers understand and respond to people's needs and preferences, highlighting challenges with accessing GPs, Dentists, NHS 111 and emergency departments, exploring themes such as support in care homes and emergency and temporary accommodation, and assisting enquirers to leave feedback and access the services they require.

This year we have continued to work in partnership with our statutory, voluntary and community-sector partners, including collaboration with our Healthwatch neighbours in Brighton & Hove and West Sussex to ensure that patient experience on themes such as Dentistry and long COVID sit at the heart of the activity of the Sussex Integrated Care System (ICS).

We have pro-actively contributed to the Sussex Health and Care Assembly and East Sussex Health & Wellbeing Board to ensure local people's views are at the core of health and care decision-making and will continue to do so as we progress our work over the next 12 months.

Keith Stevens
Chair of East Sussex Community Voice,
delivering Healthwatch East Sussex



From the Board, a big thank you to all our staff, volunteers and partners – past and present – for their dedicated hard work which has helped Healthwatch East Sussex achieve so much, not just in 2022/23 but over the past decade. ”

About us

Healthwatch East Sussex is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.

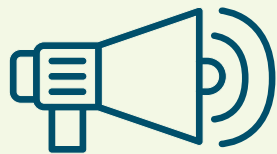


Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out **2,179 people**



shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

467 people directly and 28,468 virtually

came to us for clear advice and information about topics such as accessing GPs and dentists, navigating care services, prescriptions, acute services and mental health support.

Making a difference to care

We published

27 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

Experiences of dentistry

which highlighted people's struggles in accessing NHS dentistry.



Health and care that works for you



We're lucky to have

33

outstanding volunteers who gave up **222 days** to make care better for our community.

We're funded by our local authority. In 2022-23 we received

£364,470

which is 3.1% less than the previous year.

We currently employ

12 staff

who help us carry out our work.

How we've made a difference this year

Spring	 <p>We visited Memory Moment Cafes to capture the experiences of people with memory loss and dementia.</p>	 <p>We fed back our observations of NHS 111 Call Centres to support patient-centred delivery .</p>
Summer	 <p>Upgrades to our Feedback Centre made it easier and simpler for people to share their experiences of local health and care services.</p>	 <p>Our roadshow events held across East Sussex helped us capture the health and care experiences of local people and communities.</p>
Autumn	 <p>Our staff and volunteers undertook 16 Patient-Led Assessments of the Care Environment (PLACE) to review local service settings.</p>	 <p>We shared public feedback on local dentistry services with the East Sussex Health Overview and Scrutiny Committee</p>
Winter	 <p>We contributed to the development of the Sussex Integrated Care Board's Complaints Policy supporting NHS Sussex to ensure it was clear and accessible for all.</p>	 <p>We promoted 'World Autism Acceptance Week' , providing information on autism and details of the neuro-diversity support available, both locally and nationally.</p>

Feedback from our partners

East Sussex County Council

"This has been another year in which Healthwatch East Sussex has continued to play a vital role in the health and social care system, including consistently championing the views and rights of people at key strategic fora, such as the Health and Wellbeing Board, Safeguarding Adults Board and the new pan-Sussex Integrated Care Partnership (the Sussex Assembly).

As well as the regular feedback we receive from their Information and Signposting Service, the recent Listening Tour in Eastbourne provided helpful and detailed insight into local people's experiences of health and care services. Their ongoing work, including the review and call for more guidance to be provided to individuals with dementia and their carers, contributes to the improvement and development of a whole range of services. I look forward to continuing to work with them to improve the experiences and outcomes for people across East Sussex."

Mark Stainton

Director of Adult Social Care and Health

NHS Sussex

"Over the past year, work with Healthwatch has continued to support NHS Sussex in ensuring that the voices and experiences of people and communities in East Sussex are heard and responded to.

Collaborative work to develop support for NHS Sussex volunteers, and to co design a toolkit to support engagement in Primary Care Networks – has highlighted the value of working with Healthwatch as a trusted partner, and Healthwatch involvement in several key areas including overseeing the capture of insight to support the development of our Improving Lives Together Strategy has ensured the focus remains firmly on putting people and communities at the heart of all we do.

I have valued the positive working relationship with Healthwatch over the past year and look forward to continuing this into the next year and beyond".

Jane Lodge

Associate Director of Public Involvement and Community Partnerships

Feedback from our partners

East Sussex Healthcare NHS Trust

"Healthwatch East Sussex, has continued to support East Sussex Healthcare NHS Trust during 2022/23 ensuring that the positive and negative feedback they receive regarding the experiences of our patients, carers, relatives and local communities is shared directly back with our patient experience team to enable us to use this information to shape and develop services which we provide.

A focused review was undertaken into our complaint responses, the feedback provided by Healthwatch will make a positive impact on how we respond to complainants.

Continuing on from the work which Healthwatch supported us with in 2021/22, specifically regarding the discharge process, we are continuing to review feedback received regarding discharges from our services to inform training for our staff.

We look forward to delivering the workplan for 2023/24 which has been jointly developed with Healthwatch East Sussex."

East Sussex Healthcare NHS Trust

Healthwatch in Sussex

"Three local Healthwatch [Brighton & Hove, East Sussex and West Sussex] cover Sussex.

Over the past year, the three Healthwatch teams have collaborated as 'Healthwatch in Sussex' to capture and share feedback on dentistry, long COVID, primary care access, dementia, outpatients and more.

Partnership working has enhanced our ability to champion public and patient voices on these and other health and care themes at a Sussex-wide level.

Our collaborative working has been recognised and acknowledged as good practice by our national body Healthwatch England and NHS Sussex, and we will continue to work together to ensure that people sit at the heart of health and care services over the next 12 months and beyond."

Chief Officers

Healthwatch Brighton & Hove, East Sussex and West Sussex

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

No Barriers to Health

Our research exploring language support, interpretation provision and adaptations led local hospital and GP services to increase recognition of diversity and make accessibility changes at their sites.



Care Homes

Our five rounds of independent Enter and View visits to Care Homes identified good practice and areas for improvement to commissioners, providers, residents and the public.



Emergency Housing

Our reviews of Emergency and Temporary Accommodation led to reviews of the support provided to those placed in this form of housing locally.



Feedback Centre

In 2015 we launched our Feedback Centre, allowing patients and the public to leave reviews on their experiences of health and care services and receive responses directly from service providers.



Hospital Discharge

We supported nearly 1,500 people discharged from hospital during the pandemic with follow-up phone calls to check their wellbeing and provide signposting to support.





Healthwatch Hero



Sussex Interpreting Services

Sussex Interpreting Services (SIS) are our Healthwatch Hero this year for reacting so promptly to a request that supported our work with migrants and asylum seekers.

Our engagement with refugees and asylum seekers found that many were struggling to access and use services when English is not their first language. We heard that some were unable to access medical treatment as they could not speak English and did not have access to an interpreter.

When communicating this to partners, Sussex Interpreting Services contacted us straight away and provided language cards to give to migrants and asylum seekers offering free interpreting services and other language support.

SIS delivered 1,160 interpreting sessions in East Sussex in 2022-23 for people using a range of public services. They aim to support patient rights and ambitions to reduce health inequality. They provide videos in 12 languages which explain people's rights to an interpreter and how to access support from SIS and others.

Thanks to SIS we have been able to share information about their valuable services with those that very much need it.



Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Listening Tour 2022: Eastbourne

Each year we focus on one area of East Sussex to hear from local people and understand their community's health and care needs and aspirations in more detail.

Our Listening Tour engaged with nearly 500 people as well as community groups, commissioners and service providers across Eastbourne. We undertook:

- A public launch event with health services and community representatives
- Community Observation Walks to better understand the physical environment
- Focus group activities with community organisations and representative groups, as well as public surveys and pop-up stands to engage people
- A Question Time event for the public to pose questions to local decision-makers

Our recommendations



- Health and care services should engage the public further to gather feedback and understand successes and areas for improvement.
- Public awareness and understanding of social care provision should be increased by Adult Social Care services.
- Sussex Health and Care should strengthen collaboration with voluntary organisations and community groups to support people's wellbeing.
- Health and care providers should adhere to the Equality Act 2010 and NHS Accessible Information Standard in making services inclusive..
- Local authorities should reinforce and improve the information made available to those with protected characteristics about their rights.

What difference will this make?

The Listening Tour has raised public and organisational awareness of Healthwatch across Eastbourne. It broadened our relationships with groups we have not had previously engaged with, allowing us to start to understand their issues and amplify their voice.

We have developed a more detailed knowledge of local health and care issues. Expanding our insight has allowed us to begin to develop projects to further explore themes in the feedback, such as the accessibility of GP practice buildings.



"In general services have been good but access seems to be an issue. I have been unable to see my dentist and have been taken off their list and accessing GP appointments is always tricky."

Eastbourne resident

Listening Tour 2022: Eastbourne

What has the Listening Tour achieved?

- Through our face-to-face engagement, promotion via local and social media, we have created a greater awareness of Healthwatch amongst Eastbourne residents, groups and services.
- We have raised the profile of health and care issues in Eastbourne with the East Sussex Health & Wellbeing Board through our reports and by presenting our findings.
- Our Information & Signposting Advisors have started to deliver face-to-face outreach sessions in Eastbourne and support local people.
- We have shared details of free interpretation services Sussex Interpreting for non-English speakers to migrants and asylum seekers.
- We have been able to promote other organisations' services such as East Sussex Hearing's Hearing Aid Maintenance Service.
- Thanks to the feedback we received from various groups supporting residents with disabilities, we have developed a project to review the accessibility of GP surgeries in Eastbourne in 2023/24.

Next steps:

1. Healthwatch East Sussex will keep local residents updated on changes that have been made thanks to the Listening Tour recommendations.
2. We will hold a 'One year on' session to feed back to residents and partners about what has happened as a result of the Eastbourne Listening Tour.
3. Healthwatch East Sussex will undertake the next Listening Tour in Rye and the surrounding areas during September 2023.



"The next steps would be to take the report to either the East Sussex Health and Care Partnership or to the East Sussex Health and Care Partnership Executive, to consider the recommendations for individual organisations and those for the broader health and care system."

Mark Stainton

Director of Adult Social Care and Health, East Sussex County Council

Enhanced Health in Care Homes

NHS Sussex commissioned Healthwatch East Sussex (HWES) to carry out a pilot project to obtain feedback from residents in care homes about their access to healthcare and support services. There was a particular emphasis on the effectiveness of the Enhanced Health in Care Home scheme.

Enter and View visits were undertaken to nine care homes across East Sussex, with two volunteers (authorised representatives) from Healthwatch carrying out each visit. On average, two to three residents were met with at each care home, and their views and experiences were captured in response to lines of enquiry requested by NHS Sussex.

Conclusions of the feedback from residents:



- Residents felt that they were at the centre of their care and support and were positive about their care in the care home.
- Most residents said they had met with a healthcare professional and that this had been helpful.
- Residents felt they could meet with healthcare professionals in private and that confidentiality would be maintained.
- People were more positive about the involvement of healthcare professionals when they visited the care home and carried out face to face meetings.
- Feedback from care home staff was also more positive when healthcare professionals were a regular visitor to the care home.
- Many residents had not used technical devices (e.g. iPad, mobiles etc.) to access healthcare.

What difference will this make?

The findings of this pilot project are being used to support collaboration between Care Home staff, NHS staff and GP Practices in effectively monitoring and meeting the needs of Care Home residents.

Healthwatch East Sussex is planning future visits across the county to gain further insight into the health experiences of residents in care homes.

"I was very nervous about coming into a care home and it was a bit of a risk. However, it has worked out very well and I'm very happy here. It's a good place."

Care home resident

Young Healthwatch East Sussex

Young Healthwatch (YHW) was formed in 2021 to ensure youth voices are heard. It brings together young people, aged 12 to 21, from varied backgrounds who are passionate about improving health and care services for young people in East Sussex.

YHW undertake a range of activities to help inform health and social care in East Sussex. In the last 12 months they have worked on projects commissioned by NHS Sussex and East Sussex County Council, providing valuable insight to these bodies.

In the last 12 months, YHW have been:

- Facilitating meetings with youth groups across East Sussex (such as Hastings Youth Council and the PPI Café) to better understand the barriers to young people accessing healthcare services.
- Surveying young people living in foster care in East Sussex about their experiences of Review Health Assessments and producing a report on how the service could be improved.
- Reviewing the NHS App through the lens of a young person looking for support and creating recommendations for improvement.

What's next?

This year YHW had their first in person meeting to plan for future activity. Over the next 12 months, YHW are keen to look more into:

- How the CAMHS [Child and Adolescent Mental Health Service] pathway could be improved for young people.
- How primary care services can be improved for young people, with a focus on GP and Hospital services.

"I joined Young Healthwatch as I have an interest in working on issues that affect young people – particularly on mental health – and found it is a great way to learn about healthcare and other services within East Sussex and help improve them to make them as accessible and effective for young people."

Young Healthwatch Volunteer

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life



It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

Young Healthwatch East Sussex led engagement to capture the experiences of Review Health Assessments amongst children (aged 5 to 18) in care. Our findings are helping East Sussex Healthcare NHS staff to ensure that children and young people are given a voice, and are pro-actively engaged in the purposes of the review, but also given the opportunity to identify whether they want to have a review, where they would like it to take place, and who they would like to be present.

Getting services to involve the public



Services need to understand the benefits of involving local people to help improve care for everyone.

Healthwatch East Sussex collaborated on a joint initiative with other local Healthwatch, NHS Sussex and Patient Participation Groups (PPGs) to help ensure patients voices were heard, understood and responded to by Primary Care Networks (PCNs) across Sussex.

This is working to improve care locally by supporting PCNs to involve and engage with patients and patient representatives, as well as strengthen the relationships between practices and their patients.

Improving care over time



Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

Since the pandemic, there has been greater variation in the services provided by local GP surgeries. We have often heard confusion as to why some practices offer particular NHS services, but others do not. One consistent example has been the mixed availability of ear wax removal. We have raised this with NHS Sussex and have research planned for 2023/24 to explore the extent and impact on patients.



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Engaging with and supporting migrants and asylum seekers in Eastbourne
- Explored the health and care needs and experiences of people living in emergency and temporary accommodation
- Using our 2022 Listening Tour to champion the diverse voices from our local communities with decision-makers at the East Sussex Health & Wellbeing Board.

Emergency & Temporary Accommodation

Housing is a social determinant of health. We listened to residents' experiences of living in emergency and temporary accommodation and heard concerns about accommodation, challenges in accessing health services and receiving housing, employment and financial advice.

We've recommended that information be available in more accessible formats, more languages and be provided pro-actively to assist residents. We are also seeking local statutory and voluntary services to offer support that is joined-up.



“I’m glad to have a place, but some things are difficult.”
“I can’t get a regular dentist. I need a new plate, but they [Dentaid] don’t do those anymore. I want to get a job but haven’t got the confidence without one.”

Emergency & Temporary Accommodation residents



Healthcare access for asylum seekers

There are currently approximately 375 asylum seekers living in Eastbourne, primarily placed in hotels. Our 2022 Listening Tour heard they faced multiple barriers accessing in healthcare.

Healthwatch East Sussex supported a local charity offering migrant support, by providing monthly Information and Signposting sessions at their drop-in café, focused on enabling access to healthcare.

We provided information of the healthcare system in multiple languages, clarified what rights asylum seekers and refugees have to healthcare services and how to access them, and liaised with NHS colleagues to both understand what local provision had been organised and feedback the issues uncovered.

“Without your help we would have been all at sea, in trying to help our clients with healthcare access. Your support has been invaluable in giving us the confidence to continue to offer assistance.”

Local volunteer



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Signposting people to the services they need
- Providing up to date information in different formats
- Referring people for Independent Health Complaints Advocacy
- Sharing issues with Health and Care decision-makers to inform the planning and improvement of services

NHS Dentistry

Dental services are consistently one of the top three reasons why the public contact us. This year, we received 110 dental enquiries, the vast majority from people wanting advice on how to access NHS dentistry.

We heard how a lack of access to NHS dental services meant people have resorted to 'DIY dentistry', having to live in considerable pain, or having to use other, less appropriate NHS services – such as A&E. Many can't afford private treatment.



"I have called numerous dentists, none of which will take new NHS patients and I can't afford to go private."

Becky, East Sussex resident

Healthwatch East Sussex's information and signposting has ensured people who need urgent treatment know their options and have clear information.



"Thank you so much for your assistance today. I finally managed to get my daughter an appointment".

Beverley, East Sussex resident

We have shared feedback on dentistry with Healthwatch England, NHS England South East Dental Commissioning Team and NHS Sussex. Our report on people's experiences of Dentistry was presented to the East Sussex Health Overview and Scrutiny Committee and we worked with the other Healthwatch in Sussex to deliver guidance to help people understand their rights around NHS dentistry.

Relationships with Health and Care partners

We work in collaboration with local health and social care staff and decision-makers to share people's experiences of using services. This has enabled us to review specific health and care issues together and find resolutions.

An East Sussex resident called our Information and Signposting enquiry line to share their experience of receiving delayed test results from their GP practice. With the patient's consent, the issue was discussed at our monthly meeting with NHS Sussex. Through liaison by NHS Sussex with the practice, it was agreed that the practice would take the issue to their clinical meeting for discussion. As a result, their procedures were reviewed and improvements made to internal processes.

We share reviews of local health and care services, left by the public on our Feedback Centre, with local service providers and commissioners. The information from people's experiences have contributed towards the planning and improvement of services.

An East Sussex resident, with a history of heart and lung problems, left a review on our Feedback Centre, after having tried to access an ECG at their GP Practice. We shared this information with NHS Sussex who discussed it with the GP Practice Manager. Subsequently, the issue was discussed at the Practice's internal meetings, with additional support and guidance provided for the GP reception team in triaging enquiries of this nature.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Promoted Healthwatch at community and public engagement events.
- Participated in designing and distributing surveys on NHS 111, Long COVID, Access to GPs and Cost-of-Living.
- Gathered experiences of health assessments for Children in Care.
- Undertook an independent review of complaints at East Sussex Healthcare NHS Trust (ESHT).
- Engaged with residents and staff at care homes to gather feedback on the Enhanced Health in Care Homes programme.
- Contributed to the East Sussex Healthcare NHS Trust Nutrition and Hydration Steering Group (ESHT).

Gwladys

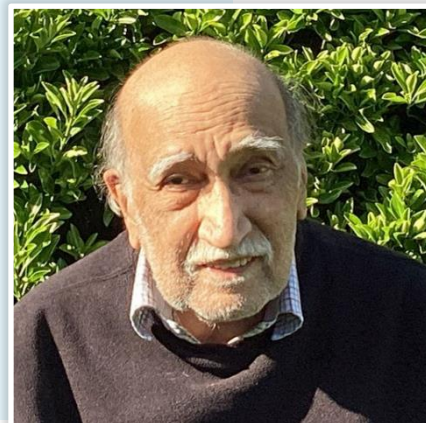
"I volunteer for Healthwatch because I feel by talking to people about the health services we use, we can all help improve the care we receive, as Healthwatch feed this back to the relevant organisations and decision-makers. Even if you are disabled, you can volunteer for Healthwatch."



Isaac

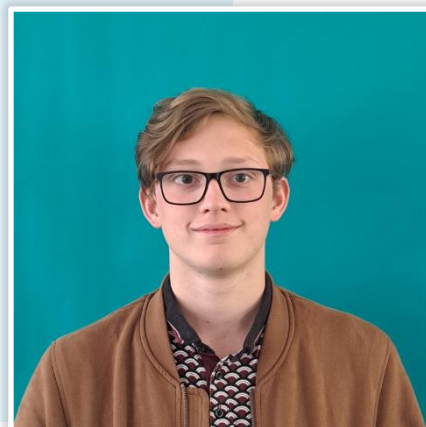
"I joined Healthwatch after working 50 years as a Doctor in the NHS. Having been a volunteer for nearly 10 years, most rewarding has been talking to patients in Hospitals, Care Homes and Nursing Homes.

I believe, Healthwatch has been responsible for improving the standards of care. It has been a privilege being associated with wonderful colleagues and learning from their experiences. I have had a wonderful time."



Hayden

"I joined Young Healthwatch [YHW] about a year ago. I have continued volunteering within ESCV as they really prioritise young people as leaders, and the wide scope of YHW allows us to look at a great range of issues young people are interested in while also having a practical impact on the NHS systems we use. Overall it's a great opportunity to make a difference, and I highly recommend other young people to join."



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatcheastsussex.co.uk/get-involved/



0333 101 4007



volunteer@escv.org.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Funding received from our local authority	£364,470	Expenditure on pay	£390,418
Additional income (including Independent Health Complaints Advocacy – IHCAS)	£269,119	Commissioned services (including Independent Health Complaints Advocacy – IHCAS)	£120,393
		Operational costs	£119,847
Total income	£633,589	Total expenditure	£630,658

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top four priorities for 2023–24

1. Listen and engage with people
2. Understand the impact of pressures on health and care services
3. Embed a focus on equality and diversity in our projects and increase the voice of seldom heard communities
4. Explore the effects of social determinants on health and wellbeing



Statutory statements

Healthwatch East Sussex is delivered by East Sussex Community Voice CIC, The Barbican Suite, Greencoat House, 32 St Leonards Road, Eastbourne, BN21 3UT.

Healthwatch East Sussex uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of five members who work to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met eight times and made decisions on matters such as:

- Establishing the formation of the Healthwatch Prioritisation Group which meets quarterly to review our projects and set our priorities.
- Committing additional resources to support the expansion of staff capacity.

We ensure wider public involvement in deciding our priorities by:

- Using insight gathered via Information & Signposting enquiries and Feedback Centre reviews.
- Gathering input from our multi-agency Healthwatch Advisory Group.
- Undertaking engagement through surveys, roadshow events and our annual Listening Tour to hear from as many voices as possible.
- Engaging with stakeholders and partners, including those representing diverse backgrounds, neighbourhoods and communities of interest.

We are committed to continuing to develop our approach during 2023/24 so that we ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight about their experience of using health and care services. During 2022/23 we have been available by phone, email, LiveChat, a contact form on our website and via social media, as well as face-to-face attendance at a wide range of community groups, events and settings.

We ensure that this annual report is made available to as many members of the public and our partners as possible. We will publish it on our website, promote it to our partners and mailing list, share it with East Sussex County Council as our commissioner, the East Sussex Health and Wellbeing Board and Healthwatch England as our national body. Hard copies are available on request.

Enter and view

This year, we undertook one Enter and View [Enhanced Health in Care Homes], making eight recommendations as a result of this activity.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In East Sussex, we take information to the Health & Wellbeing Board, Health & Care Partnership and Health Overview & Scrutiny Committee to support local decisions.

We also take insight and experiences to decision makers in the Sussex Integrated Care System [Sussex Health and Care]. We are members of the Sussex Health & Care Assembly and alongside other Sussex Healthwatch sit on a range of thematic pan-Sussex boards and groups to champion patients' and the public's voices.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Responses to recommendations

In 2022-23, no providers failed to respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so no there were resulting reviews or investigations.

Healthwatch representatives

Healthwatch East Sussex is represented on the East Sussex Health and Wellbeing Board by our Executive Director.

During 2022/23 our representative effectively carried out this role by championing the voice of the public and patients in the key health and care issues that have come before the Board:

- Maintaining a focus on the health and wellbeing needs of residents of Emergency and Temporary Accommodation in Newhaven, leading to the ending of placements at Kendal Court.
- Highlighting our 2022 'Eastbourne' Listening Tour and summarising the health and care themes identified as part of our extensive engagement with individuals and communities across Eastbourne Borough.
- Contributing to programme planning and discussions related to the East Sussex Integrated Health and Care Plan.

Healthwatch East Sussex is represented on the Sussex Integrated Care Partnership [Sussex Health and Care Assembly] by the Healthwatch East Sussex Executive Director. Contributions during 2022/23 included:

- Sharing patient and public feedback from East Sussex in the setting of Sussex-wide health and care priorities.
- Highlighting the importance of mechanisms that capture and report on patient experience, and ensure it is being embedded alongside those measuring service performance.



healthwatch

East Sussex

Healthwatch East Sussex
Freepost RTTT-BYBX-KCEY
Healthwatch East Sussex
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

www.healthwatcheastssussex.co.uk

t: 03000 683 000

e: enquiries@healthwatcheastssussex.co.uk

 @HealthwatchES

 [Facebook.com/HealthwatchESussex](https://www.facebook.com/HealthwatchESussex)

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Report to: East Sussex Health and Wellbeing Board

Date: 28 September 2023

Report by: Director of Public Health

Title of Report: Annual Director of Public Health (DPH) report 2022/23

Purpose of Report: To share this year's DPH report, 'Connecting People and Places - Bringing communities together in East Sussex' and to update on previous and future DPH reports.

RECOMMENDATION

East Sussex Health and Wellbeing Board is recommended to review and note this year's annual Director of Public Health (DPH) report on social connections and multi-agency work to tackle loneliness in East Sussex.

1. Background

- 1.1 Attached at Appendix 1 is the 2022/23 annual Director of Public Health (DPH) report, titled 'Connecting People and Places - Bringing communities together in East Sussex', which focuses on social connections and multi-agency work to tackle loneliness.
- 1.2 This report highlights the importance of social connections and the impact loneliness can have on people's health and wellbeing. The report also shares the findings and recommendations of the Connected People and Places project, a collaborative COVID-19 recovery project that sought to gain a better understanding of the nature and impact of loneliness on East Sussex residents.
- 1.3 The report was published on the [East Sussex Joint Strategic Needs Assessment](https://www.eastsussexjsna.org.uk) website in July 2023 (www.eastsussexjsna.org.uk) and has been disseminated widely.

2. Supporting information

- 2.1 In line with one of the report's recommendations the public, private and Voluntary, Community & Social Enterprise sectors are encouraged to work together to make progress on preventing and tackling loneliness through a stewardship approach. This approach helps to build trusting relationships, promote learning and enable people and organisations to work together meaningfully towards common goals. Work is underway to establish a two-year programme to develop the stewardship approach in East Sussex, with a support organisation to help facilitate multi-agency efforts due to be appointed shortly.
- 2.2 The Board should note that the 2022/23 report is the third and final of a planned series of annual DPH reports. These have been developed to highlight and increase our impact on health and wellbeing locally by focusing on the wider determinants of health. The 2019/20 [Health and Housing](#) report was the first in this series and the 2021/22 [Work, Skills, and Health](#) report was the second. The previous COVID-19 related report [2020: A Year of COVID-19 in East Sussex](#) interrupted the previously planned series of reports. The 2023/24 report will cover creativity, the arts and health.

3. Conclusion and recommendations

- 3.1 The Board is recommended to review and note the annual Director of Public Health (DPH) report on social connections and multi-agency work to tackle loneliness in East Sussex.

DARRELL GALE
Director of Public Health
darrell.gale@eastsussex.gov.uk

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Connecting People and Places

Bringing communities together in
East Sussex

Community



Volunteer Groups

Social Hubs



Friendship Groups

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Foreword

Social connections and community really matter in enabling people to lead healthy, happy and fulfilled lives. Everyone can feel lonely at one time or other, but prolonged and intense feelings of loneliness can have a detrimental impact on someone's mental wellbeing and, over time, their physical health too.

Loneliness can affect us at any age, young or old, and is known to have a greater impact on many of the same groups who experience inequalities in health and wellbeing outcomes. Whilst everyone's individual experiences of loneliness differ, we know that the creating conditions where social connections can thrive is crucial not only for people's wellbeing but the wider prosperity of our county.

This is my final report in a series of three annual reports exploring the broad social and economic circumstances that together influence health, known as the social determinants of health. This year's focus on loneliness, social connections and community follows on from previous reports in 2021/22 on work, skills and health, and in 2019/20 on health and housing. I've described these determinants before as people needing a tribe to belong to; a job or occupation to do, and a place to call home. The Covid-19 pandemic - the focus of my 2020/21 report - and its consequences continue to be keenly felt across society and are revealed in further detail for our county through the evidence and insights presented here.

At the heart of this report is our work carried out in partnership through a Covid-19 recovery project, 'Connected People and Places', which involved the collaboration of many organisations and people in East Sussex. Among the themes revealed through this project was the effect that geography and people's sense of place have on their experiences and ability to connect with others and to flourish.

Beautiful areas of rurality in our unique county may provide tranquillity or a strong sense of village community life for some, but for others can result in a sense of disconnection from services and a lack of opportunity to meet and connect with people. Conversely our vibrant urban centres provide plentiful possibilities for social interactions yet can lead to people experiencing loneliness more acutely if they feel they are missing out on their desired quantity and quality of connections with others.

The case studies dotted throughout this report showcase the rich examples of spirit and dedication that people and organisations in East Sussex show in fostering social networks, tackling stigma and discrimination, and creating the infrastructure that supports connected communities.



Darrell Gale
Director of Public Health

A key recommendation in this report is for us to work better together - as a whole system - to make progress on preventing and tackling loneliness through a stewardship approach. This approach helps to build trusting relationships, promote learning and enable people and organisations to work together meaningfully towards common goals. The public, private and Voluntary, Community & Social Enterprise sectors all have an important role. I invite anyone with a shared passion for tackling loneliness in our county to take note of our recommendations and join us in this challenge in bringing communities together in East Sussex, connecting people and places.

Executive summary

Background

Loneliness can be described as the subjective negative feelings that emerge when our expectations for connection with people and the reality of our connections do not match up. It is deeply personal and can only be understood in reference to someone's individual values, wishes and feelings. Most of us experience loneliness at some point in our lives, but it is usually a passing experience and completely normal. Problems can however arise if these undesired feelings are sustained.

Loneliness is a significant public health problem that has wide ranging impacts on individuals, communities and society as a whole. For the individual, the damaging effects of chronic loneliness have been described as the social equivalent of physical pain.

Loneliness is linked with a range of negative health and wellbeing outcomes, including:

- higher rates of premature mortality
- developing coronary heart disease and stroke
- a greater risk of inactivity, smoking and risk-taking behaviour
- low self-esteem and reported sleep problems & increased stress response
- a range of mental illnesses including depression and becoming depressed
- self-harm behaviour in teenagers, and
- cognitive decline and Alzheimer's

The estimated costs for health and social care provision that can be attributed to loneliness are significant. Experiences of loneliness are also associated with poorer prospects for people's educational attainment, employment and productivity in the workplace.

The East Sussex Community Survey found that in 2019 a quarter of people said they feel lonely often or some of the time, with 5% saying they feel lonely often. Groups more likely to say they feel lonely include: young people, those over 75 years of age, those in poor health, those with a disability, single person households and single parents, people from ethnic minorities, people renting their home, workless residents and people with no qualifications.

Tackling loneliness is a priority of Partnership Plus, the partnership of local authorities, the NHS, the Voluntary, Community and Social Enterprise (VSCE) sector and other partners in East Sussex.



Tackling loneliness

The evidence for what works in tackling loneliness for people of different ages, and for specific groups most affected, is still growing. No single intervention or approach can ‘solve’ loneliness.

Experiences of loneliness are affected by a complex mix of personal characteristics, environmental conditions, cultural norms, life events and thoughts and behaviours - that is, loneliness affects everyone differently. However, by working together it should be possible to develop a range of more effective system-wide approaches that create the conditions for improved connection and prevent loneliness for everyone across the life course. This could be achieved through action across all four layers of a ‘connected system’, which are made up of:

1. services that directly support people;
2. support that helps people help themselves;
3. social infrastructure, and;
4. an enabling environment.

Connected people and places

The **Connected People and Places** project, led by public health during 2021/22, had the overall aim of gaining a better understanding of the nature and impact of loneliness on East Sussex residents, and identify future opportunities and approaches to mitigate its worst effects.

This highly collaborative ten-month project was established by a multi-sector partnership and supported by Collaborate CIC, a social change agency with experience in helping local government and system partners to explore complex social problems.

A design-led participatory approach helped to develop new insights on experiences of loneliness in East Sussex, along with recommendations to guide partners in making progress with the issue.

A positively framed ‘**Connection Campaign**’ explored how communities across the county could become more connected and how we might work together better to make this happen. Engagement with the public and professionals revealed the following key themes:

- the COVID-19 pandemic and its impact on feelings of connection and loneliness
- the effect of geography in enabling or preventing connection
- life transitions as triggers for loneliness
- marginalised voices (inequalities in experiences/impact of loneliness)
- islands of loneliness (collective experiences), and
- the impact of reduced funding on social infrastructure.

The insights from collaborative work undertaken with organisations and system partners demonstrated that in East Sussex:

- Loneliness matters. It's a key issue across all our work - spotting the signs of and addressing loneliness early can stop escalation and damaging impacts on mental/physical health, giving an opportunity to get upstream of presenting issues.
- Partners are all interested in working collectively on this, but are seeking more clarity on ambition, roles, and what practical change is needed.
- Overall, collaboration has improved in recent years and the pandemic helped accelerate this. But the potential is not yet fully realised and we need ways to maintain purpose and momentum.
- Building relationships and trust are key, along with shared leadership and learning.
- At the local level, greater connection and shared learning between relevant initiatives, and maximising the use of local assets in fostering connection are opportunities.

Recommendations

The headline recommendations resulting from the Connected People and Places project are to:

1. Establish a System Stewardship Group to build and maintain the required collaborative leadership across the system.
2. Create a 'connection test' to apply a loneliness perspective to the policy making process.
3. Develop an action plan for developing social infrastructure rooted in the principles of ABCD (asset-based community development) and harnessing the potential of community ownership and community businesses.
4. 'Connect the connectors' by creating learning communities that learn and test ideas together and model and incentivise ongoing learning.
5. Mobilise and equip a movement of connectors stretching across all public facing roles, businesses and communities.

Taking action

These recommendations have been agreed by Partnership Plus who will ensure progress is achieved.

In autumn 2022 East Sussex County Council agreed to fund an initial two-year programme to support the development of the 'stewardship approach'. This is now underway.

“ A systems steward is a person, organisation or group that takes responsibility for helping to create a 'healthy system' - a system that functions effectively and is more likely to produce positive outcomes. It involves building trust and relationships, deep listening and learning, and helping people work better together towards common goals. ”

It will be the collective responsibility of the Stewardship Group - and ultimately Partnership Plus - to build and maintain the required leadership to ensure that the remaining four recommendations of the Connected People and Places project are implemented effectively across the system.

This is not a short-term endeavour; it will require combined and sustained efforts from all parts of the 'system' to make further progress on tackling and preventing such a complex social problem as loneliness.

Nevertheless it is clear that there are already a wealth of activities, services and initiatives across East Sussex making a huge contribution in preventing, alleviating and tackling loneliness.



Introduction

This report aims to shine a light on the serious problem of loneliness among individuals and in communities across East Sussex. Loneliness can affect anyone and is a significant public health and societal concern. Nearly five years on from the publication of the first national loneliness strategy for England, and after the effects on social contact of the COVID-19 pandemic restrictions, we now hope to bring a renewed focus and energy to tackling loneliness and improving connection within East Sussex.

The initial chapters of the report explore definitions of loneliness and connection, the impact on people's health and wellbeing, and who is most likely to experience loneliness (along with some of the risk and protective factors).

Through this report we are also sharing the findings and recommendations of the **Connected People and Places** project. This collaborative public health funded COVID-19 recovery project has enabled us to gain a better understanding of the nature and impact of loneliness on East Sussex residents, with a view to reducing inequalities in health and wellbeing outcomes.

The insights gained from speaking with residents and stakeholders have helped to identify future opportunities and approaches to mitigate the worst effects of loneliness, providing important context on how we might improve social connections in our county. This work has ultimately led to the development of the ambitious recommendations in this report.

There is also cause to celebrate the things about East Sussex that make it a great place to live for many of us; our environment, social infrastructure and the plethora of activities and services that promote improved social connection between people. The case studies and practice examples throughout this report provide important recognition of action to tackle loneliness currently being taken across all the layers of our 'connected system'.



Note: stock images used. Photo source: Centre for Ageing Better image library

PART 1

Loneliness, connection and wellbeing

What is loneliness?

Loneliness can be described as the subjective negative feelings that emerge when our expectations for connection and the reality of our connections do not match up. It is deeply personal and can only be understood in reference to someone's individual values, wishes and feelings.

The national loneliness strategy - A connected society [\[Reference 1\]](#) - adopts a framework of loneliness which is also supported by the Campaign to End Loneliness. In the strategy loneliness is defined as:

“A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.” [\[Reference 2\]](#)

This is very different from being isolated or alone, which are more objective measures of how much time we spend with other people. Indeed solitude can be a positive voluntary period of aloneness which may be restorative for wellbeing, allowing for personal growth and development. Unlike loneliness, social isolation can therefore be considered an objective observable state, defined mainly in terms of the quantity of social relationships and contacts.

The distinction between loneliness and social isolation is important because loneliness and social isolation are not always found together - it is entirely possible to be lonely but not socially isolated, or vice versa to be socially isolated but not lonely. Therefore viewing loneliness as simply a consequence of social isolation is unhelpful.

This has important implications for the range of interventions which can address loneliness. Where the distinction between loneliness and social isolation is not understood, it can lead to the misconception that the solution to loneliness is always increased social contact. However, a more complete understanding of loneliness allows for wider solutions - focused on improving relationship quality as well as quantity, and on addressing our expectations of, and responses to, our social contacts.

Understanding different types of loneliness

Most of us experience loneliness at some point in our lives, but it is usually a passing experience. However, a proportion of people experience loneliness consistently and over prolonged periods. This chronic and severe loneliness is concerning due to its impact on individual health and wellbeing.

Transient loneliness: A passing experience, common to most people at some point in their lives.	Chronic or severe loneliness: Some people experience loneliness deeply, consistently and over prolonged periods. Two dimensions of intensity are important here: emotional significance and frequency or duration of distress. [Reference 3]
Emotional loneliness: The absence or loss of meaningful relationships that meet a deeply felt need to be recognised and ‘belong’ e.g. not having an intimate figure in your life (spouse, partner, best friend) [Reference 4] .	Social loneliness: The perceived lack of quantity as well as quality of relationships e.g. the absence of a broader, engaging social network (friends, colleagues, neighbours). [Reference 5]
Collective loneliness: The hunger for a network or community of people who share your sense of purpose and interests. [Reference 6]	Existential loneliness: Although less common, this is a feeling of separateness from others and is most frequently associated with people with a life-threatening illness or those experiencing trauma. [Reference 7]

Dimensions of emotional, social and collective loneliness have, together, been described as reflecting the full range of high-quality social connections that humans need in order to thrive. The lack of relationships in any of these dimensions can make us feel lonely, which helps to explain why we can have a supportive marriage yet still feel lonely for friends and community. [\[Reference 8\]](#)

Connections

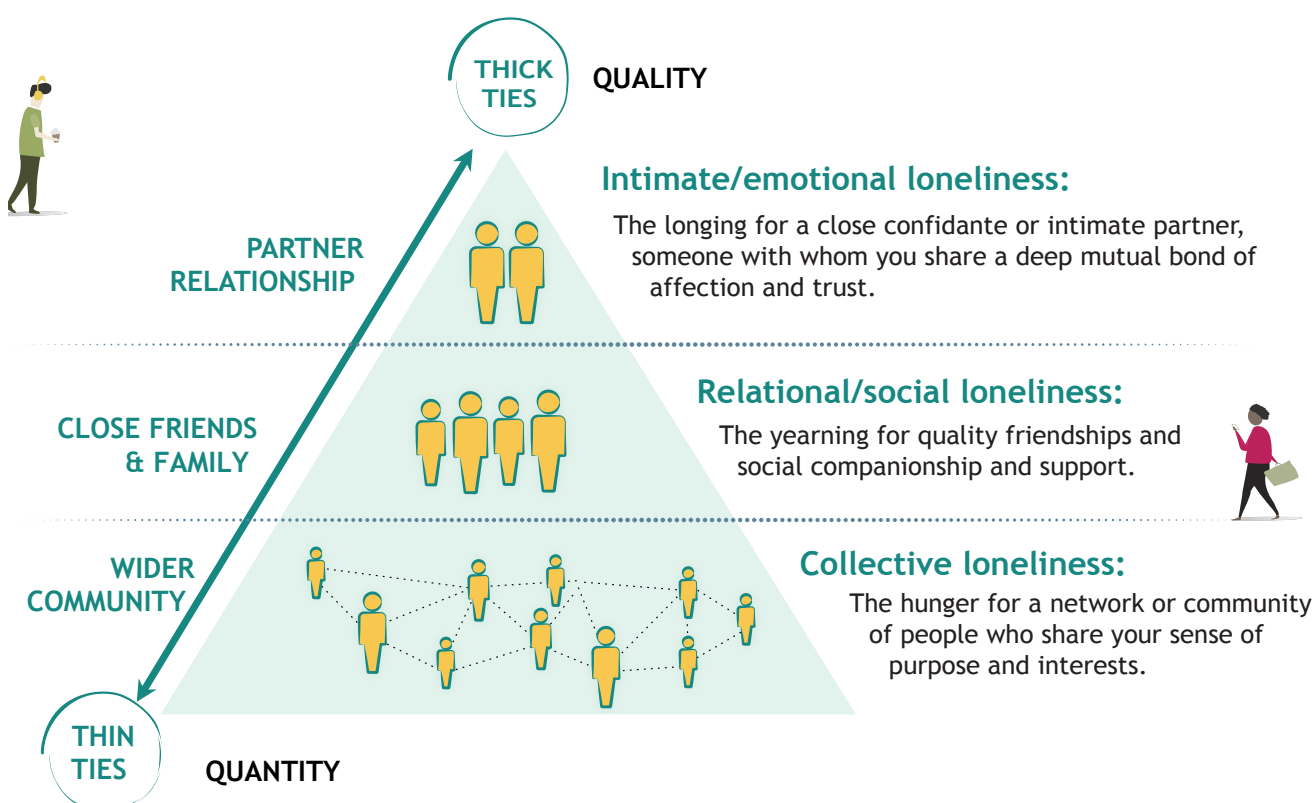
It has been argued that at the centre of our loneliness is our innate desire to connect; that we have evolved to participate in community, to forge lasting bonds with others, to help one another, and to share life experiences.

Connections between people can be categorised based on how closely associated people are with each other (see Figure one). At the top are partner relationships, intimate and close relationships between people that share a mutual bond and trust for each other. At the next level are family and close friends. Generally these will be people who can be relied on to provide social companionship and support when things are hard. Lastly, is the wider community. There are many people in this category, who may be only acquaintances but provide a sense of recognition and belonging on the way to the shops, when out walking the dog or sharing a cultural experience. These people enrich our lives, even if the individual bonds are not close.

The shape of a good relationship changes depending on context – the ‘thin ties’ we might have with local supermarket check-out staff look different to the thicker bonds between a carer and the person they tend to. Good relationships at each level can help to elicit some core emotional reactions: I belong, I feel safe, I feel cared for, I feel supported, I feel understood, I feel purposeful, I feel valued, I feel respected, I feel seen, I feel loved. In short: our thick and thin bonds with one another help us through thick and thin.

[Reference 9]

Figure one: Linking connections (‘ties’) and dimensions of loneliness [Reference 10]



Loneliness across the life course

Historically, there has been a tendency to talk about loneliness in relation to different life stages, with an emphasis on early adulthood and later life when levels of loneliness tend to be higher. However, more recently there has been greater emphasis on the role of transitions in creating the risk of loneliness. This drives an understanding of loneliness as a life course issue that can affect people at any age, and supports an ‘all age’ approach to the issue.

Table one:

	Pregnancy	Early years. Childhood & adolescence	Working Age	Retirement & later life
Challenges	<ul style="list-style-type: none"> Inadequate social networks Maternal depression 	<ul style="list-style-type: none"> Adverse childhood experiences Being bullied Being a young carer Being not in employment, education or training (NEET) 	<ul style="list-style-type: none"> Being unemployed Experiencing relationship breakdown Poor social networks Being a caregiver Leaving care 	<ul style="list-style-type: none"> Bereavement Loss of mobility Poor quality living conditions Being a carer
Key areas for local action	<ul style="list-style-type: none"> Programmes to provide support during pregnancy 	<ul style="list-style-type: none"> Parenting programmes Programmes to support the home to school transition Building children and young people’s resilience in schools Support for young carers Strategies to reduce NEETs 	<ul style="list-style-type: none"> Back to work programmes Programmes to support skills development to increase employability Support for carers Lifelong links programme 	<ul style="list-style-type: none"> Promote good quality work for older people Provision of social activity Support for carers Support for the bereaved

Source: PHE and UCL Institute of Health Equity

CERTAIN LIFE EVENTS CAN MAKE US MORE LIKELY TO FEEL LONELY
- HERE ARE SOME...

"loneliness doesn't discriminate"
-JO COX

The infographic features a central blue river flowing through a landscape, with various life events depicted as islands or banks along its course. Each event is illustrated with a cartoon and labeled with text:

- BULLYING**: A person is being pushed or pulled by others.
- MOVING JOBS**: A person is shown moving boxes and furniture.
- LOSING A JOB**: A person is sitting at a desk, looking down.
- EXPERIENCING DISCRIMINATION**: A person is being treated unfairly by others.
- LIVING IN AN ABUSIVE ENVIRONMENT**: A person is being physically or emotionally harmed by others.
- BEING A VICTIM OF CRIME**: A person is being attacked or harmed by others.
- BECOMING A CARER**: A person is caring for an elderly or disabled person.
- REFUGEE -AWAITING ASYLUM**: A person is waiting in a queue, with a sign that says "TEARS YEARS".
- DIVORCE & RELATIONSHIP BREAKDOWN**: A person is shown in a state of emotional distress.
- ENTERING A PERIOD OF POOR HEALTH**: A person is shown in a state of physical distress.
- BECOMING HOMELESS**: A person is shown in a state of homelessness, with a sign that says "PLEASE HELP".
- LEAVING CARE**: A person is shown leaving a care home.
- TEENAGE PRESSURES**: A person is shown in a state of emotional distress.
- SCHOOL**: A person is shown in a state of emotional distress.
- CHILDREN LEAVING HOME**: A person is shown in a state of emotional distress.
- RETIREMENT**: A person is shown in a state of emotional distress.
- MOVING INTO CARE**: A person is shown in a state of emotional distress.
- REMOVALS**: A person is shown in a state of emotional distress.
- MAKING CONNECTIONS**: A person is shown in a state of emotional distress.
- LIVING WITH DISABILITY**: A person is shown in a state of emotional distress.
- BECOMING A CARER**: A person is shown in a state of emotional distress.
- REFUGEE -AWAITING ASYLUM**: A person is shown in a state of emotional distress.
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- LIVING WITH DISABILITY**: A person is shown in a state of emotional distress.
- BECOMING A CARER**: A person is shown in a state of emotional distress.

#loneliness
Department for Digital, Culture, Media & Sport

What is the impact of loneliness?

There is now a substantial evidence base about how chronic loneliness affects people's lives, their relationships and their health and wellbeing. When someone feels severely lonely over a long period of time this can have the most damaging effects and has been described as the "social equivalent of physical pain" [Reference 11].

It is vital that we seek to reduce levels of loneliness not only to help people live their lives more fully but because a lack of social connections increases the risk of early death and poor mental and physical health. Loneliness can also contribute to increased healthcare use and other societal costs, including reduced productivity at work and absenteeism.

Health & social care use and wider costs for society

Since loneliness is linked to the development of a range of mental and physical health problems, it follows that loneliness could have an impact on how people use and need to access health services.

Among adults, loneliness has been shown to affect work productivity. A lack of social connection at work can lead to lower commitment, higher absenteeism and staff turnover, and those who report higher loneliness appear less approachable to colleagues.

Loneliness and the estimated wider costs for society

Loneliness is likely to lead to higher costs in the public and private sector due to greater service usage, absences and productivity losses.



Productivity cost associated with severe loneliness has been estimated to be approximately **£9000** per person per year



A worker who is lonely will be **1.3%** less productive than those who are not



The cost of loneliness to UK employers at **£2.5 billion** each year



Increased staff turnover
£1.62 billion



Ill health and associated sickness absence
£20 million



Lower wellbeing and productivity
£665 million



The impact of caring responsibilities
£220 million

Physical health

Loneliness is often described as a problem of increasing and epidemic proportions. The risks to health are also sometimes compared as equal to or greater in scale than other intractable public health concerns such as obesity, physical inactivity, smoking and air pollution. The usefulness of such comparisons has been debated due to the complexities in understanding the exact causal mechanisms and the size of the effect that loneliness has on measurable health outcomes, such as life expectancy. [\[Reference 12\]](#)

Nevertheless loneliness is rightly recognised as one of the country's most pressing public health issues. There is evidence that loneliness is linked with:

- higher rates of premature mortality - comparable with other major public health priorities - increasing the likelihood of mortality by 26% [\[Reference 13\]](#);
- an increased risk of high blood pressure [\[Reference 14\]](#);
- developing coronary heart disease and stroke [\[Reference 15\]](#);
- a greater risk of inactivity, smoking and risk-taking behaviour. [\[Reference 16\]](#);

Social isolation and loneliness are also risk factors for the progression of frailty in older people [\[Reference 17\]](#). For older adults the consequences of loneliness on physical health have been investigated extensively. For adolescents, research is more limited but is growing [\[Reference 18\]](#). Yet it should be clear that loneliness is associated with poor health outcomes for younger ages as much as for adults [\[Reference 19\]](#), [\[Reference 20\]](#).

Mental health

Loneliness is known to have an association with mental health conditions. For example, people reporting loneliness are more at risk of becoming depressed, and depressed people are more at risk of becoming lonely [\[Reference 21\]](#).

Evidence shows that experience of loneliness is associated with:

- a range of mental illnesses including dementia, paranoia, psychosis, anxiety, depression and becoming depressed [\[Reference 22\]](#);
- suicidal thoughts, behaviours, and attempts [\[Reference 23\]](#);
- low self-esteem and reported sleep problems & increased stress response [\[Reference 24\]](#);
- cognitive decline and Alzheimer's [\[Reference 25\]](#);
- poorer cognitive function among older adults [\[Reference 26\]](#);
- self-harm behaviour in teenagers. [\[Reference 27\]](#);

Loneliness and low social interaction are also predictive of suicide in older age [\[Reference 28\]](#). More research is needed, but loneliness has also been found to be a significant predictor of both suicidal ideation and behaviour - with the association being stronger for groups including women and those 16-20 or over 55 years of age [\[Reference 29\]](#).

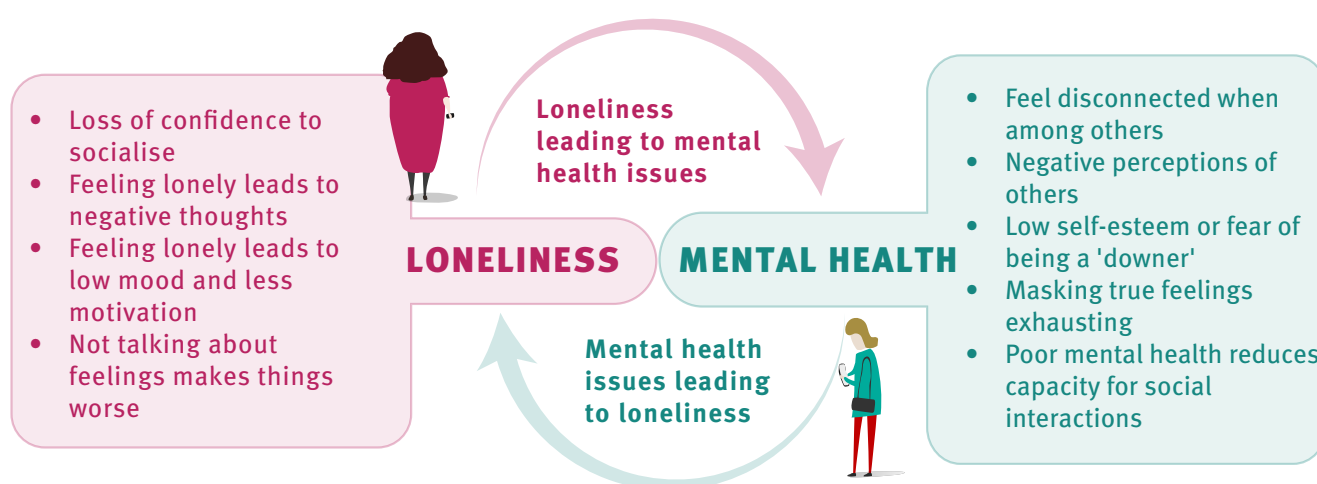
Although there is an important link between the experience of loneliness and mental

health conditions, the nature of the relationship between the two is less well understood, particularly among groups at greater risk of loneliness. Experiencing loneliness could contribute to the onset of depression, which can then become a chronic illness [Reference 30]. It has been found that there is a bidirectional link between depression and anxiety and loneliness, and that loneliness is a predictor of worse outcomes in those with depression [Reference 31].

Recent qualitative research explored the experiences of loneliness among those who had experienced a mental health condition and supported the suggestion that loneliness can lead to mental health issues and vice versa [Reference 32] (see Figure three).

Figure three: The bi-directional relationship between loneliness and mental health

Source: DCMS 2022 [Reference 33]

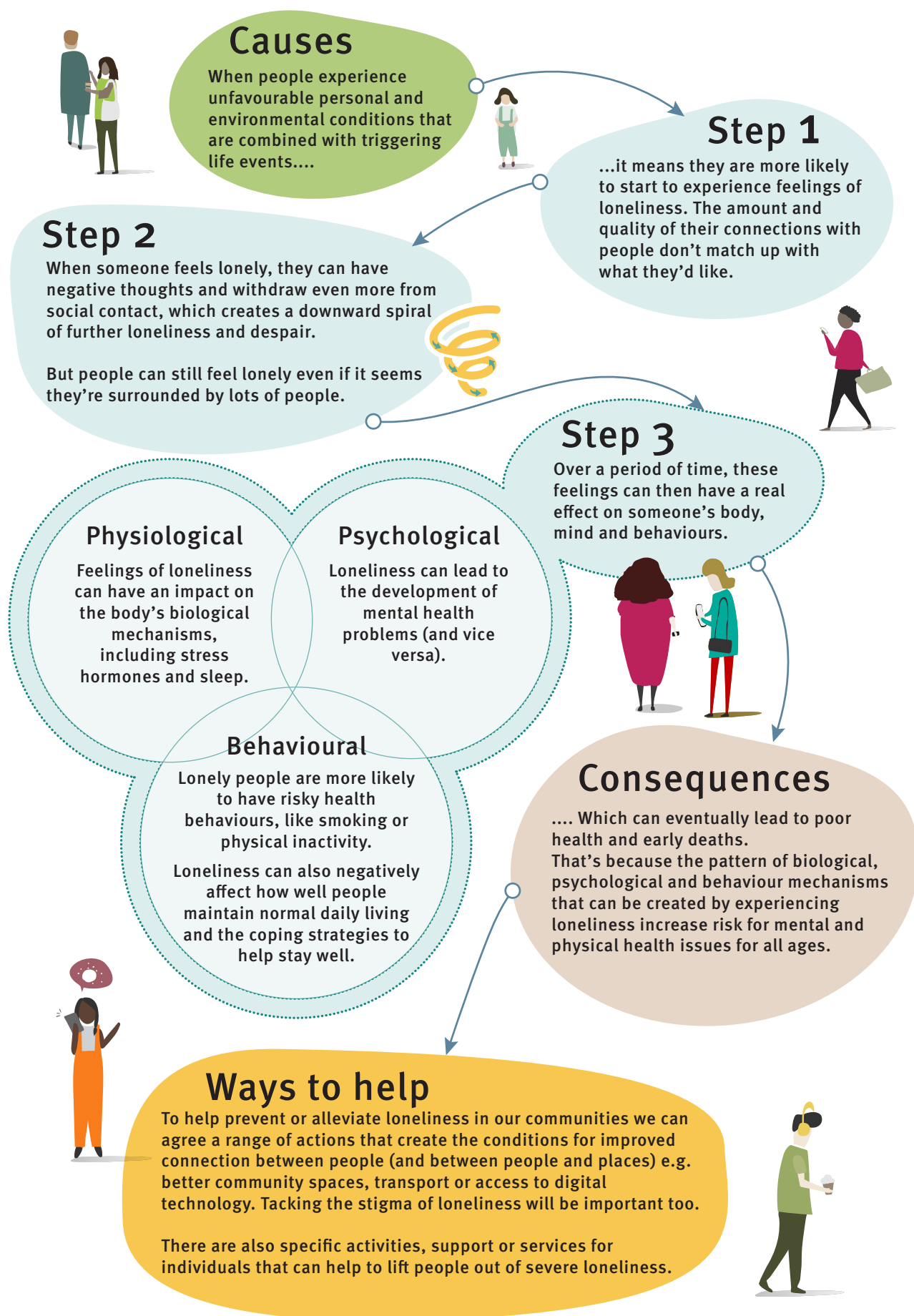


Note: these findings come from qualitative research with people with experiences of loneliness and poor mental health.

How does loneliness actually work to affect health and wellbeing?

Figure four shows how loneliness can arise, the health problems that result from chronic loneliness and the viable ways that loneliness can be prevented and tackled. It should be noted that this is a simplification of the complex interactions and different pathways that may create experiences of loneliness and consequent impacts on health [Reference 34].

Figure four: How loneliness can arise



Loneliness in England and East Sussex

Adults

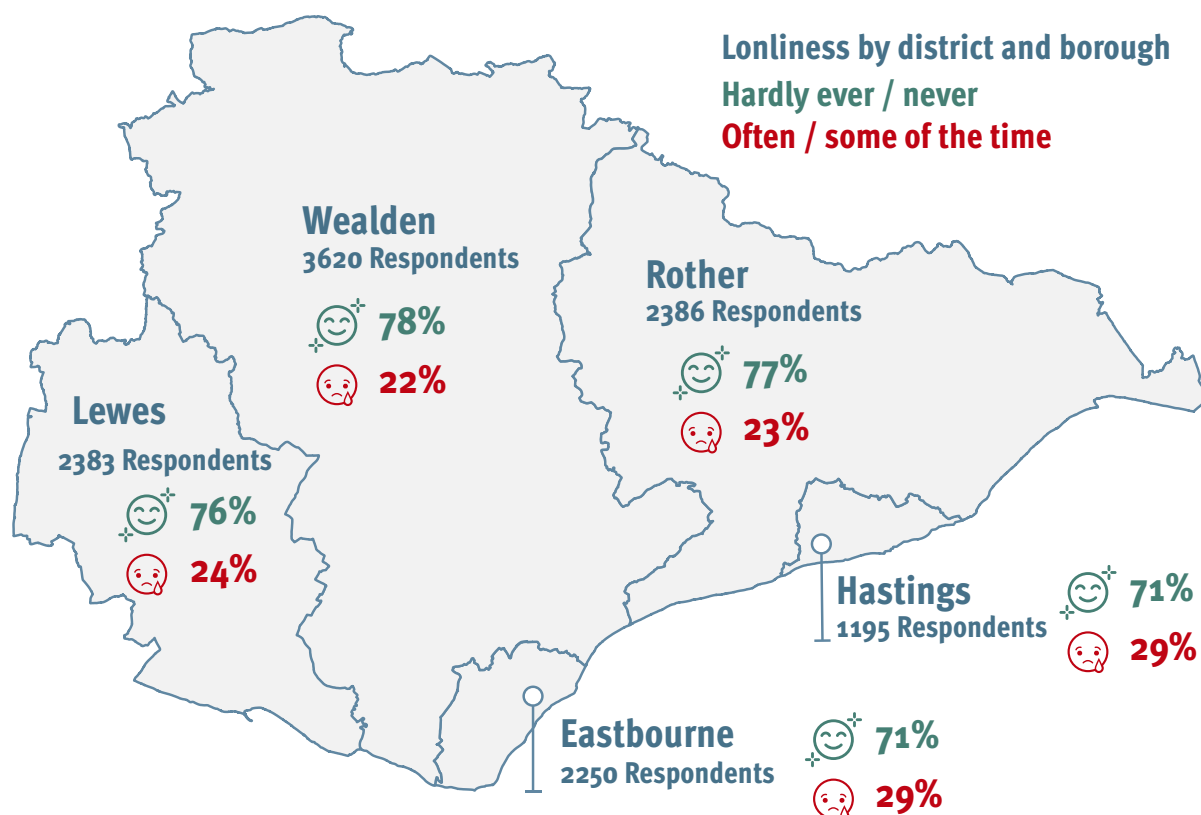
The national Community Life Survey asks adults about feelings of loneliness. Overall 6% of respondents in England in 2021/22 said they feel lonely often or always (approximately 3 million people) and 21% of respondents said they never feel lonely (approximately 10 million people) [Reference 35].

East Sussex County Council's Community Survey carried out in 2019 found that a quarter of respondents reported feeling lonely often (5%) or some of the time (20%), with feelings of loneliness not changing much from the local surveys carried out in 2015 and 2017 [Reference 36].

Compared to East Sussex overall, people living in:

- Hastings and Eastbourne are more likely than average to feel lonely often or some of the time
- Rother and Wealden are more likely to say they hardly ever/never feel lonely living in their local area

Figure five: Feeling lonely in district/boroughs of East Sussex



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Source: East Sussex Community Survey 2019

Feelings of loneliness are more prevalent in East Sussex particularly amongst those likely to spend more time at home, including:



Other groups at greater risk of loneliness include:

- social tenants (46%) and private renters (39% vs. 20% of owner occupiers);
- ethnic minorities (40% vs. 25% of White residents);
- people with no qualifications (34% vs. 25% overall);
- women (26% vs. 24% of men), and;
- those who do not feel they belong to their immediate area (40%).

Carers

A national survey of adult carers in England measures self-reported social contact amongst carers, and shows that in 2021/22 in East Sussex, 30% of adult carers aged 18+, and 32% of adult carers aged 65+ reported that they had as much social contact as they would like. This is similar nationally (28% and 29% respectively) but still represents just one third of respondents who feel they have enough social contact. [\[Reference 37\]](#)

Vulnerable adults

In 2021/22 in East Sussex, 48% of adult social care users aged 18+, and 44% of adult social care users aged 65+ reported that they had as much social contact as they would like, significantly higher than nationally (41% and 37% respectively). [\[Reference 38\]](#)

The impact of a pandemic on loneliness

Analysis undertaken by the ONS mapping loneliness during the COVID-19 pandemic [\[Reference 39\]](#) found that, rates of loneliness were identified as being more prevalent in areas with higher concentrations of young people, and higher rates of unemployment, with countryside areas reporting lower rates of loneliness. The analysis showed that rates of loneliness were higher in Eastbourne, but generally lower in the rest of the county, although this should be treated with some caution due to low sample sizes.

Children and young people

The national Mental Health of Children and Young People 2022 survey [\[Reference40\]](#) found that 5% of 11-16 year olds and 13% 17-22 year olds in England reported often or always feeling lonely. Key findings from the survey suggest:

- A loneliness gender gap with girls significantly more likely than boys to report feeling lonely in both 2020/21 and 2021/22;
- No clear difference in rate of loneliness between those with and without SEN;
- No clear difference in rate of loneliness associated with free school meal eligibility;
- No differences in loneliness between white and ethnic minority respondents.

The My Health, My School survey gathers information on health and wellbeing views, behaviours and choices from children and young people aged between 9 and 18 in state-funded schools in East Sussex. Of the 9,500 pupils responding to the question of how often they felt lonely, just under half (46%) reported feeling lonely sometimes: 16% every day and 30% 2-3 days a week. The proportions of pupils feeling lonely were consistent across both primary and secondary school pupils.

Two fifths (43%) of pupils asked reported that they had sufficient information from the school or college to understand how to cope with loneliness, but a third (36%) felt that they needed better information on coping mechanisms from their school or college.

Three quarters of pupils felt they dealt with feelings of loneliness well or ok (77%) but overall, 23% reported that they didn't feel that they coped with feeling lonely well.

The most common coping mechanisms across all ages for feelings of worry, sadness, anger or loneliness were watching TV/films/YouTube/Netflix, playing or listening to music spending time with pets or online gaming.

Who is more at risk of experiencing loneliness?

There is increasing recognition that loneliness can occur across the life course and is not just a risk associated with later life [\[Reference41\]](#), [\[Reference42\]](#) but is also connected to factors such as social class, gender, ethnicity, sexual orientation, and physical environment [\[Reference43\]](#). In this sense, many of the determinants of loneliness are interrelated and their particular association with loneliness may be shaped by other risk factors.

Analysis of national survey data has identified characteristics and circumstances associated with feeling lonely amongst adults aged 16+ in the UK [\[Reference44\]](#), [\[Reference45\]](#). Many of these risk factors are linked and can increase the likelihood of experiencing loneliness, and almost all predictors of loneliness were consistent over time. Factors increasing risk of loneliness include:

Risk group or factor	Reporting of chronically lonely
Younger aged adults 16-34	Greatest risk of any age group, with reporting of loneliness generally decreasing with age. 5x greater risk of chronic loneliness than people aged 65+
Poor mental wellbeing	28% compared to 4% without mental distress
Disability or long-standing health problem	2.9x greater likelihood than those with no health condition or disability
Living alone, divorced or widowed (and not cohabiting)	Of those living alone, those never married were 2.5x more likely to report chronic loneliness, and those separated or divorced 3.5x than those who lived with a partner.
Gay, lesbian, or bisexual sexual orientation	Compared to heterosexual people, gay or lesbians were 1.4x, bisexuals 2.5x and people identifying their sexual orientation as 'other' 2.3x more likely to report chronic loneliness.
Lower income	9.3% of those in the two poorest quintiles, compared to 4.2% of those in the wealthiest quintile. Higher reported loneliness is consistent across all models.
Social class	1.3x greater likelihood for people in semi-routine professions than in management/professional roles.

Risk group or factor	Reporting of chronically lonely
Worklessness	8.4% compared to 4.8% of those in work
Recently moving home	8.3% compared to 6.2% of those not recently moved, although this stops being a risk factor for loneliness after controlling for age, sex and ethnicity
Being female	1.4x more likely to experience transient (short-term) loneliness than men
Renting	Over 2x more likely to report feeling lonely often/always than homeowners
Lower neighbourhood belonging	Nearly 2x more likely than those with strong feelings of neighbourhood belonging
Women/older people with caring responsibilities	Descriptive analysis showed caring mainly to be a risk factors for loneliness in older people and women

Source: adapted from DCMS, 2022, and ONS 2018

Age

Children and young people

Experiences of social loneliness among children and young people can be seen for those who have been identified as particularly vulnerable to loneliness due to changes throughout school-life, unstable social networks, identity exploration, and going through physical changes. Young people are also navigating the tension between social connection (including navigation of social media), and development of independence from friends and family which can also lead to loneliness if a balance isn't created.

Analysis of data on nearly 12,000 14-year-olds in England [\[Reference 46\]](#) found that loneliness was nearly two times greater among girls than boys, was greater amongst adolescents of white or mixed race, and that all negative feelings are significantly positively correlated with loneliness. Key risk factors were divided into social and psychological factors:

- Social factors: social support, having a best friend, frequency of arguing with each parent, frequency of being bullied by siblings, peers, or others online
- Psychological factors: negative feelings, self-harm, coping strategies for worry

Younger adults

Loneliness in young adults is often linked to times of transition, which often occur in quick succession for young people. [\[Reference 47\]](#) For example facing economic uncertainty, navigating identity issues, facing pressure to succeed, feeling different, or pressures of first time experiences. Social media was also found to influence feelings of loneliness, particularly if seeing others having ‘fun’ or not getting many ‘likes’ for social media posts. Conversely for others technology provided positive opportunities for friendship and connection and provided meaningful relationships.

Older adults

The literature on loneliness is largely focused on older people (generally defined as over 55), with identified triggers for social loneliness including: disruptions to social networks and meaningful engagement in later life, often associated with retirement or physical restrictions of illness and disability; loss of a loved one; living alone, chronic illness, hearing loss and a sense of lost community. Specific diseases and impairments associated with later life can also increase loneliness, either due to stigma or embarrassment (for example poor oral health or [\[Reference 48\]](#) incontinence [\[Reference 49\]](#)), or to communication, comprehension or mobility (for example frailty [\[Reference 50\]](#) or sensory impairment [\[Reference 51\]](#)).

Gender

There is some evidence that men and women tend to experience loneliness differently, both in later life but also earlier, with factors such as caregiving roles influencing experiences. It has been suggested that men may be more likely to experience emotional loneliness, for example being less inclined after later life bereavement or post-retirement to seek support from neighbours and friends. Whilst women may be more likely to experience social loneliness due to the increased likelihood of having a care-giving role, later life bereavement or shorter paid working hours than men. For both men and women, living alone and poor mental health have been strongly associated with increased loneliness, but for women population sparsity (rurality), and physical health have been found to be more significant predictors of loneliness than for men [\[Reference 52\]](#).

Ethnicity

While ethnicity itself has not been found to be a predictor of loneliness, when age and sex are considered the risk of loneliness has been found to increase for some ethnic minorities. Recent UK research found people from minority ethnic backgrounds were less likely to feel a sense of neighbourhood belonging than White British respondents and were more likely to have experienced discrimination either at work or in their local neighbourhood, both of which were linked with increased loneliness [\[Reference 53\]](#). People from ethnic minority groups were also less likely to feel confident in accessing community activities and support.

Sexual identity

Sexual orientation has been found to be a strong indicator of loneliness. This association is consistent across those who are gay, lesbian, bisexual or identify as 'other' to heterosexual, with bisexual people most likely to report feeling lonely. Some wider research suggests that an individual's sexual identity affects feelings of loneliness [Reference 54]. Among older gay, lesbian and bisexual people, perceptions of discrimination based on sexual orientation were found to increase feelings of loneliness, and those who experienced discrimination, racism and poverty were more likely to have chronic loneliness [Reference 55].

Carers

There is a lack of research focused on loneliness amongst family caregivers [Reference 56], despite data indicating carers to be at greater risk of loneliness. Carers are at greater risk of poor psychological and physical health than non-carers, including stress and depression, lower subjective wellbeing, and social isolation [Reference 57]. Though in-depth research is lacking, it has been estimated that 8 in 10 carers in the UK have felt lonely or socially isolated as a result of their caregiving situation [Reference 58], with a particular impact in terms of self-alienation [Reference 59]. Predictors of loneliness in carers include lower education level, low self-efficacy, poor physical health and being female. Loneliness in carers is associated with psychological distress, depression, and low quality of life.

Physical health, disability, mental health and wellbeing

Specific chronic conditions such as cardiovascular disease and stroke have been found to be risk factors for experiencing loneliness due to increased social isolation, low social support and lasting symptoms such as visual deficits [Reference 60] and difficulties with speech and swallowing which can impair ability to interact with others [Reference 61]. Chronic pain (largely due to musculoskeletal disease) also increases risk of loneliness linked to reduced physical and social activity and participation [Reference 62].

While loneliness is not a core diagnostic feature of depression, it can be an associated symptom, particularly where depression impacts on social function and wellbeing, fewer social connections and cognitive function [Reference 63].

Neurodegenerative conditions such as dementia, Alzheimer's disease and Parkinson's disease also increase the risk of social isolation through impairment of cognitive functioning (memory, reasoning or language skills) and social functioning (processing facial emotion or regulating emotions) [Reference 64], [Reference 65].

Wider risk factors for experiencing loneliness

Housing circumstances

- Renters are significantly more likely to report loneliness than those who own their home, particularly young renters with little sense of belonging to their area.
- Those who have moved within the last 12 months have been suggested to be more likely to be lonely

Environment and place

- Loneliness is more common in more deprived areas and in areas that do not support social connectedness. For example areas with poor transport networks (particularly for older adults no longer able to drive [\[Reference 66\]](#)), lack of green space, lack of local activity choices, poor digital connectivity and lack of socialising opportunities for young people outside of education [\[Reference 67\]](#), [\[Reference 68\]](#).
- Young people also report feeling particularly lonely in densely populated urban areas despite potentially better socialising opportunities [\[Reference 69\]](#);
- Individuals with a higher sense of belonging to their neighbourhoods and higher trust in their neighbours feel less lonely [\[Reference 70\]](#), [\[Reference 71\]](#).

Social support networks

- Those who lack, or have difficult or unfulfilling social networks have been found to feel increased loneliness [\[Reference 72\]](#), [\[Reference 73\]](#), [\[Reference 74\]](#) and this has also been linked to lower self-worth, sense of value and interconnection. [\[Reference 75\]](#)
- Those who see friends or family less than once a month or never are more likely to be lonely than those who see them daily, and those who don't chat with their neighbours are more likely to feel lonely than those who do.

Living alone

- Those living alone are at greater risk of chronic loneliness than those living with others.
- Never being married or in a civil partnership are some of the strongest predictors of chronic loneliness at all life stages.

Socioeconomic inequalities

- People who live in more deprived areas, and those on lower incomes are both significantly more likely than those in less deprived areas and those on higher incomes to report being lonely.
- People in semi-routine professions are more likely to report loneliness than those in management or professional roles.

Employment

- People who are unemployed (and seeking work) have been shown to be significantly more likely to report loneliness “often/always” than those in employment or self-employment.

Social stigma

- Those who are more marginalised in society report more loneliness than those who are not. This association has been identified in relation to minority ethnic background, mental health difficulties, immigrants, transgender people, sexual minorities, and homeless people, with prejudice and discrimination found to be one of the strongest predictors of experiences of loneliness and relationship strain.

The impact of a pandemic on loneliness

National survey data collected between October 2020 and February 2021 indicated an increase in loneliness from 5% of adults reporting they were often or always lonely before the pandemic, to 7.2% during it. Some analysis has also shown that, during the pandemic, areas with a higher concentration of 16-24 year olds and/or higher rates of unemployment tended to have higher rates of loneliness; and rural areas had a lower loneliness rate than urban, industrial, or other types of area. Important place-based differences were found in how much gender, sexual orientation and minority ethnic background affected feelings of loneliness across regions [\[Reference 76\]](#).

COVID-19 restrictions were found to have heightened the prevalence of loneliness for those already at risk, particularly amongst young adults, adults living alone, and those with mental health problems [\[Reference 77\]](#). Pre-pandemic predictors of chronic loneliness before the pandemic, including being female, aged 16-24, having a disability, living alone, being a student [\[Reference 78\]](#) and being gay, lesbian or bisexual (LGB) remained predictors of chronic loneliness in the pandemic [\[Reference 79\]](#). Those found to be at greater risk included infrequent users of the internet, people of Black ethnicity compared to those of White ethnic background, those living in households of two people or less, and those without close relationships with others (measured by the extent to which they felt they could open up to someone).

Analysis of loneliness among children and young people suggests that some aspects of mental health and wellbeing, such as subjective happiness and life satisfaction look to have now improved to pre-pandemic levels, [\[Reference 80\]](#) albeit inconsistently. However, other aspects, including anxiety, loneliness and mental health, may have worsened further [\[Reference 81\]](#), [\[Reference 82\]](#).

What works in tackling loneliness and improving connection?

As part of the Connected People and Places project (page 39) Collaborate CIC produced a rapid evidence review on approaches to tackling loneliness. This informed the work to develop a systems approach to tackling loneliness and social isolation, and partnership approaches to develop community wellbeing in East Sussex [Reference 83].

Types of intervention - moving towards a systems approach to tackling loneliness

Over the years a number of broad categories have been used to identify interventions to address loneliness, predominantly focusing on group activities or services and those offering individual support and one-to-one services such as befriending, social support and community navigators/Wayfinders.

In 2015 the Campaign to End Loneliness identified that some limitations to this approach and subsequently developed the Promising Approaches framework (2015) (updated as Promising Approaches Revisited in 2020). This sets out a way of understanding the core elements of an effective response to loneliness at community level [Reference 84], [Reference 85]. It has a focus particularly on older people but has relevant insights for approaches across the life course.

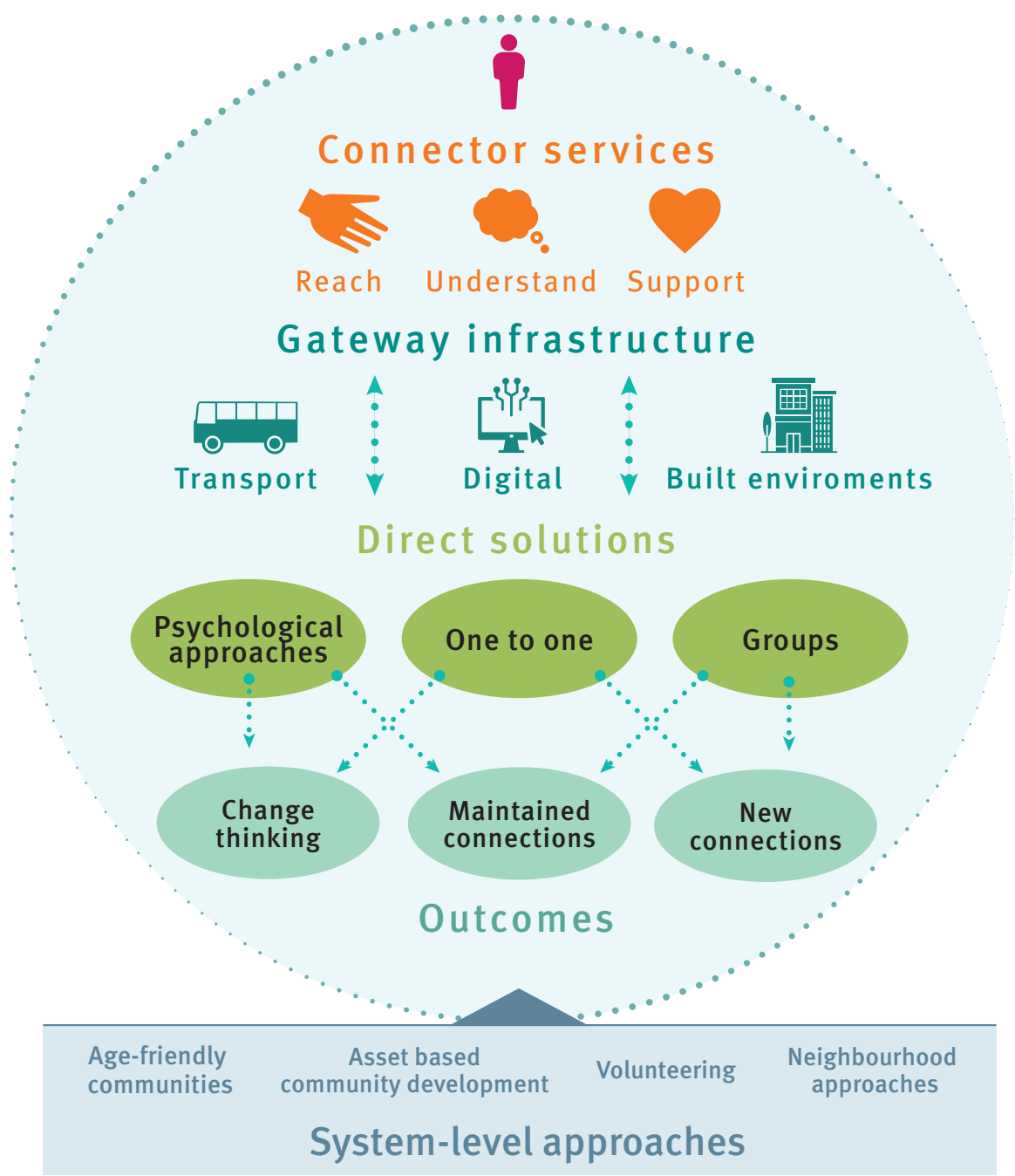


Photo source: SCIP charity wearescip.co.uk

Promising Approaches Revisited

Within any given locality, a multi-faceted approach is needed to address loneliness and the Promising Approaches framework sets out the broad categories of approaches, and the most common types that sit underneath them (see Figure six).

Figure six: Promising approaches framework



Source: The Campaign to End Loneliness [Reference 86]

Connector services

Connector services are needed to provide the loneliest individuals with the support they need to access and engage with the direct solutions available in communities and those which:

- Reach lonely individuals
- Understand the nature of an individual's loneliness so that a personalised response can be offered
- Support lonely individuals to access appropriate services, helping them overcome practical and emotional barriers.

These are the first steps taken in the work to reduce an individual's loneliness and provide a way into the more commonly recognised interventions, like social groups and befriending schemes.

Gateway infrastructure

Gateway infrastructure which includes transport, digital technology and the built environment is vital for an effective community response to loneliness.

As much of this infrastructure lies within a local authority's sphere of influence it is important to consider how policies might inadvertently create barriers to connection - and increase the likelihood of loneliness among particular communities.

For example, the built environment can influence how safe or friendly the local area feels, as well as how people move around and connect within neighbourhoods. The Campaign to End Loneliness has recently developed specific recommendations for tackling loneliness through the built environment [\[Reference 87\]](#), and suggests that it is important for there to be the right mix of spaces for different kinds of interaction, and to involve local people in the development of plans.

Direct solutions

Direct solutions reduce loneliness by doing one or more of the following:

- Supporting people to maintain and improve their existing relationships
- Helping people to make new connections
- Enabling people to change their thinking about their social connections

Communities need to offer a range of direct solutions so that people can find a solution that fits their particular circumstances, and that gives them opportunities to connect with people in ways that work for them.

System-level approaches

System-level approaches create the environment in communities which enables loneliness to be addressed. They are not interventions but ways in which local authorities and other institutions can encourage and support communities to develop approaches, groups and activities.

In the same way that good infrastructure is necessary to allow people to connect with each other and with groups, system-level approaches are necessary to support communities to develop and sustain groups and activities where people can connect. They include:

- Neighbourhood approaches
- Asset based community development (ABCD)
- Age-friendly communities
- Volunteering.

Neighbourhood approaches

The neighbourhood is an important locus for action on loneliness as people who are at risk of experiencing loneliness often spend more time in their immediate neighbourhood, and often feel a greater commitment to their neighbourhood [\[Reference 88\]](#).

The move to ‘place-based’ working, in which work is arranged around places defined by a sense of community, rather than in administrative silos, has gained significant traction in recent years. Using a place-based approach, issues - including health inequalities, poor housing, social isolation, ineffective services, and limited economic opportunities - are addressed holistically across the community. This may be particularly effective in picking up issues like loneliness which influence and are influenced by outcomes across a wide range of institutional responsibilities from health to housing, to transport, to care services.

Social infrastructure and community hubs

Social infrastructure may be defined as ‘the physical places, and the organisations that have a physical plant... that shape our capacity to interact with one another.’ [\[Reference 89\]](#), and there is increasing consensus that this is an important component of systems approaches to building connection and tackling loneliness.

A range of approaches to community infrastructure can be used to boost social relations and wellbeing in a community [\[Reference 90\]](#). Accessibility and inclusion is a key issue, including how excluded or marginalised groups can get involved in the organisation and planning of projects and through volunteering.

Creating a safe and friendly environment reflecting local culture, making the most of skilled facilitators and considering the long-term sustainability of the premises are also key ingredients.

Community hubs are associated with several community wellbeing outcomes that:

- boost social / community cohesion and connection;
- increase pride in area;
- increase civic activity / participation;
- build trust;
- increase individuals' knowledge / skills;
- increase social networks;
- increase social capital.

Asset based community development (ABCD)

The ABCD approach is based on the principle of identifying and mobilising individual and community strengths or 'assets,' rather than focusing on problems and needs, or 'deficits.'

A number of communities have taken this approach to addressing loneliness, including many in the Ageing Better programme partnerships funded by the National Lottery Community Fund. Using this approach may be impactful in addressing loneliness, because it is most likely to lead to communities finding solutions which are:

- What people want
- Built around involving people
- Sustainable

The Connection Coalition and The Jo Cox Foundation used a test-and-learn approach to develop seven 'keys for connection' which when considered and applied, they found helped to unlock social connections between people (info box one) [\[Reference 91\]](#). These tips are grounded in community experiences and activities and are aimed at those directly delivering work to create and maintain social connections.

7 keys for unlocking social connections within communities

1. Consider your space

The right event space is needed to ensure that people feel safe and relaxed. This doesn't mean high-end buildings which can often feel too formal, but a space intentionally selected to be accessible and facilitate connection.

2. Consider your activities

Finding an activity helps make people feel more at ease. It gives people something to focus on, allowing time for conversations and connections to develop naturally. It allows those who might be nervous to participate without having to talk straight away.

3. Remember we can achieve more together - organisations

As activity and event organisers, we can benefit from making connections and collaborating with others. Working with other organisations with shared values enables an exchange of constructive feedback, opportunities and new ideas. Working with other organisations and groups already known to the people you're trying to connect with can help build trust and understanding.

4. Remember we can achieve more together - the community

Involving communities in the planning and delivery of activities improves outcomes for everyone. One of our collaborators put it best: "exploring this topic with community members helped them to feel invested, feel empowered, heard, and is a creative way to create new ideas and solutions, as well as understand what people really need."

5. Pay attention to the small things

Connections aren't automatically created when you bring people together, it requires intention and attention. Paying attention to the details can help give people reassurance and the tools to help them navigate new connections and experiences.

6. Allow enough time

Building trust, relationships and creating meaningful connections takes time. It needs long-term thinking and is built when we are vulnerable with each other, which happens when we feel safe and valued. Whether it's between you and other organisations, or between participants, allowing enough time for individuals to build trust and relationships will pay off.

7. Identify barriers to participation and how you might overcome them

Anyone can benefit from increasing the number or quality of their social connections. However, we know that certain groups and individuals are more at risk of loneliness and disconnection, and many people face additional barriers when it comes to creating social connections.

Source: The Jo Cox Foundation, 2022



Volunteering

Volunteering is effective as both an enabler of effective loneliness interventions and a way of preventing loneliness. Involving people as volunteers gives them the opportunity to participate rather than receive, and to engage in a socially valued role. Contributing to the community (whether through formal volunteering or more informal involvement) has positive impacts on volunteers' own wellbeing and social connection [\[Reference 92\]](#). Therefore, building an emphasis on volunteering into the strategic approach to loneliness in a community can be an effective way of delivering cost-effective interventions, and enabling more people to connect.

Many of the people who made such an important contribution during the COVID-19 pandemic have now stepped away from these roles. It is a challenge for some organisations to re-engage 'pre-COVID-19' volunteers in ways that work for them, including through remote and more flexible options.

Age-friendly communities

The Age-Friendly Communities Framework, developed by the World Health Organization, includes a number of key domains around which communities can take action to help people age well. [\[Reference 93\]](#), [\[Reference 94\]](#). At the heart of the framework is a commitment to shift policy and practice away from a negative framing of later life to support healthy and active ageing, and inclusion and participation throughout life.

These communities are not only better placed to address loneliness as a standalone issue, but also on some of the underlying key factors including transport, housing, and, crucially, attitudes to ageing.

While social connection is intended to be a key consideration in those areas seeking age-friendly or dementia-friendly status, evidence is not yet developed on whether the adoption of such initiatives has a direct impact on loneliness. However, research demonstrates that negative attitudes to ageing can present a barrier against people taking up support available to enable social connection. Therefore, efforts to address these attitudes within a community are likely to be part of the solution.

Social prescribing

As a key component of personalised care in the NHS, social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. It is an all-age, whole population approach which is said to work particularly well for people who are lonely or isolated. [\[Reference 95\]](#)

Social prescribing schemes take a variety of forms, with the best schemes covering the full range of ‘reach, understand and support’ functions outlined in the Promising Approaches framework. There is growing interest in social prescribing schemes and increasing drives for consistent practice through a shared training and development framework for social prescribing link worker roles. [\[Reference96\]](#)

There is emerging evidence that social prescribing and connecting people to their community can lead to a range of positive health and wellbeing outcomes for people [\[Reference97\]](#) however more robust and systematic evidence is needed on the effectiveness of social prescribing in relation to tackling loneliness.

Societal approaches

Societal approaches to loneliness may be understood as those which characterise loneliness as primarily as a side effect of change in modern society - e.g. home working / greater mobility / family breakdown / digital change.

This suggests that the solution is to shift the balance back towards a more social and connected way of living, and while there are a range of approaches that can achieve this, a common thread between them is a sense of collective responsibility - i.e. that loneliness is not an issue which requires a provider to do something to a recipient, but instead an effort in which we are all involved.

Approaches range from schemes that encourage individuals to change their own behaviour (often characterised as attempts to start ‘social movements’), to more proactive change programmes - such as Age-Friendly Communities, or more structured approaches such as Community Development work.

Behaviour change campaigns

Several approaches have attempted to bring about a cultural shift on loneliness in recent years. The majority have sought to encourage behaviour change among individuals and communities - by attempting to break down the stigma of loneliness; and to promote greater connection between people.

Some have been quite vague in their appeals for support - or have approached loneliness paternalistically, e.g. asking people to ‘look out for lonely people,’ but more often they include an aspect of mutual help and support.

Whilst encouraging people to ‘be more friendly’ may have an effect on the ‘thin ties’ within a community (e.g. more smiles and hellos shared with shop workers or neighbours) the balance of evidence favours more explicitly ‘prosocial’ calls for connection - those that encourage more meaningful connections and foster reciprocity.

Community cohesion and building community through events

Although measuring impact is very difficult, another area of growing interest is whether we can build community connection and a sense of cohesion within communities through events which explicitly set out to bring communities together.

This remains a key theme for the Jo Cox Foundation, with the biggest public facing event being the Great Get Together, alongside Eden Communities' Big Lunch.

The Big Lunch has gathered some data, which suggests that their events foster a greater sense of connection between participants and that individuals feel less lonely as a result of participation [Reference 111]. And this is not the only example of such schemes - with Play Streets and the Government's Pocket Parks programme also attempting to engender similar connections. [Reference 112], [Reference 113]

Linked to this area, is the growing interest in engineering opportunities for intergenerational contact, For example, Channel 4's 'Old People's Home for Four Year Olds' project has inspired many others to spring up in communities. [Reference 114]

Other preventative interventions

Although the Promising Approaches framework recognised the potential of psychological approaches in addressing loneliness, it did not encompass those psychological approaches designed to build resilience to loneliness, by equipping individuals with tools to support them through times of risk. Nor did it recognise the potential of 'self-help' / 'self-care' approaches in preventing loneliness. [Reference 98]

Resilience support

A review of loneliness through the life-course demonstrated the impact of particular personal characteristics and traits in exacerbating the risk of loneliness and argued that resilience training could play a role in reducing loneliness.

Some services have been developed such as the Positive Ageing Resilience Training programme [Reference 99] which also forms part of some pre-retirement programmes, and is part of wide support packages offered in some areas to people with mental health issues. However, this remains a relatively under-developed area.

Self-care

There is significant interest in encouraging better self-care among people with long-term health conditions and mental health issues - including encouraging self-care and self-help as a means of primary prevention - for example through the Five Ways to Wellbeing [Reference 100]. However, while self-care approaches to loneliness have been proposed - there has not yet been a concerted attempt to encourage this.

In their think piece for the Jo Cox Commission on Loneliness, Seema Kennedy and Rachel Reeves floated a potential self-help message around loneliness of ‘Connect 4’ -, which looked at the number of close connections the average person has [Reference 101]. The idea was that individually we could prevent our own loneliness by having a simple rule of thumb that if our close connections (those defined as either intimate and social connections) dipped below four, we would know to act to protect or refresh our connections.



Photo source: SCIP charity wearescip.co.uk

PART 2

Connecting People and Places:

developing a systems approach to tackling loneliness in East Sussex

Tackling loneliness requires collective action. No single organisation, sector or segment of society has all the solutions to this complex societal and individual problem.

The national loneliness strategy for England - A connected society - published in 2018 following the recommendation of the Jo Cox Commission on Loneliness led to the creation of the world's first Minister for Loneliness [\[Reference 102\]](#), [\[Reference 103\]](#). The strategy sought to mark a shift in the way we see and act on loneliness, both within government and in society more broadly, and emphasised the importance of social connections. The three overarching objectives were to:

- reduce stigma by building the national conversation on loneliness;
- drive a lasting shift so that relationships and loneliness are considered in policy-making and delivery by organisations across society and;
- help improve the evidence base on loneliness, making a compelling case for action, and ensuring everyone has the information they need to make informed decisions through challenging times. [\[Reference 104\]](#)

In light of this strategy, and in the midst of the ongoing COVID-19 pandemic, partners in East Sussex agreed to a concerted effort to explore how the problem could be tackled within the county through the '**Connected People and Places**' project.

Tackling loneliness is an agreed priority of **Partnership Plus**, the partnership of local authorities, the NHS and the Voluntary, Community and Social Enterprise (VSCE) sector in East Sussex. Furthermore, loneliness was a topic area of interest that had been identified for scoping and exploration by the county council's People Scrutiny Committee.

In April 2021, a public health funded COVID-19 recovery project was initiated in East Sussex. The overall aim of the '**Connected People and Places**' project was to:

- gain a better understanding of the nature and impact of loneliness on East Sussex residents, and;
- identify future opportunities and approaches to mitigate the worst effects of loneliness.

Our approach

A highly collaborative ten-month project was established supported by a social change agency - Collaborate CIC- with experience of exploring complex social problems. An initial rapid evidence-review synthesised information on who is affected by loneliness and what works in tackling the problem.

A 'Connection Campaign' then took an Appreciative Inquiry [\[Reference 105\]](#) approach to explore how individuals and communities could become more connected and how everyone could work together better to make this happen. Methods used in the resident and partner engagement included surveys, focus groups, one-to-one and group interviews, and workshops.

The engagement undertaken had three main components:

- **Broad resident engagement** - an online survey was shared widely across East Sussex during October and November 2021
- **Deep targeted resident engagement** - local engagement partners 3VA, Rother Voluntary Action and Hastings Voluntary Action ran workshops to bring together the insights from across the different areas.
- **Partner engagement** - this included interviews with strategic lead professionals and a collaborative workshop bringing together organisations across East Sussex.

Five workshop events, one focused on each district and borough, were held in December 2021 to explore the findings of the engagement activity, map assets, celebrate great examples of community-led activity, and identify what needs to happen locally to enable everyone to help build a more connected community.

Findings and insights

The resident survey received 345 responses from residents. A good range of groups across the county were reached though deep/targeted engagement in each district/borough.

Twenty two senior stakeholders working in the local authorities and the VCSE and health sectors were interviewed. These interviews focused on the system perspective, exploring the underlying mindset, culture, relationships and infrastructure required to enable a more connected and less lonely East Sussex.

Following the initial engagement work, the workshops events which took place in each of the districts and boroughs with local practitioners and staff attracted over 130 attendees.

Throughout the following sections of the report there are various case studies of activities, services or initiatives from across East Sussex that can have a role in tackling loneliness and improving social connections.

The case studies are colour coded to broadly match the layers of our connected system. See Figure eight on page 45 for more detail.

1: Services that directly support people

2: Support that helps people help themselves

3: Social infrastructure that supports connected communities

4: Enabling environment that underpins connected communities

Themes across loneliness

Thematic analysis of the engagement findings revealed the following key themes:

- the impact of COVID-19 pandemic;
- the effect of geography;
- life transitions as triggers for loneliness; marginalised voices (inequalities in experiences/impact of loneliness);
- islands of loneliness (collective experiences), and;
- the impact of reduced funding on social infrastructure.

The COVID-19 pandemic

Understandably, for many people the pandemic was a lonely experience, with lockdowns being designed to create social isolation. For some people this curtailing of social interactions had a more negative impact than for others. Residents who lacked access to digital technology and those living by themselves were particularly affected. The lack of social interaction and mobility had a significant impact on some residents' health and wellbeing, in some cases they said it had deteriorated to a point from which they may not recover.

The 're-opening' of society has been unequal, with many residents remaining too anxious to reconnect, due to the lack of mask wearing and adherence to social distancing of others, among other reasons. This, compounded with seeing others re-connect, resulted in an even greater sense of loneliness.

There is a perception that the experience of the pandemic has left many people worn down with lowered resilience, having a knock-on effect on the services they interact with. For example, those working with victims of domestic abuse are reporting that individuals are needing more support and for longer, than was previously the case.

The effect of geography

It may be obvious to say that East Sussex is a large area, but this adds to the complexity of the challenge in providing support to those who are lonely. For example;

- different organisations and services operating across the different areas, creating a complex web of relationships
- variability in what services are available and accessible to a resident locally and their personal capacity to access it
- maintaining professional awareness of what activities and interventions are and aren't available locally.

Assumptions cannot be made about the geography that residents will most closely identify. Each area has unique characteristics, and residents may well identify with more smaller towns and areas than administrative boundaries, such as boroughs and districts.

A major point of difference is between urban and rural areas. For instance, residents in more rural areas spoke of limited local provision of services and places to meet and connect with others. This is compounded by limited access to public transport and for some participants who no longer drive, whether for age or health reasons, they can feel far less connected than they were before.

In more urban areas, there can be a lack of a sense of community and 'neighbourliness' which means residents need to seek this kind of connection elsewhere.

Professionals working with young people in rural areas reported that their social needs are often assumed to be catered for by families or by school. This misses that many young people have no meeting places or activities available near to where they live, and limited transport options.

It is also often assumed that younger people are more happy to connect with their friends online. However we heard that, given the choice, teenagers with special educational needs typically prefer to meet their peers in person.

Life transitions as triggers for loneliness

National evidence shows that life transitions such as becoming a new mum, retirement, long-term health issues or mobility limitations, bereavement, and divorce or separation can be key triggers for loneliness as they change the connections people have with others [\[Reference 106\]](#). This was reflected in the experiences shared with us by East Sussex residents.

Some people had retired to the coast and then suffered bereavement before being able to build a local support network, others had become more isolated over time as they took on caring responsibilities for partners.

We also heard how some people are rehoused in places where they have no local connections or support, leaving them vulnerable to loneliness and poor mental health.

“Being a full-time Carer makes it harder to connect with people, sometimes it is better not to say anything at all. I fully appreciate the need to be honest in life - opening up helps but the initial expectations and desires of others’ makes it very hard to reach out and come alongside in times of extreme need. I find I shut up shop and keep myself to myself. I very rarely expose my situations in public.”

Resident, Resident Survey

Marginalised voices and loneliness

Some groups of people are more likely to experience loneliness than others. For instance, those young people that did respond to our survey highlighted the lack of opportunities geared towards their age range, as well as intersectional issues such as being mixed race in predominantly white areas, and the challenges of leaving school and reduced social contact and connection with others their age.

It is important that attempts to understand marginalised groups are not static are co-designed with those for whom they are intended. Individual wants and needs can vary as well as change over time, which is why consistent direct involvement is key.

Islands of loneliness - a collective experience

Loneliness is not always an individual experience but one that can be felt collectively when groups of people are isolated from those around them. For example, residents in care homes who are closely connected to each other but isolated from the community around them; and minority religious groups who lack connections to the wider community.

People feel a greater lack of social connection when they do not have spaces to meet and mix with people from different social and cultural backgrounds and generations. Having these spaces and opportunities for people to come together and build bridges between different communities is essential to improving social cohesion.



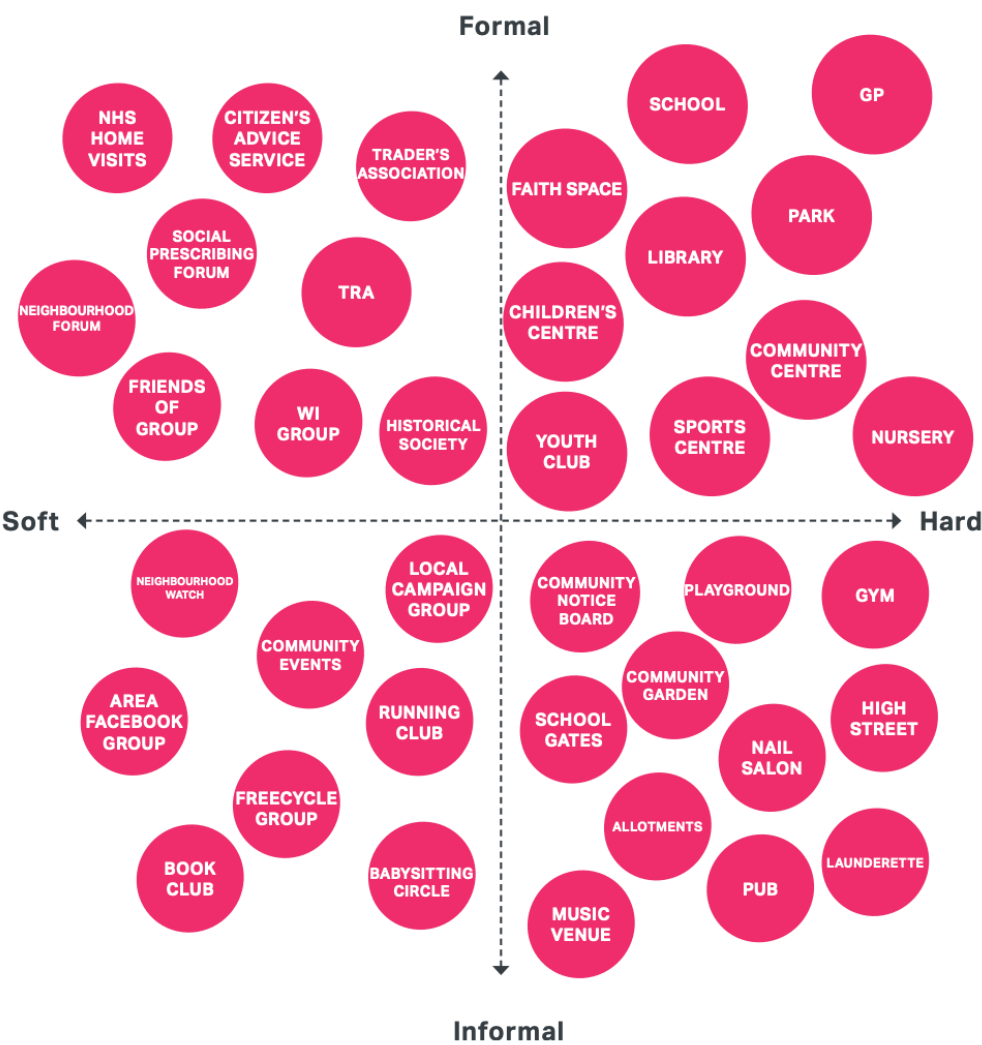
Social Infrastructure

Figure seven shows the different forms of social infrastructure that can exist, making a distinction between physical places and spaces (‘hard’) and groups, networks and activities (‘soft’) forms of infrastructure.

A well connected community has a vibrant mix of both. Lockdowns prevented access to informal, relational forms of social infrastructure, highlighting the necessity of those formal places such as libraries, parks and GPs. For example, the East Sussex Library Service remained a point of connection, running digital book clubs and providing access to digital equipment. Now they are building their relationships with voluntary sector organisations to connect residents to information, support and new skills.

Figure seven: Different types of social infrastructure.

Source: ‘Connective Social Infrastructure: How London’s Social Spaces & Networks Help Us Live Well Together’ by Good Growth By Design.



The range, depth and interconnectedness of social infrastructure can vary significantly. Some communities, typically those in areas of socio-economic deprivation, lack even basic social infrastructure such as shops and pubs.

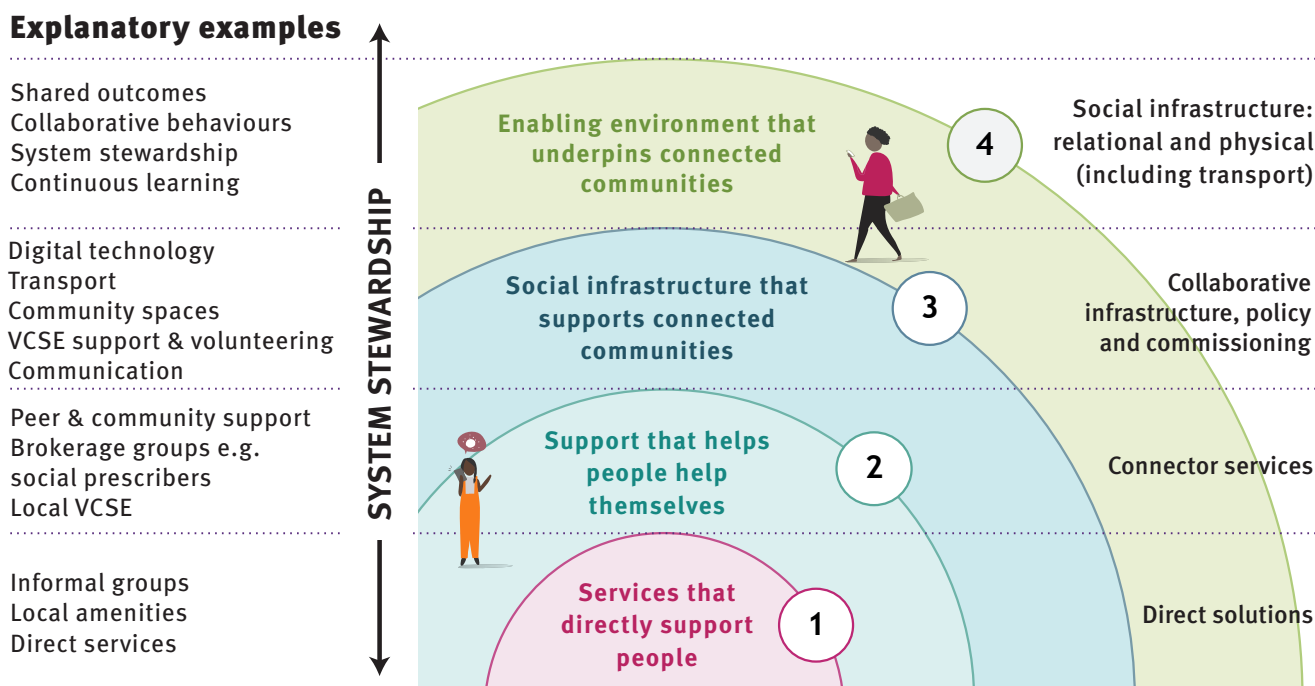
In a funding climate that is likely to remain restrictive it will be essential for stakeholders across East Sussex to use their collective resources to strengthen and extend the county’s social infrastructure, providing more opportunities for residents of all types to connect with each other in their local places. For example, social prescribing is an effective way to bridge the formal, place-based interactions and informal, community activities.

How to create a more connected East Sussex

To create a more connected county, where the conditions are in place for residents to be better able to connect with each other, the different parts of the system will also need to be better connected. To explore what this might mean in practice the following model was used during the Connected People and Places project, illustrating the different layers and roles within the system (see Figure eight).

This model is designed to be a starting point to help us understand the system as a whole. As with any model, it’s a simplification. In reality not everything fits neatly into layers and the boundaries between layers are more blurred.

Figure eight: Layers of a connected system (including explanatory examples)



(based on The Campaign To End Loneliness ‘Promising Approaches Framework’ & Collaborate’s Connected Communities Model)

Layer 1: Services that directly support people

Organisations offering direct support to East Sussex residents are often aware that the people they support are either experiencing loneliness or at risk of it, even when this is not an issue they are specifically tasked to help with.

There is an opportunity to make loneliness more of an explicit focus by enabling professionals to identify the signs of loneliness and equipping them to address it. Social prescribing offers an effective model to extend or adapt within different services - as well as being a specific role it could also be viewed as an activity that can be undertaken within other roles.

The value of informal groups

Across the county there is a wealth of small scale community groups, activities and befriending schemes which are highly valued by the people involved. These range from groups for those with specific medical conditions, groups around specific identities, interests or activities or groups based around specific localities.

Some of these help people whose intersecting identities put them at the highest risk of loneliness. For example, the Eastbourne Rainbow is a social group for older LGBT people, some of whom are in their 90s. During COVID-19 pandemic Diversity Resource International set-up a telephone befriending scheme which offered check-in calls to older people in their own language.

Many people however find joining in with new groups daunting and taking the first 'step through the door' can feel like an insurmountable challenge. ParkRun is a good example of a group activity that has very low barriers to getting involved.

Whilst there are a large number of groups on offer, not everyone may feel that there is a group that caters for their interest or demographic. For example, outside of school there may be limited groups for young people, especially in more rural areas. While some groups can be set up by those with shared interests, some may need further support in managing and running such groups.

Amenities

Amenities and shared spaces within a neighbourhood play an important role in helping residents connect with others. Gyms, shops and public parks were all mentioned as places that help residents feel more connected to those around them. People don't necessarily have to be engaging directly with others to feel connected when using these amenities. For many people it is enough to be in the same space, sharing a similar experience.

Layer 1 case studies: Services that directly support people

Hampden Park Shed, Age Concern



The sheds movement began in Australia in the mid-nineteen-nineties as a way to address issues relating to poor health, social isolation, and depression in men, by providing a community where they could connect, converse, and socialise through the pursuit of shared activities and interests. Today, the Shed movement has grown to become a valuable tool in supporting health and wellbeing, with the UK having around 750 sheds, with some 13,000 ‘shedders’ actively taking part in activities and benefiting in regular social interaction.

The Hampden Park Shed is one of three sheds in Eastbourne supported by Age Concern. The majority of the Shedders at Hampden Park are women, and they have made arts and crafts the main focus of what they do.

“ If you’d told me a year ago that I would be enjoying crafting I would have laughed and said no way. It gets me out of house, meeting new people and sharing whatever we’re doing. It’s a safe haven for me to forget about my illness. On the other side, my partner has a day to himself as he knows I’m in safe hands. I’d be totally lost without Hampden Park shed; long may it go on.”

Karen

For more information visit: eastbourneshed.co.uk and menssheds.org.uk

Healthy Ageing through Innovation in Rural Europe (HAIRE) Project



The three-year Healthy Ageing through Innovation in Rural Europe (HAIRE) Project has been funded by the EU Interreg2Seas programme, and delivered locally in Rural Rother by East Sussex County Council and Rother Voluntary Action.

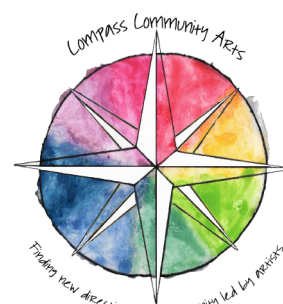
The project undertook hundreds of hours of in-depth conversations with local people aged 60+ and combined the insights gained with evidence, expertise, and ideas to help design new ways of coproducing healthy ageing and reducing loneliness strategies.

In response, the council’s Adult Social Care and Health department has developed a new ‘Life Transitions Service’, which will be piloted in 2023-24. By using an app and/or through sessions with trained volunteers, local people will be helped to think about all aspects of their future lives and supported to develop the capabilities and connections they need to live the future life they wish to live.

For more information or to sign up to the service contact: lifetransitions@eastsussex.gov.uk or visit: [Life transitions | eastsussex.gov.uk](https://www.eastsussex.gov.uk/lifetransitions)

Compass Arts

Compass Arts is an intergenerational, co-creative and artist led organisation based in Eastbourne and is for anyone vulnerable to social isolation. Compass uses arts-based therapies to enable people who struggle with the ordinary everyday things in life become more able and more socially self-assured. They have seen a steady increase in complexity of needs being referred since 2019.



Hanna's anxiety left her feeling that her life was somewhat out of control, and she found meeting and connecting with new people extremely difficult. On joining Compass, Hannah took a special liking to Toby, a small cross breed dog that is part of the Compass team. Hanna found that being able to help someone, felt good. Being a volunteer at Compass has given Hanna a purpose to leave the house and have something to look forward to. She has overcome her anxiety with travelling on the bus and noticed some improvement with her fears. Hanna says that she is noticeably less stressed when she is at Compass.

“ Compass helped me get back into society after a serious accident, I stayed indoors mostly and never went anywhere socially. I went to college part time, to do an accounting course but had low confidence, I was introduced to Compass by a friend of my mums and went there to help with some account and admin stuff one day a week, it got me to meet people and helped with my confidence. ”

Compass Volunteer

A film showing the artistic outputs of participants during the midst of the COVID-19 pandemic, from July to December 2020, can be viewed at: youtu.be/dpyJqj-C_1M

For more information visit: compasscommunityarts.co.uk



Photo source: Compass Arts

Holiday Activities and Food Programme, East Sussex County Council



The Holiday Activities and Food programme (HAF) is funded by the Department for Education and aims to provide fun and engaging activities and healthy meals to eligible children and young people during school holidays.

The programme aims to connect young people and their families with activities and groups local to them, and many have continued to engage with these groups outside of the HAF-funded holidays. The funding has also helped many East Sussex organisations develop their own partnerships, for example with local food providers or within similar local groups.

As well as increasing the children's physical activity, the provision has also had a positive impact on their mental health and confidence and has provided a lifeline for many young people over the holidays.

In 2022, HAF involved 95 providers offering 30,000 sessions to 6,000 young people, with sessions delivered across more than 150 sites across within East Sussex.

“ I finally found somewhere that feels right and for the first time I actually fit in and people liked me. ”

Child Participant

“ Provided my son with a place where he felt comfortable and safe, particularly as he knew the school and some of the staff. ”

Parent of an Autistic Child

A short film celebrating its success during the summer of 2021 is available to view at: youtu.be/0lnbqyPSMfk

For more information about the Holiday Activities and Food programme visit: [Holiday food and fun | eastsussex.gov.uk](https://eastsussex.gov.uk/holiday-food-and-fun)



Photo source: Holiday food and fun

Just Friends

"JUST FRIENDS"

Just Friends is an Eastbourne based charity created in 2018 by its founder and chairman Frederick Smith, following the death of his wife. Now with over 500 members and branches across East Sussex, Just Friends works to help people connect, socialise, and overcome loneliness together. Frederick's mottos are "farewell to loneliness" and "Don't be Shy - Give us a Try".

Each branch meets twice a month where they hold regular walking groups and lunches, and organise social events and outings such as tea parties, theatre visits and wine tasting excursions.

“ Just Friends has helped me extend my outlook. It's made me realise about living alone. I am not the only one. ”

Ronnie

“ Just Friends is a lovely club for people on their own. Weekly meetings, days out, walking, meals out. Best thing I've ever done. It has changed my life. ”

Audry

“ I have just joined Just Friends following the loss of my partner. It gives me hope that life will get better with the friendship of the members. ”

Peter

For more information visit: just-friends.uk



Photo source: Just Friends

The Refugee Buddy Project



The Refugee Buddy Project is a migrant and refugee led charity based in East Sussex. Established in 2017 by Rossana Leal, who was herself a refugee from Chile in the 1970s, the project works to bring the community together to welcome new refugee arrivals to the county.

The one-to-one befriending or ‘buddying’ of local people with newly arrived individuals and families, is the core of the Charity’s work. Befriending helps refugees adjust to their new surroundings, with befrienders helping them to identify and use local services and amenities such as the shops, transport and children’s centres.

The Dove Café is a further extension of the culture and community created by the Charity. The café provides the community with a warm and friendly place to meet, a space to sit and chat or to join in with activities and free food and hot drinks.

“ When I first arrived here. I felt so alone, afraid and isolated. But I didn’t feel any of that after I met the buddies. Especially because I got involved with the project so early on in my journey. I think I remember I arrived here and then two or three weeks later I was with the project. So they were very quickly uplifting me and didn’t make me feel like I was alone refugee or that I didn’t have anything to do. ”

Hasan

To find out more about Hasan’s story visit: therefugeebuddyproject.org

A short film with more stories of resilience can viewed at: youtu.be/MvRdMI3ZvcE



Photo source: The refugee buddy project

Welcome Wheels, Sanctuary Café, Eastbourne



In partnership with East Sussex County Council - and supported by the Active Sussex/Sport England Together Fund - Sustrans are working with Sanctuary Café to provide bicycles, support and training to refugees and asylum seekers living in Eastbourne. The aim of the project is for participants to:

- boost their health and wellbeing
- improve their social connection
- increase their independence
- learn new skill.

Some participants have a long (daily) journey across Eastbourne to college for English lessons, which many are walking to (or struggling to attend) as they don't have the funds for transport. Bicycles make this journey easier. Whilst some individuals have received donated bikes, many of these need repair and most of the owners lack the resources and skills to fix them.

“ Some of the people who've received bikes are now taking on volunteer roles to help with the project which has been great and a big help! I've had lots of people come up to me at the café wanting to help and learn more about bikes, so they can fix each other's. ”

Ania Woodgate, Sustrans Project Officer

For more information visit: sanctuarycafeeastbourne.com

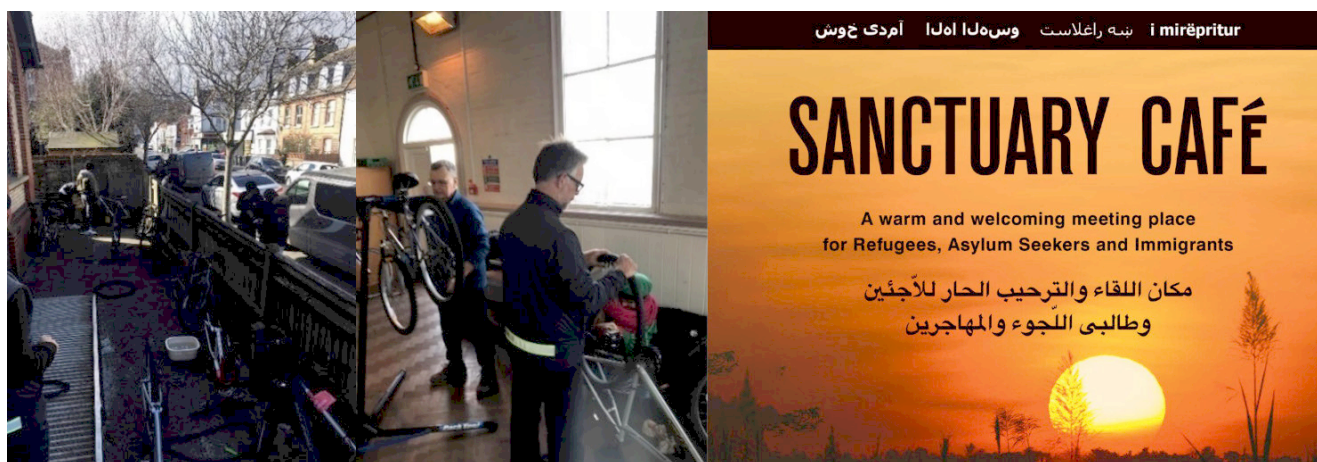


Photo source: Welcome wheels sanctuary cafe

St. Michael's Hospice, Hastings



Living with advanced ill health, being a carer for someone who is dying and then bereaved can be the most isolating experiences. St. Michael's Hospice is looking at how social networks of care can be extended across the community, as well as continuing to develop services for those people who need them.

The Saturday Social is one example their efforts to provide an opportunity to bring the whole community together. It is a coffee morning with people from the hospice and the community offering homemade cakes. Weekends can be lonely and so this is a good time to connect.

Since Saturday Socials started in July 2022, 146 people have attended. Friendships have sprouted, ideas have been shared and people report that this is an important event that they look forward to.

“ this Saturday Social is brilliant. ”

Woman who brought her father living with dementia along

“ This has made my weekend. ”

Young male visitor with social prescribing link worker

“ We've had some good laughs...and talk about serious stuff. ”

Male participant



Photo source: St Micheal's hospice

Reading Friends, East Sussex Libraries

Reading Friends is a national befriending programme developed by The Reading Agency which aims to bring people together to read, share stories, meet new friends, and have fun which can have a positive impact on empathy, cognitive function and wellbeing and can reduce the risk of dementia.



Adults can request regular home visit by a Reading Friend Volunteer who will find out what they are interested in and bring along reading material to each visit to share and chat about. Reading Friends Groups are held in libraries across East Sussex.

“ I am recently bereaved, and I have found the Reading Friends meetings pleasantly distracting and valuable on many different levels. Being involved has allowed me to meet diverse personalities and people from my community, it has introduced me to fresh ideas and given me interest in new concepts and thoughts from a friendly group of people. I have found the sessions very helpful. A regular and relaxing atmosphere in which to participate as little or as much as you wish in a pleasant environment - no pressure. ”

Reading Friends participant

For more information visit: [libraries](#) | [eastsussex.gov.uk](#) & [readingfriends.org.uk](#)

Telephone Befriending service, East Sussex Fire & Rescue Service

As an operational response to the COVID-19 emergency, the East Sussex Fire & Rescue Service (ESFRS) Community Safety Team created the 'Vulnerable Person's Call Scheme'.



As the scheme progressed, it became increasingly clear that many of the elderly and vulnerable people being contacted were experiencing high levels of anxiety, and feelings of loneliness and isolation. In response to this, the ESFRS Community Volunteers created a temporary telephone befriending service. This provided a real opportunity to reach vulnerable, socially isolated members of our community by means of a friendly chat, whilst at the same time delivering fire safety and wellbeing advice and making referrals to other agencies, educating our communities.

“ I get huge satisfaction from making Telephone Befriending calls. Last summer after 3 months of calls, one lady said ‘thank you dear, you got me through this’. What a good feeling that was. ”

Volunteer.

“ My weekly telephone befriending is the only contact I have with someone. My loneliness has increased over the years due to old age and disabilities; I have no family and friends. ”

Mr. M.



Note: stock images used. Photo source: Centre for Ageing Better image library

Layer 2: Support that helps people help themselves

This layer of the model looks at the support that helps residents help themselves and each other. This might include peer support initiatives, social prescribers, community navigators, village agents, good neighbour schemes and buddy volunteers working in various parts of the county.

These initiatives help connect people to the groups and amenities but also support people to form and sustain new groups. Maintaining and growing the pool of available groups and activities is an important part of the social prescribing model as there needs to be a wealth of activities to which ‘patients’ can be referred.

Local VCSE organisations have a key role to play in this layer of the system. By connecting local groups to each other, sharing learning and providing support, they tend to the health of the network of groups and activities available to residents.

The Making it Happen programme offers an excellent example of different organisations across the system working together to support local communities to connect and make a positive difference in their neighbourhoods. Funded by Public Health East Sussex to work alongside people and communities, helping people in neighbourhoods to make the most of the opportunities that exist to create positive change.

Layer 2 case studies: Support that helps people help themselves

Community Connectors, Southdown

Community Connectors is a social prescribing service delivered by Southdown and working in partnership with GP Practices across East Sussex.



Community Navigators help by allowing individuals the time to explore and identify what they think is important for their health and wellbeing, and the issues they wish to address. Navigators then work with individuals to create a personalised plan and support you to connect with services in your community.

Gill's story

Gill came to Southdown's Social Connectors having recently recovered from a serious and prolonged illness. Whilst her recovery was going well, Gill felt that her own sense of health and wellbeing was low, that she was feeling isolated, and had very little structure to her week. Her original aim was to get better exercise, and eventually join a gym to build on her physiotherapy exercises.

Through coaching and motivational interviewing, her community Navigator, Sam, helped Gill develop the confidence she needed to join Thai chi sessions, create a structure to her day, and get the exercise she needed to aid her recovery.

Making it Happen

Making it Happen doesn't deliver activities or make changes for people. It is about working with people to create the changes they want to make for themselves and their neighbours. This is called 'Asset Based Community Development' (or ABCD).



The programme is based in some of the neighbourhoods in East Sussex experiencing the highest levels of deprivation and shows that in each of these places there is an abundance of existing 'community assets' that can contribute further to making healthy and thriving places. These assets might include:

- The skills, knowledge and commitment of individual community members.
- Friendships, local groups, networks and community associations.
- Physical, environmental and economic resources that enhance wellbeing.
- The resources and facilities within the public, private and third sector.
- The local stories, history, values and culture of a neighbourhood.

Nearly 200 grants have been awarded to date for wide ranging activity such as the development of a new Climate Hub; an arts project for people with disabilities, and a safe space for LGBTQ communities to come together. Each of the projects have at their heart an ambition to create positive connections between people.

The programme is being independently evaluated to help to understand what, how, why and for whom Making it Happen might work to improve outcomes, and in what contexts.

To read the full evaluation report 2021-22 visit: [impact | making-it-happen.org.uk](https://impact.making-it-happen.org.uk)



Source: Making it happen

Layer 3: Social infrastructure that supports connected communities.

This layer focuses on assets that support the previous layers, enabling communities to be better connected. These assets can include different forms of infrastructure, both physical and social.

It is important to consider how policy or planning decisions might inadvertently create, maintain or extend barriers to connection - and increase the likelihood of loneliness among particular communities.

The VCSE sector plays a particularly important role as an information distribution point, a convenor and source of developmental support in the area. In this role they help organisations can come together to collaborate and learn from each other, providing the backbone to the wider voluntary sector and community.

Digital technology

Digital technology is becoming increasingly dominant in people's lives in work, education, how they socialise and how they interact with businesses and services. While for many people this is a natural progression, others are being left behind. There is a crossover between those experiencing digital exclusion and those most at risk of loneliness - in particular older residents, those on a low income, gypsy and traveller communities and disabled people.

People on low incomes may face challenges not only with access to equipment (smartphones, laptops) but also the cost of data.

Gypsy & Traveller families experience additional barriers to digital connection, particularly those in fixed accommodation and those in unofficial sites with no access to electrical hook-ups. Low levels of literacy, cultural preferences and access to broadband contracts all increase the likelihood of social isolation and loneliness.

This means that services need to be prepared to offer in-person services and analogue engagement methods so these residents are still able to access support.

Transport

Accessible and affordable public transport is key to enabling residents to connect beyond their immediate neighbourhood. In rural areas, communities can be too small to support their own social infrastructure, with the loss of shops, post offices, pubs and village halls meaning residents need to travel to other areas to meet their needs.

However, buses in more rural areas are limited, often being only a couple of times a day. Anyone without access to a car can become isolated by this inability to travel to places outside of their immediate locality.

People with disabilities experienced particular issues, such as buses which are unable to take someone exactly to where they need to go or private taxis not having wheelchair access.

Community transport can provide a useful complement to formal public transport services, with a number of not-for-profit organisations operating services across the county using volunteer drivers. However, this can be piecemeal in its coverage with limited awareness among residents.

Community spaces

Having a place to meet is crucial to enabling residents to connect with each other. Having spaces that are inviting and suitable will allow a larger number of the community to benefit from them. Continuity is an important factor in community space. Residents need to know that there are physical spaces they can go to for support.

However variable availability and cost can mean that there are limited spaces for communities to use. Sometimes, where spaces are available, for example at fire stations and libraries, this option is not widely known.

As a limited resource, it is important to consider how community spaces can be best used for the benefit of residents. For example, spaces need to be welcoming and to cater for a wide number of different uses. Given the large number of different groups that require space to meet, having rooms that are geared to very specific uses or are hard to re-purpose are less useful.

Some buildings are big enough to offer space to multi-agency open-access and drop-in services, which offer a less formal way for residents to engage with others around them. This adds flexibility, as residents' lives may not always fit into the schedules that services run on.

One-stop-shop approaches, such as those provided for young people by I-Rock sited in the Rock House building, offer support for multiple issues in the same location, reducing the stigma experienced in entering the space.

Volunteering

Volunteering is a crucial part of a connected community, with its value being brought into sharp focus during the pandemic. Many people in East Sussex offered support to fellow residents and reported experiencing a closer connection to their community by doing so.

To continue to engage residents in volunteering post-pandemic, there is an ongoing need to articulate the role that volunteers can play, as well as to ensure that opportunities meet the needs of potential volunteers and are flexible enough to fit in with their lives and other commitments. Reducing barriers to entry is key to this, as is the recognition that volunteering carries a reciprocal benefit. It isn't just unpaid work, but is also proven to help the volunteer to feel less lonely and improve physical well-being.

Communication

Good communication helps raise awareness of the range of activities on offer and how to access them. Maintaining easy access to reliable, up-to-date information is a challenge however, such as through ESCIS (East Sussex Community Information Service).

Different people tend value different types of communication, ranging from directory websites, to social media to newsletters and physical noticeboards. This is further complicated by some methods not being accessible to some residents within the community.

Residents are more likely to engage with information that comes from a trusted source. Word of mouth was highlighted as a key way residents across East Sussex learn about what's on offer. Residents expressed a desire to know not just where and when an activity takes place, but also what it would be like to take part and who else tended to go.

An example of successful communication is the community notice board at Robertsbridge - a single place to go, kept up to date with highly localised information.

Layer 3 case studies: Social infrastructure that supports connected communities

IT for You, East Sussex Libraries

IT for You offers free support on everyday computer skills at local libraries. Participants can learn to use email and the internet, stay safe online, search and apply for work, download and use the NHS app, keep in touch with friends and family online and more. IT For You 1 to 1 provides help from a dedicated volunteer or IT for You Together is an option for those who want to learn how to use a computer as part of a group, making friends

along the way. Learners can use the library's computers or bring their own laptop or tablet. Outside these sessions, in-library tablet loans are available for library members to enable free online access.

IT for You | East Sussex County Council



Pictures taken from here: IT For You | East Sussex Libraries (spydus.co.uk)

East Sussex Transport Plan

East Sussex County Council is in the process of reviewing the Local Transport Plan (LTP) for the county. An LTP is a statutory document which sets out the strategy and policy framework for transport for a local authority's geography.

Given the longevity of the next LTP (up to 2050) it will be adopting an approach which is more vision led and focused on planning for 'people and places' so that we can factor in the uncertainties of the future.

The first stage of work has identified some early themes that will inform the development of the vision and the objectives for the plan. The themes are:

- Accessibility, equity and social inclusion
- Safety, health and air quality
- Community and sense of place
- Climate change and its impacts
- Our local environment and biodiversity
- Sustainable economic growth
- Innovation through technology

A critical element of all stages of the plan is engaging and communicating with key stakeholders and the public. An early consultation has been undertaken to seek peoples views on their issues, opportunities and priorities for transport. A consultation on the draft plan is proposed to be undertaken in autumn 2023.

For more information visit: [local transport plan | eastsussex.gov.uk](http://localtransportplan.eastsussex.gov.uk)

Layer 4: Enabling environment that underpins connected communities

The last section of the model is about creating the conditions that make connected communities in East Sussex possible.

Direct approaches to tackling loneliness need to be tailored to a local context and build on the assets and strengths of each community. But a joined-up approach can create the conditions that enable the wealth of resources available within the system to be put to most effective use, and to prevent one part of the system from accidentally working against the other. Key features of a more joined-up approach are described below.

Shared vision

A shared vision to align system partners and create the sense of purpose helps to. By this we mean a vision that is held across stakeholders in East Sussex about what a good life looks like and a pathway for delivering it for every resident.

Connection in all policies

This would enable policy-makers, practitioners and residents at different levels of the system to have informed conversations about loneliness and to know how they can contribute to building a connected county.

It is important that any decisions likely to have an impact on residents also considers whether it is likely to help or hinder their ability to connect with each other and their community.

As part of this, a key element is developing a shared language that expresses the ambition for a connected county and the intended impact this will have on community wellbeing.

Shared outcomes

Stakeholders drafted a set of outcomes that they collectively want to achieve to address loneliness within East Sussex and improve connection. These suggestions could help inform a shared vision to articulate the change that partners collectively want to make in East Sussex.

- Everyone has access to an opportunity to connect, across the life course - and help to access what is there already.
- Everyone has access to social activity regardless of where they live.
- There is a high level of trust between neighbours and across communities.
- People are able to recognise loneliness in themselves and in others, understand the long term consequences of not addressing it, know what to do and where to go for support.
- People are able to speak about loneliness and disconnection without stigma.

- Our communities are actively involved in local decision-making, contributing to the development of the built and natural environment and the community activities that enable and enhance health and well-being (based on learning from MiH programme).
- Our towns are connected and cohesive, providing equal access to jobs, education and aspiration, health services (primary and acute), social care and social infrastructure.
- Our different sectors and organisations work together with residents, communities and each other to prevent persistent problems such as loneliness.
- Demand for health & social care is lower than average and no-one dies at home undetected.

Collaborative behaviours

Improving connection between people and between people and their communities can only be achieved through collaboration, collective trust and healthy relationships between organisations.

This means continuing to improve understanding of each other's contexts and drivers and recognising the change in behaviours needed through networking, shared training opportunities, and collaborative commissioning.

It is important that this collaboration continues and that stakeholders commit to partnership working in the long term. The change required won't happen quickly.

It will involve having meaningful and open conversations about issues, allowing for co-designed solutions and learning from the evidence of what works to inform ideas.

System stewardship

No organisation or service can ward off loneliness alone - it requires people and organisations across the system to work together. Shifting from an organisational to 'systems approach' to address a complex issue like loneliness requires rethinking how we manage and enable change.

A systems steward is a person, organisation or group that takes responsibility for helping to create a 'healthy system' - a system that functions effectively and is more likely to produce positive outcomes. It involves building trust and relationships, deep listening and learning, and helping people work better together towards common goals.

In East Sussex we experience some unhelpful disconnects between organisations and residents. These disconnects sometimes cut across the different layers of the system where efforts to empower communities at one level are disconnected from and undermined by actions at other layers.

System stewardship is a helpful way to bridge some of these disconnects as it will help connect the system to more of itself and foster the relationships between organisations and initiatives that in turn can help create more connected people and communities.

Continuous learning

Central to the ability to adapt is ongoing opportunities for shared learning. There is a recognition that there's lots more to learn about each others' services, and support for the need to join up the good work that is happening, and grow smaller, place-based initiatives.

Power

It is important that as part of this process of developing a shared vision there is a recognition of where power lies in the system and how this can create differences in perceptions.

While there are many good examples of the system partners working together, there were also feelings expressed by some partners that their work and expertise are not as valued as they should be and that their views were not treated equally in key decision making.

Responsibility for different parts of the system lie in different places, for example the differing responsibilities of the district & borough councils and the county council. This means that clarity is needed on where these functions sit, in order to work together to share responsibilities among a wider group.

Layer 4 case study: Social infrastructure that supports connected communities

Memorandum of Understanding on the Built Environment, East Sussex County Council (Public Health & Planning teams)

East Sussex Public Health have produced a Planning Memorandum of Understanding (MoU) signed by Public Health and all Local Planning Authorities in East Sussex.

It will help build consistency across the county in the approach to creating healthy and sustainable places. Social isolation and loneliness can be influenced by the quality of our built and natural environment and the planning system has a role in creating environments which have positive impacts on both physical and mental health.

Measures can help to reduce social isolation and loneliness include:

- creating well-designed, attractive and safe public spaces where people can meet
- improving access to nature & integrated play and recreation opportunities for all
- creating safe, attractive active travel, walking and cycling infrastructure for all which link to key destinations and enable mobility for all ages and activities.

The principles echo the ideas and examples being delivered elsewhere around creating 'complete, compact and connected neighbourhoods' that are also being championed by the Town and County Planning Association through the 20-minute neighbourhood concept.



Source: Town and county planning association website

Recommendations

Loneliness is a complex, cross-cutting issue. No single organisation will be able to reduce the risk of loneliness, and so it is only through our combined efforts that meaningful change can occur.

Loneliness is not just a health issue, it also encompasses feeling excluded from society's gains, and feeling unsupported, powerless, invisible and voiceless - all of which carry implications for social cohesion and democracy. While no one can build relationships on people's behalf there are steps local authorities and other local partners can take to reduce the risk of loneliness, building connection and along with it a more socially cohesive county.

For East Sussex to be a truly connected county, policy makers need to recognise that everything they do can have an impact on people's ability and desire to connect with others. Incorporating connection considerations into decision-making across sectors and policy areas will encourage thinking about the possible effects on the risk of loneliness that may be created from that policy.

The Connected People and Places project identified significant disconnects across the system. Some of these are disconnects between organisations and residents, some disconnects and lack of trust between organisations, and some disconnects between what are potentially complementary initiatives.

Adopting a 'stewardship approach' will set the right conditions within which we can all work together better to make the most of our combined resources and passion to help people overcome loneliness.

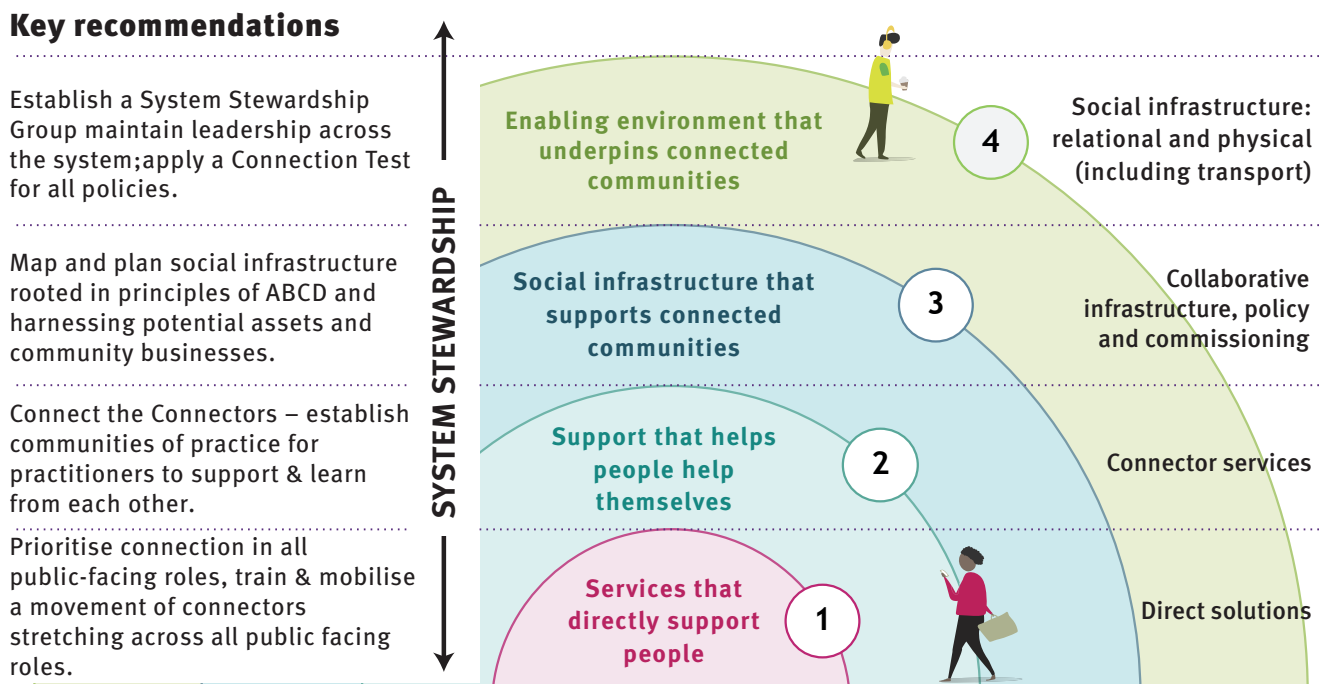
Headline recommendations:

1. Establish a System Stewardship Group to build and maintain the required collaborative leadership across the system.
2. Create a 'connection test' to apply a loneliness perspective to the policy making process.
3. Develop an action plan for developing social infrastructure rooted in the principles of ABCD (asset-based community development) and harnessing the potential of community ownership and community businesses
4. Connect the connectors by creating learning communities that learn and test ideas together and model and incentivise ongoing learning.
5. Mobilise and equip a movement of connectors stretching across all public facing roles, businesses and communities.

The following pages set out further explanatory detail on the recommendations, including a brief description, the rationale for the recommendation and some additional considerations. The recommendations are organised by the layer of the system they most affect, as shown in the model in Figure nine.

All recommendations are based on insights gathered through the Connected People and Places project; from engagement with system partners, stakeholders, practitioners and residents.

Figure nine: Layers of a connected system (including key recommendations)(based on The Campaign To End Loneliness ‘Promising Approaches Framework’ & Collaborate’s Connected Communities Model)



Recommendation 1

Commit to working as a system to tackle loneliness: develop system capability through vision, governance, strategy - and nurture it through stewardship

What is it?

A formal and collaborative commitment that tackling loneliness across East Sussex requires a concerted effort and shared ownership across all partners including local authorities, health, public service organisations and VCSE partners. This commitment will be made real through shared vision, governance, strategy and ongoing collective stewardship.

Why should we do this?

The Connected People and Places project identified significant disconnects across the system. Some of these are disconnects between organisations and residents, some disconnects and lack of trust between organisations, and some disconnects between what are potentially complementary initiatives (e.g. community navigators/social prescribers/ABCD).

System stewardship is a way to bridge some of these disconnects - helping connect the system within and between its different layers to foster the relationships between organisations and initiatives that will help create more connected communities.

Whilst there is a need for people/organisations across East Sussex to take responsibility for the health of the system and for everyone to play a part, there is a clear remit for East Sussex County Council to take on this leadership role initially.

The focus would be on helping connect the system, testing and learning together, and enabling others to act (including leading by example and addressing system blockers as they are identified).

See Appendices 2 and 3 for further information about systems and stewardship.

How to do this

1. Establish a stewardship group and commit to taking joint responsibility for the effectiveness of the system in affecting communities' ability to connect and reducing the impact of loneliness.
2. Co-create a compelling vision for a connected county that resonates across different communities and sets out what success would look like in the shorter term (e.g. next two years) and longer term (e.g. the next 20 years).
3. Identify desired outcomes for residents, and for the system itself, developing shared goals and co-designing a cohesive strategy that enables people at the local level to drive tangible improvements to the connections within and between their communities; build awareness of how solving loneliness will also reduce health risks and financial strain across the system.

Recommendation 2

Apply a 'Connection Test' to all policy-making processes

What is it?

A process to centre connection across all policy-making functions within the council, in order to make decisions that will either reduce the risk of loneliness or avoid inadvertently increasing it. Led by the most senior elected members and executive officers to make loneliness everyone's business.

To support the adoption of the Connection Test, an education programme should be rolled out to ensure all departments share a common understanding of residents' experiences of loneliness and the effect it has on their health and wellbeing.

For maximum effectiveness across the system, the Connection Test should be adopted by all policy makers, commissioners and funders more widely across East Sussex.

Why should we do this?

Decisions made in one part of the system can have a direct effect on the ability of residents to connect with each other. Legitimate decisions made about asset disposal, transport, housing and the built environment may directly contradict investments and efforts being made by colleagues in other departments to reduce the likelihood of loneliness by enabling connection.

For East Sussex to be a connected county, policy makers and system partners need to recognise that everything they do can have an impact on people's ability and desire to connect with others.

All decision-makers should be aware of how they are contributing to creating places (the physical and social environment) which support and generate connection by creating opportunities for people to participate in the life of the community.

Post-pandemic the county has a unique opportunity to rebuild in ways that create the connected county that will so improve residents' quality of life, health and wellbeing.

How to do this

1. Create a 'Connection Test' to incorporate an explicit loneliness perspective to the policy-making process. It will ensure that policy makers recognise and make explicit the potential impacts on people's ability to connect (and therefore reduce their risk of loneliness) in the process of developing and agreeing new policy.
2. Train/recruit 'Connection Champions' in different directorates and parts of the system to bring loneliness into discussions and prompt conversations about how policy choices will affect the ability of people to develop life-improving social connections.
3. Ensure elected members and senior policy-makers across directorates and the wider

system understand the experience and impact of loneliness across East Sussex; share the vision for a connected county and help others see the potential outcomes that could be achieved.

Recommendation 3

Invest in building social infrastructure and community capacity

What is it?

A strategic appreciation of the social cost of disconnection, and a commitment to mitigate this by supporting social infrastructure that connects and empowers communities.

Why should we do this?

Loneliness is not just a health issue, it also encompasses feeling excluded from society's gains, and feeling unsupported, powerless, invisible and voiceless. While no one can build relationships on people's behalf there are steps local authorities can take to reduce the risk of loneliness, building connection and along with it a more socially cohesive county.

A priority is expanding and developing the social infrastructure of local places by investing in the VCSE and a diverse range of local community organisations, societies and associations with a focus on both support and spaces for connection. The focus should be on enabling them to connect together people from different walks of life and generations and so strengthen community ties in their area.

An asset based approach will help to build the capacity of communities themselves, developing networks of relationships among people who can provide each other with fellowship, support and a sense of belonging.

As seen in Hastings, the need for spaces and places to meet, mix and connect is increasingly being met by community businesses, stepping in where local authorities and the traditional private sector have withdrawn. Local authorities have a role to play in encouraging and enabling community businesses to flourish, particularly through their management of asset transfers and approach to business rates.

Funding is often too distant from local places to be able to really target the needs of particular communities and neighbourhoods. If more money was directly controlled at the community level, those who really understand local needs would be empowered, encouraging a re-engagement with local democratic processes.

How to do this

1. Assess the current state of social infrastructure in key neighbourhoods across the county to identify gaps, overlaps and best practice.

2. Develop an action plan for developing social infrastructure rooted in principles of ABCD and harnessing the potential of community ownership and community businesses.
3. Commit to continued long term, strategic investment in VCSE organisations, associations & activities that support communities and provide space for connection.

Recommendation 4

Prioritise ongoing collective learning and networking to enable adaptability and improvement.

What is it?

Regular, facilitated collective learning opportunities for practitioners and system stewards to enable sharing of experiences, experimenting, networking, gathering data from across the system, sense-making and reflective practice.

Why should we do this?

Loneliness is a complex, cross-cutting issue influenced by many actors and factors outside the control of the system partners. No single organisation will be able to reduce the risk of loneliness, as it is the system as a whole that produces outcomes. In this context it is not possible to specify exactly what will be successful or to monitor performance against set, standardised criteria.

Ongoing, shared learning opportunities are therefore central to the ability of the system partners to adapt, improve practice and to join up the good work that is already happening.

Frontline practitioners working across the different initiatives and places would benefit from a 'community of practice' approach, enabling them to share experiences of what works well in different localities, learn from each other and identify any barriers or challenges they need help with from the system stewardship group. This will also enable connection between practitioners so that they do not just learn together but also get to know each other and offer more joined up support e.g. across health partners and the VCSE.

During the pandemic, data sharing was seen as a critical tool in identifying isolated individuals who may need additional support. Using data well across the system will grow the ability to target action, and develop insight and stories that enable learning.

See Appendix 3 for further information on learning as strategy.

How to do this

1. Learn from frontline experience by connecting the connectors - establish a community of practice to help practitioners working on related activities across the county to get to know and learn from each other e.g Making it Happen, Community Connectors, Village Agents and Social Prescribers.
2. Create learning opportunities for people in each location or with specific fields of interest to learn and test ideas together and model and incentivise ongoing learning.
3. Use data insight and storytelling to build a picture of how connected the county is and what impact interventions are making. Make data sharing agreements across the system partnership to enable regular, easy data sharing practice. Conduct benchmarking exercises. Institute regular data insight and story gathering exercises.

Recommendation 5

Mobilise and equip everyone in support of connected communities, making loneliness everyone's business

What is it?

A concerted and ongoing campaign to end loneliness in East Sussex by spreading awareness and prioritising high quality relationships and connection across public services, the voluntary and community sector, local businesses, communities and neighbours.

Why should we do this?

Whilst people working in formal services in East Sussex are often aware that a person is experiencing loneliness or at risk of it, this is often not an issue they are specifically tasked or equipped to help with.

There is an opportunity to make loneliness more of an explicit focus by enabling professionals to identify the signs of loneliness and equipping them to address it. Social prescribing offers an effective model to extend or adapt within different services although front-line staff working with lonely individuals would need to be aware of the community groups and activities which might be able to support them.

There is already lots going on in communities, within businesses, through the voluntary sector, and across local authorities. And beyond that there is a huge reservoir of untapped compassion, enthusiasm and energy to tackle loneliness. What's needed now is a concerted effort to prioritise loneliness, and to give people the right tools to get to work.

Volunteering is both a key part of loneliness interventions and a way of preventing loneliness in the volunteers themselves. Volunteering and mutual support, as part of the strategic approach to loneliness across East Sussex.

How to do this

1. Prioritise connection in all public-facing roles. Find ways for those in regular contact with people to be aware of loneliness, to be able to spot the signs and know how to offer appropriate support.
2. Prioritise quality relationships when commissioning services. Recognise the value of connection in its own right and make sure that this is rewarded - particularly in those services providing care.
3. Provide resources (e.g. toolkits, training) to enable connection-friendly communities. Offer community and voluntary groups advice and support to make sure their activities help people to connect and build relationships.
4. Run a campaign to encourage local businesses to play a part in combatting loneliness by fostering connections and helping people to build relationships - whether that is by offering use of their premises for community events, or by encouraging staff to make time for a smile and a chat with customers who may be lonely.

Appendices

Appendix 1: Building the foundations for systems thinking and practice

At the outset of the Connected People and Places project there was the desire to explore a systems approach to loneliness in recognition that there can be no single solution to tackling complex public health issues and so therefore a coordinated, collaborative approach involving relevant parts of the system, including residents and communities, is needed. However, in the course of delivering the project it became clear that the understanding and experience of systems thinking/working is highly variable within and between the different partner organisations.

Implementing a systems approach is likely to be problematic without the foundational concepts and practices being understood consistently by those involved. There can be a tendency to either over-inflate the difficulty of adopting a new approach and believe ‘it’s too hard’, or to be unable to see the difference between the new approach and existing practice and believing ‘we’re doing this already’. Both of these beliefs lead to inertia and a lack of change.

Reaching a common understanding of the key concepts of systemic change and the different mindsets, behaviours and structures required will be an enabler for any systems approach, whether it’s tackling loneliness, or the more comprehensive shifts towards place based collaborations that are emerging [\[Reference 107\]](#), [\[Reference 108\]](#). National government is making legislative changes in the form of Integrated Care Systems that will demand greater collaboration between the NHS, local government, and wider delivery partners including the VCSE, to deliver improved outcomes to health and wellbeing for local people. Place-based partnerships will find adoption of these changes smoother if there is a more widespread understanding of how to use the principles and practices of system thinking to work beyond organisational boundaries and formal authority in service of the whole.

Collaborate have summarised in Box three the key shifts required to lead change in complex contexts. [\[Reference 109\]](#)

Leading in complexity: What it takes

Source: Collaborate

The first three shifts describe the change in mindsets required by leaders in systems change work.

1. **From Management to Leadership:** Changing systems requires an understanding that complexity demands the ability to adapt and that change can be orchestrated from many places. It needs leaders to move away from authority and control to a more distributed, adaptive and collaborative leadership style.
2. **From Organisations to Outcomes:** Changing systems requires leaders to see their role as focusing on improving outcomes (rather than delivering outputs or targets) and to understand that collaboration is a precondition to improving outcomes in complex systems. It requires leaders to work beyond the boundaries of their organisation and role.
3. **From Me to We:** Changing systems requires an ability to see yourself within the system and draw on diverse perspectives to tackle problems. It needs leaders to be able to drop their ego and take a wide perspective, recognise their biases and collaborate with others.

The second four shifts are about the changes in behaviours and capabilities that are required in a leader who is equipped to lead change in complex systems.

4. **From Expert to Explorer:** Changing systems requires an ability to navigate through uncertainty where the answers are not clear and to take a learning approach. It needs leaders who can keep an open mind, be curious and experimental and learn to interpret underlying power dynamics, relationships, values and mental models.
5. **From Delivery to Co-creation:** Changing systems requires an ability to mobilise a range of perspectives and actors to create the outcomes we seek. It needs leaders who can recognise inequity, share power, and put people at the heart of decision-making.
6. **From Expectation to Agency:** Changing systems requires an ability to take on different roles in the system and to recognise when to step outside your expected role to disrupt norms and to lead beyond expectations. It needs leaders who can diagnose when the system is reinforcing negative patterns and can take the initiative to step outside the rules or usual ways of doing things to get a different outcome.

7. From Head to Heart: Changing systems requires the courage to bring our full human selves to the work. It needs leaders who are able to listen deeply, connect emotionally and form empathetic, compassionate, trusting relationships even under pressure.

Appendix 2: Understanding system stewardship

At the core of the first recommendation in this report is the establishment of a Stewardship Group, made up of system partners dedicated to working together to tackle loneliness. Together, they would develop a vision for the work, based on the social outcomes they want to enable for the people and places of East Sussex. This would then need to be brought to life through the co-production of a delivery strategy and agreements about how they will work together.

In the workshop held to discuss the draft recommendations there was a recognition that this was of the highest importance, but some difference of opinion over how feasible it was believed to be. Some of this was driven by a lack of understanding of (a) the meaning of stewardship (some interpreting it as similar to a typical steering group working to a Terms of Reference) and (b) how it might be implemented, prompting the need for further explanation.

Place-based system partnerships resemble an ecosystem of connections and relationships in which partners share power - there is no one organisation that has formal authority to dictate terms to the others. Instead, resources and decisions are considered collectively, leading to responsibility for outcomes being jointly held. It is the job of all the partners to attend to the quality of relationships in the system and hold each other to account. This makes the partners joint stewards of the system, and requires them to take on system leadership behaviours i.e. working beyond the boundaries of their organisation and formal role, moving away from authority and control to embrace a distributed, adaptive and collaborative leadership style and an explorative, learning mindset.

To maintain momentum there is a clear role for East Sussex County Council to act as the convenor of the stewardship group to help establish stewardship (as opposed to traditional steering group) structures, and model the different behaviours required. The focus would be on helping connect the system, testing and learning together, and as leaders, helping to address barriers to change as they are identified.

“A Systems Steward is a person, organisation or group that takes responsibility for helping to create a healthy system by building trust and relationships and helping people work better together towards common goals. System Stewardship is not about traditional project

delivery nor about ‘directing’ others; instead, it is about helping actors come together to understand the system and weave together their contributions to enable a focus on what people can achieve together that they can’t alone. This role often includes connecting support on the ground but, importantly, has a key focus on creating a healthy system to create the conditions for this practice to thrive in the long term...”

“...Developing HLS practice often requires creating spaces for different kinds of conversation. Meetings with a solely operational and transactional focus do not provide the space that HLS needs to build relationships and trust, explore and act on learning, and address inequalities of power and participation. Systems Stewards play a key role in creating a different space for conversation that helps build the relationships, trust and empathy, which in turn enable partners to identify the fundamental shifts required in the way things are done locally, and act on these together.”

Examples of specific actions system partners could take to develop a Stewardship Group that is distinct from traditional steering groups include:

- Allow time as part of meetings for people to get to know each other and build trust. For example, getting to know each other’s motivations, drivers, constraints they are working within.
- Identify principles and behaviours for how the group will work together - these should be explicit about what’s different to the norm, and how group members will hold each other to account for these. The ‘shifts’ described in the previous section might provide some inspiration for the principles and behaviours.
- Start with a small group of committed people - with systems change, it often works best to start small, demonstrate what’s possible, then attract others in. Everyone in the group should be committed to tackling loneliness, and willing to do the work necessary to progress shared priorities (not just read papers/attend meetings).
- Rather than lots of formal agenda items, give space for meaningful learning conversations - how is the system working at the moment, what needs to change, what are our roles (individually and collectively) in doing this?
- Ensure insights are fed up from other layers of the system - what role can you play as a stewardship group in helping ‘unblock’ challenges that people are facing in trying to foster more connected communities, how can you help share and embed learning from what is working?
- Rather than just focusing on launching new initiatives, examine more fundamental shifts needed in how things are done e.g. underlying relationships, power dynamics and structures. Identify opportunities to reimagine existing initiatives/ways of working e.g. how could you give commissioned services more flexibility to invest in building relationships and promoting connection, how might you reduce monitoring requirements so that organisations can instead spend time on shared learning?
- Identify practical experiments you can do to help create change. When you don’t

have a clear solution, experimentation is key.

- Allocate leads for priority areas and experiments, but ensure these are jointly owned, and that any working groups formed to progress priorities include colleagues across the system (including practitioners).
- Model behaviours you want to see across the system e.g. willingness to accept you don't know all the answers, encouraging creativity and experimentation, valuing stories of what change means for individuals and communities as well as quantitative data.

Appendix 3: Learning as strategy

Although there are a number of interventions that have been shown to have a positive effect on the risk of loneliness, the nature of the problem means there is no certainty that the same intervention will have the same outcomes in a different place, among different people living in a different context. In this situation, it is not possible to specify exactly what will be successful or to monitor performance against set, standardised criteria. Therefore, testing, learning and adapting will be essential for system partners to develop effective practice.

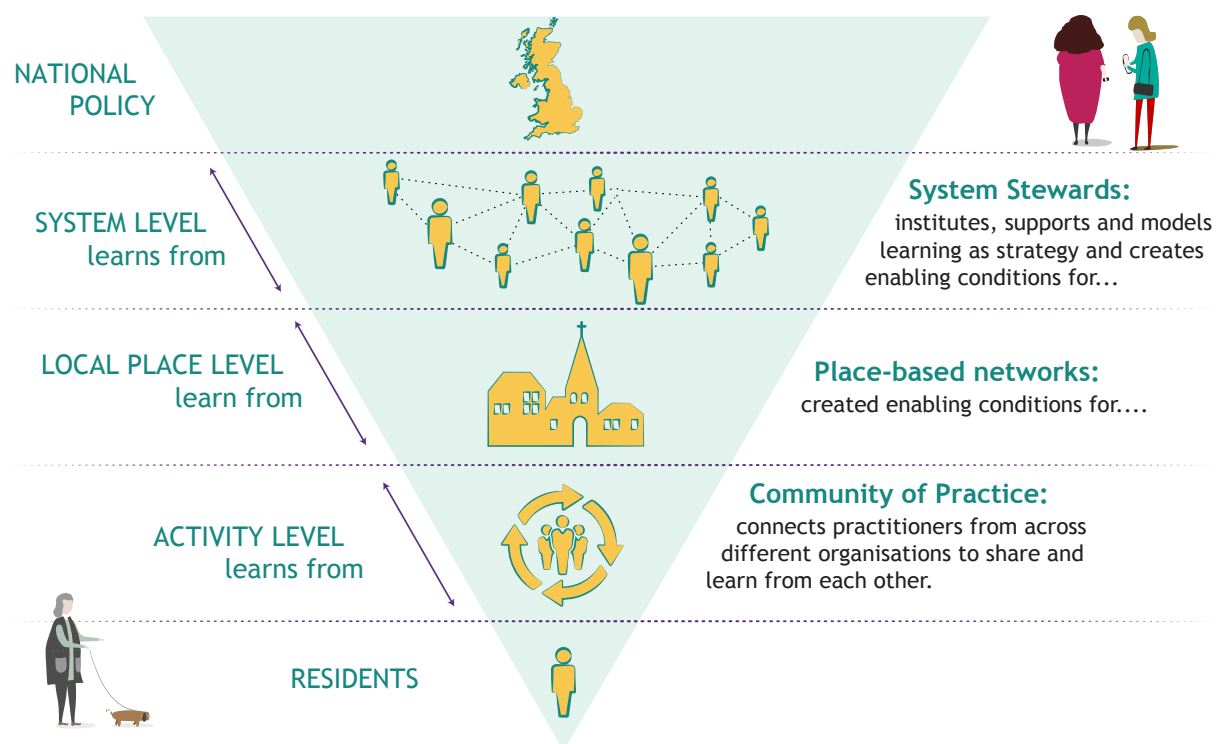
System partners recognise they need to learn more about each others' services, and to join up the good work that is already happening. This will require scheduled and facilitated opportunities to share learning and connect current activities, and to model and incentivise learning spaces at all levels.

These learning spaces will also enable connection between practitioners so that they can not just learn together but also get to know each other and offer more joined up support e.g. across health partners and the VCSE. Building relationships across the system in this way will initiate feedback loops and help identify successes and areas for development.

Formal learning events would be helpful to make space for learning and could take the form of larger conferences and smaller, more regular facilitated meetings.

During the Connected People and Places project, Collaborate identified different layers in the system and advised that dedicated learning spaces would need to be created within and across each layer to create the infrastructure that will embed learning as the default way of operating. As shown in Figure twelve, each layer learns from, and enables, the layer below.

Figure ten: Learning spaces throughout layers of the system



Learning spaces throughout layers of the system At the system level, the Stewardship Group would provide an opportunity for the system partners to learn about each others' organisations in terms of remit, resources, capabilities and contacts. They can also learn from the national conversation about loneliness and help disseminate it. This group could operate at a cross-county level but may have subgroups specific to the districts and boroughs. This group and its subgroups will create the enabling conditions for the layers below to operate effectively, but will also be informed and influenced by the learning that is fed back up through the network of relationships.

The local, place-based level is populated by those who work in a much more localised way, in specific places. The size, or footprint, of those places would need to be defined collaboratively - in some cases it might include a whole district or borough. In others, where there is a less distinct sense of identity at the wider district level it might be smaller places such as towns or villages. Different groupings may emerge at this level - based on commonalities between the experiences of people living in rural areas, or on particular urban estates.

At the activity level, practitioners working in similar roles across different organisations, initiatives and places would benefit from a 'community of practice' approach, enabling them to share experiences of what works well in different localities, learn from each other and identify any barriers or challenges they need help with from the system stewardship group [Reference 110]. This might be particularly beneficial for social prescribers, village agents and community development workers who hold close working relationships within communities and so can relay rich resident insight into the system.

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The Collaborate project team included:

- Dawn Plimmer
- Jenni Lloyd
- Lewis Haines
- Tajwar Shelim
- Fanny Olsson

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Stakeholder interviewees included:

- Alan Bruzon, Citizens Advice Eastbourne
- Catherine Watson, Children's Services, East Sussex County Council
- Claire Cordell, Rother Voluntary Action
- David Plank, Wealden District Council
- Darrell Gale, Public Health, East Sussex County Council
- Derek Andrews, Eastbourne Rainbow
- Jessica Britton, NHS Sussex

- John Routledge, East Sussex Community Voice
- John Williams, 3VA
- Neil Blanchard, Southdown
- Nick Skelton, Communities, Economy and Transport, East Sussex County Council
- Penny Shimmin, Sussex Community Development Association
- Rachel Travers, AMAZE
- Stanley Riseborough, Sussex Partnership NHS Foundation Trust
- Steve Hare, Age UK East Sussex
- Steve Manwaring, Hastings Voluntary Action
- Victoria Conheady, Hastings Borough Council
- Mebrak Ghebreweldi, Diversity Resource International
- Michelle Gavin, Friends, Families and Travellers
- Jennifer Twist, Care for the Carers
- Chris Cook, Sussex Clubs for Young People
- Alex Ellison & Linda Baker, East Sussex Fire & Rescue Service
- Seanne Sweeney & Bryn Mabey, Lewes District Council and Eastbourne Borough Council

Members of the People Scrutiny Committee's Loneliness and Resilience Reference Group:

- Councillor Charles Clark, East Sussex County Council
- Councillor Johanna Howell, East Sussex County Council
- Councillor John Ungar, East Sussex County Council
- Councillor Nuala Geary, East Sussex County Council
- Councillor Trevor Webb, East Sussex County Council
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- Atiya Gourlay, Children's Services, East Sussex County Council
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Update on Director of Public Health annual report 2021/22: Work, Skills and Health

The Director of Public Health's Annual Report in 2021/22 considered the relationship between work, skills, and health. The relationship between work and health is complex. Good work can maintain health, and poor work can be detrimental to health. To maintain health, work needs to be paid adequately, be safe and stable, offer opportunity for development, prevent social isolation, and offer a degree of control or decision making. Amongst all of this, we need to have the skills to be able to access good quality work.

The report includes local data, details about how employers can support the health and wellbeing of their employees and recommendations to address health inequalities associated with employment.

A summary update on the key recommendations in the report is included here.

Recommendation:

All public sector organisations and private businesses should be encouraged to sign up to work towards a Wellbeing at Work East Sussex award. This will enable them to take advantage of the resources available on how to improve wellbeing in the workplace. Some of the ambitions and actions for promoting the wellbeing of staff align with actions to protect the environment and reduce climate change.

Update:

Currently 52 organisations in East Sussex are signed up to the Wellbeing at Work programme and are actively implementing the awards framework to work to improve employee health and wellbeing in their workplace. 28 awards have been granted to registered organisations so far, these are:

- 12 Commitment award
- 8 Bronze award (for employers with over 50 staff)
- 7 Small Business Bronze award (For employers with 2-49 staff)
- 1 Silver award (for employers with over 50 staff).

Recommendation:

Employers are encouraged to undertake an annual workforce survey (also known as a health needs assessment) to increase their knowledge of the health needs of their workforce. This will enable employers to support their employees and guide them towards services to assist them in improving their health and wellbeing.

Update:

All organisations that have achieved a Wellbeing at Work award have completed an annual workforce health and wellbeing survey as part of the required framework put in place to

achieve the award, and improve employee health and wellbeing. To date, 28 awards have been granted across 25 organisations.

The Employment and Skills Team has run the Future Skills Summit, 2023, a large conference for employers in the county where it showcased opportunities to recruit from a range of diverse sources including from the DWP Restart programme, Job centres, VCSE led employability initiatives, graduates, college and school leavers. The event asked employers to identify how they could be best supported to recruit a more diverse workforce and Sussex Learning Network will be analysing the findings to inform support for employers with this via the Sussex Chambers of commerce.

ESCC Human Resource team has started to make contact with employment support groups to explore how we can recruit from marginalised cohorts and enable more inclusive workforce and recruitment practice at the Council.

Programmes run by key stakeholders are increasingly recognising the need to embed wellbeing support in their practice. All programmes have developed referral pathways into wider professional health and wellbeing support and programmes like Moving on Up, which supports the homeless and those at risk of homelessness, provides mentoring and confidence building workshops to participants as well as access to sessions at local leisure facilities. Support into Work, run for refugees and Ukrainian visitors signposts participants to mental health support.

The ESTAR team have also recently commissioned research into neurodiversity among homeless cohorts, and will use the findings to inform practice in Housing and Employability programmes as well as sharing the report with Childrens Services colleagues to identify if there are lessons to be learned about early/preventative interventions.

Employability programmes in the county are increasingly focused on moving people into work in our key East Sussex sectors where there are known gaps and into green jobs where this is possible. The Employment and Skills Team have created resources on the Careers East Sussex website to promote key careers in key sectors and illustrate with infographics, pathways into these key careers. Currently, the team is working with the ICB to develop a range of infographics promoting careers in the Health and Care Sector.

Post European Social Fund (ESF) provision, there are still concerns about the dearth of funding for skills and employability at a national level. There is insufficient revenue funding to be able to address needs in the county with recent LSIF announcements only offering capital funding for colleges and UKSPF having no obligatory skills element. However, the Employment and Skills Team has created an 'Adult Learning Network' which is exploring how to refer people between programmes so that they can have a pathway into work, or into better work, in order to maximise benefits of minimal funding. Eastbourne

Lewes Wealden and Rother District Councils are all pooling some of their UKSPF funds in with ESCC COVID-19 funding in order to build and extend the Moving on Up programme over the next two years.

The Adult Learning Network is also working together to map out the provision of learning provision at different levels in the County. There is a paucity of provision post level three and all partners are keen to rectify this as a low skilled workforce has implications for income levels, health and wellbeing. Colleges are exploring how to promote the new Level 3 entitlement locally to support our ambition of raising skills among working adults in East Sussex, and East Sussex Sector Task Groups are starting work with the University in preparation for the new Lifetime Guarantee, which will enable modular degree level learning for adults who haven't studied at a higher level and may help plug identified gaps in learning provision beyond level 3 in the county. ESCG and Plumpton College have both formed partnerships with Universities (East Anglia and Middlesex respectively) which means that both will now be able to offer HE level learning from their campuses. This is a significant development.

The Multiply programme has started to be rolled out by the Employment and Skills Team - with 772 adults in East Sussex supported with maths learning in 22/23. 2000 people will have the opportunity to access support with maths over the next two years.

Glossary

This glossary - and the more detailed appendices - provide explanation of a selection of terms used in this report to help build a common language for framing the recommendations.

Term	Meaning
Appreciative inquiry	An action research approach that uses conversational interviews to uncover stories of what works well, what is valued and what matters most to people.
Asset Based Community Development (ABCD)	ABCD is an approach based on the principle of identifying and mobilising individual and community strengths or ‘assets’, rather than focusing on problems and needs, or ‘deficits’.
Human Learning Systems (HLS)	<p>HLS is an alternative way of organising public service that acknowledges that people’s lives are complex. To be effective, responses to social challenges need to work with (not seek to control) complex realities, and recognise that systems (not single organisations, services or projects) create outcomes. Key features of HLS include:</p> <ul style="list-style-type: none"> • Making the process of creating change more human, putting decision-making into the hands of the people who know best – people and communities, and those who directly support them. • Changing the role of management to creating a learning culture rather than exercising control. • Supporting collaborative approaches across organisations and professions by nurturing a ‘healthy system’ based on trusting relationships, shared purpose and deep listening.
Loneliness	A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.
Social isolation	An objective observable state, defined mainly in terms of the quantity of social relationships and contacts.

Term	Meaning
System	<p>An interconnected set of elements that is coherently organised in a way that achieves something - so taking a systems perspective stresses the importance, among other things, of linkages, relationships, feedback loops and interactions among the system's parts.</p> <p>or..</p> <p>“A set of things - people, cells, molecules, or whatever - interconnected in such a way that they produce their own pattern of behaviour over time.” (Donella Meadows, American environmental scientist, educator, and writer)</p>
Stewardship / system stewardship	<p>System stewardship is underpinned by ‘Human Learning System’ theory, and focuses on helping connect the system, testing and learning together, and as leaders, helping to address barriers to change as they are identified.</p>
Whole systems approach	<p>A local ‘whole systems approach’ is one that responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.</p>

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East Sussex County Council

Public Health

County Hall

St Anne's Crescent

Lewes BN7 1UE

Phone: 0345 60 80 190

Email: public.health@eastsussex.gov.uk

Website: eastsussex.gov.uk

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 28 September 2023

By: Executive Managing Director, East Sussex, NHS Sussex and
Director of Adult Social Care and Health, East Sussex County Council

Title: East Sussex Shared Delivery Plan (SDP) programme update

Purpose: To receive a progress report on the Sussex Integrated Care System (ICS) joint Shared Delivery Plan (SDP), as it relates to delivering the agreed Health and Wellbeing Board priorities for the population of East Sussex.

RECOMMENDATIONS:

East Sussex Health and Wellbeing Board (HWB) is recommended to:

- 1) Note the content of the progress report and the proposed footprints to support the development of Integrated Community Teams (ICT) in East Sussex, as described in paragraphs 2.9 – 2.12 of this report and set out in Appendix 4, and endorse their use to enable proof of concept activities to be progressed, and;
 - 2) Note that proposals are being explored for a strengthened East Sussex 'Health, Care and Wellbeing Partnership' to reflect the broader role and involvement of Borough and District Councils, and this will be brought to a future meeting of the HWB.
-

1. Background

1.1 At the last meeting of the HWB on 27 June 2023 the draft Sussex Integrated Care Strategy Shared Delivery Plan (SDP), was considered and endorsed by the HWB as reflecting our agreed HWB Strategy priorities. HWB comments and feedback from the perspective of the needs and shared priorities for the population of East Sussex were incorporated in the subsequent letter of support to the NHS Sussex Integrated Care Board (ICB), which was required as part of the statutory sign-off process (attached in **Appendix 1** for information). In particular, it was noted that Delivery Area 4 in the SDP set out eight key milestones in 2023/24 related to our East Sussex HWB priority programmes and projects covering:

- Children and young people
- Mental health
- Community (and integrated community teams)
- Health outcomes improvement

1.2 The Sussex SDP was approved by the NHS Sussex ICB in July 2023 and the final plan has now been published: [Our plan for our population - Sussex Health and Care \(ics.nhs.uk\)](https://www.ics.nhs.uk/our-plan-for-our-population-sussex-health-and-care). This report provides an update across the HWB elements of the joint SDP, which the East Sussex Health and Care Partnership leads on behalf of the HWB to deliver our agreed priorities for the population of East Sussex.

1.3 It includes the early progress being made with scoping new programme milestones and the detailed activity that will support delivery through joint approaches across Sussex and East Sussex, and progress with our ongoing collaborative programmes for children and young people and mental health. This includes sharing the latest developments on the Sussex Health and Care Assembly's priority to maximise the potential of partnerships and a new joined-up community approach through the development of Integrated Community Teams, and strengthening our

Place-based partnership to strategically support this across our collective resources as we move forward.

2 Supporting information

East Sussex SDP programme progress

2.1 For ease of reference, **Appendix 2** contains the eight milestones specific to the East Sussex HWB in the SDP, mapped to the lead oversight board in our East Sussex Health and Care Partnership governance. Some of these eight milestones also directly support delivery in East Sussex of pan-Sussex objectives in the SDP for long term, immediate and continuous improvements, which are being managed through eleven new pan-Sussex SDP delivery boards that have been set up over the summer. This is also captured in Appendix 2 where there is a direct relationship.

2.2 The detailed milestones and projects for children and young people and mental health reflect ongoing delivery programmes refreshed and updated for 2023/24. As the working arrangements and governance across Place and Sussex continues to emerge in relation to new programmes, our original articulation of the high-level in-year activity needed to develop and deliver the milestones for integrated community teams and health outcomes improvement is now being reviewed and re-profiled. This will enable us to take into account the outputs of the joint planning processes that are starting to support the pan-Sussex delivery boards, and ensure alignment across the resources and capacity required to deliver our objectives as an Integrated Care System.

2.3 A brief summary of the highlights across all four East Sussex HWB SDP priority programmes for children and young people; mental health, community (including integrated community teams), and; health outcomes improvement is included in **Appendix 3** for information.

Integrated Community Teams

2.4 To support the long-term vision set out in the Sussex Assembly Improving Lives Together Strategy, the SDP outlines the Sussex-wide ambition for *“joining-up (‘integrating’) health, social care, and health-related services across local communities in a way that best meets the needs of the local population, improves quality of services and reduces inequalities”*.

2.5 This will be achieved through the development of ‘Integrated Community Teams’ (ICTs), that are made up of professionals working together across different organisations with local communities, individuals, and their carers. It will involve integrated working across primary care, community, mental health, local authority partners (including social care, housing and wellbeing services), voluntary, community and social enterprise organisations and other local partners.

2.6 This is a long-term strategic objective within our five-year SDP, with year one milestones for ICTs including having a clear model informed by Joint Strategic Needs Assessments (JSNA), Health and Wellbeing Board Strategies, population data and insights from local people and communities. It is in keeping with the *‘The next steps for integrating primary care: Fuller Stocktake [report](#)’*, which NHS England and NHS Improvement commissioned and published in May 2022. This sets out a snapshot of the state of play in general practice, and some recommended next steps that could be taken to better integrate the different strands within primary care and also harness the opportunities that Integrated Care Systems (ICS) bring across the wider partnership of service delivery.

2.7 The following East Sussex HWB milestones in the SDP were also shaped to support delivery of this shared objective, building on progress we have already made on integrated care:

What we will do (2023/24)	What we will achieve	When
Building on the Universal Healthcare initiative and other local programmes, we will have a joined-up approach to planning and delivering health, care, and wellbeing in Hastings, with clear evidence of integrated approaches to improving outcomes for local communities.	A planning and delivery approach agreed by Place leadership board.	March 2024
Service models will be developed and approved for scaling up across the county and an implementation timetable with key milestones agreed.	Service models will be approved by Place leadership board.	March 2024

2.8 In keeping with the approach across Sussex, our East Sussex Health and Care Partnership has agreed that this significant change programme will be led through our existing East Sussex Community Oversight Board (COB), chaired by the Director of Adult Social Care and Health who will also be the programme Senior Responsible Owner (SRO). The COB has refreshed terms of reference and membership to reflect responsibility for delivering this significant programme of work, and the key relationship with the pan-Sussex SDP ICT Delivery Board. This includes agreeing with Borough and District Councils representation of all five Councils on the COB.

Proposed ICT footprints

2.9 As a first step, early progress has been made to establish the proposed footprints model for Integrated Community Teams (ICT) in East Sussex through initial exploration at our COB meetings in April and June. Footprints that have been used previously to organise integrated approaches to engagement and the deployment of collective resources were revisited and updated, to arrive at a consolidated 'working' model to use in 2023/24, that would best support an integrated offer of health, care and wellbeing in communities.

2.10 This is based around five footprints for ICTs reflecting borough and district boundaries, with our twelve PCNs currently operationally grouped within three community health and care teams, and working across our borough and district-based community networks. This model, alongside seven similar footprints in West Sussex and four in Brighton and Hove, was agreed by the pan-Sussex ICT Delivery Board in July 2023.

2.11 This provides a starting place to help us to test the different functional elements of ICTs - population health and wellbeing improvements, reducing health inequalities, and delivering integrated care for those who need it - as part of our proof of concept activity in 2023/24. The proposed ICT footprint maps for East Sussex are included in **Appendix 4**.

2.12 Planning work has now started to develop profiles of population health, service demand and other insight data for each ICT footprint by December 2023. Through recognising and building on existing relationships, teams and community focussed partnership activity, we can start to link together the full range of services and programmes in East Sussex that will underpin ICT development aligned to these agreed footprints.

Next steps

2.13 Our current focus is on agreeing the scope and phasing of our Place-focussed implementation of ICTs across key functions. This is taking place within the emerging Sussex-wide framework and principles for developing ICTs and the shared approach to communications and engagement that will support this. The next steps will be to finalise the first phase programme plan to make a start with key functional areas of ICTs that make sense in our East Sussex context, including:

- Revisiting our target operating model for community health and social care and aligning it with the five ICT footprints;
- Exploring joint duty and triage and identifying where an integrated approach across Adult Social Care, Community Health, Mental Health and Primary Care will add most value;

- Refreshing our approach to multi-disciplinary team working across primary care, community health and social care, mental health and housing and voluntary, community and social enterprise sector teams (VCSE) teams, and;
- Establishing a framework to support joint planning and management across ICT footprints.

2.14 Learning from current pilot projects and engagement will be actively used to inform developments, such as the Universal Healthcare proposition in Hastings as our 'community frontrunner', and work to use data to identify and target specific support at frail older people in Lewes. Our broader programme approaches to community networks, social isolation and loneliness and asset-based community development will also be instrumental in guiding development.

Strengthening the East Sussex Place Partnership Governance

2.15 Discussions have recently taken place with Chief Executives of our Borough and District Councils about shaping our current 'East Sussex Health and Care Partnership' into an 'East Sussex Health, Care and Wellbeing Partnership'. This will be of particular importance as we move into implementing our integrated community teams model and strengthening our focus on prevention as part of improving health outcomes for our population.

2.16 Proposed action includes reviewing participation and membership of key groups within our partnership governance to strengthen the full contribution of Borough and District Council resources to health and wellbeing, through services such as economic development, planning, housing, leisure, wellbeing and environmental services for local communities.

2.17 A next step will be to share the terms of reference for the various place governance partnerships and identify where it will be helpful to ensure all five Borough and District Councils are represented, or whether this could be done collectively to support capacity. Appropriate reporting of key strategic partnership and shared priority programmes will also be explored, for example housing. Finalised proposals will be brought to the next meeting of the HWB for consideration.

3. Conclusion and reasons for recommendations

3.1 Joint work in East Sussex has continued to take place to progress delivery of our objectives across our HWB Strategy SDP priorities for children and young people, mental health, community and improving population health outcomes. Involvement in the new SDP Delivery Boards at a pan-Sussex level has also helped align the detailed planning and the resources needed to deliver improvements.

3.2 Within this, the shared Sussex ICS ambition for integrated community teams presents a significant opportunity to build on the progress we have already made with integrated care - including joint community reablement teams, Health and Social Care Connect and initial approaches to locally focussed planning and delivery across our collective resources – to embed an approach to planning and managing our resources in a way that is nuanced to the needs, strengths, assets and challenges of people and their local communities.

3.3 Joint work across Sussex and Place has started to define a shared approach to delivering this long term ambition, and developing a deeper shared understanding of local community need, driven by data and insight. This is aimed at enhancing the roles our organisations already play in local communities and neighbourhoods through a collaborative 'team of teams' model working within our existing resources. The proposed footprints for integrated community teams have been agreed, so that we can start to test what needs to change to support this different way of working and secure the benefits for our population. The HWB is asked to endorse these footprints.

3.4 Deeper engagement with our Borough and District Council partners throughout our Place partnership governance will further strengthen our ability to collaborate to deliver improved population health and reduced health inequalities, and an integrated offer of health, care and

wellbeing in our communities, in keeping with the role of Place in our Integrated Care System. In line with this a full proposal will be brought to the next meeting of the HWB for consideration.

JESSICA BRITTON

Executive Managing Director, East Sussex, NHS Sussex

MARK STAINTON

Director of Adult Social Care and Health, East Sussex County Council

Contact Officer

Vicky Smith, Programme Director East Sussex Health and Care Transformation

Email: vicky.smith@eastsussex.gov.uk

Tel: 07827 841063

Appendices

Appendix 1 HWB letter of support

Appendix 2 Draft East Sussex HWB SDP milestones mapped to East Sussex Health and Care Partnership governance and Sussex SDP delivery boards

Appendix 3 Summary of East Sussex HWB SDP programme highlights

Appendix 4 Proposed ICT footprints for East Sussex

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Councillor Keith Glazier**Leader**

County Hall
St Anne's Crescent
Lewes
East Sussex
BN7 1UE

01273 335020
cllr.keith.glazier@eastsussex.gov.uk



Adam Doyle
Chief Executive Officer
NHS Sussex
adam.doyle5@nhs.net

cc Lisa Emery
Chief Transformation, Innovation and Digital
Officer
NHS Sussex
l.emery1@nhs.net

BY EMAIL

28 June 2023

Dear Adam

Draft Sussex Improving Lives Together Strategy Shared Delivery Plan (SDP)

The East Sussex Health and Wellbeing Board (HWB) brings together representatives from East Sussex County Council (ESCC), NHS Sussex, NHS providers, Borough and District Councils, Healthwatch and the voluntary, community and social enterprise (VCSE) sector in East Sussex. It oversees the work of the East Sussex Health and Care Partnership, which leads delivery of shared priorities drawn from the [East Sussex Health and Wellbeing Strategy Healthy Lives, Healthy People \(2022 - 2027\)](#), and the *Sussex Improving Lives Together Strategy*.

I am writing to confirm that the HWB received a report about the draft Sussex SDP at its meeting on 27 June 2023. In line with the national and local requirements, it was considered whether the draft SDP takes account of our shared priorities for the population of East Sussex as set out in the East Sussex HWB Strategy.

This was also preceded by full consideration at the following meetings:

- The ESCC People Scrutiny Health and Social Care Integration Programme Reference Group on 1 June 2023
- The East Sussex Health and Care Partnership Board on 2 June 2023
- The ESCC Leader and Lead Member for Strategic Management and Economic Development on 20 June 2023

Comments from these meetings were also shared with the HWB to support consideration of the SDP, which mainly consisted of feedback that will be helpful in supporting implementation in practice. This has also been appended to this letter, noting that it does not contain any suggested material changes to the current draft SDP.

In summary, there was overall support for the way the content, priorities and milestones are comprehensively set out in the SDP, and the joint work across the ICS that has enabled this. It is felt that the SDP will help to provide the overarching shared context to support the collaboration and momentum needed across the many

organisations involved in this shared endeavour. The high-level nature of the document was particularly welcomed as allowing the flexibility necessary to move forward collaborative work as partners in East Sussex and enabling us to build on our existing progress that has been focussed on our population needs. This is in line with previous Sussex ICS agreements to emphasise the importance of HWBs and Place to get the best benefit for local populations, across the collective resources available. As such the HWB was able to:

- 1) Endorse the East Sussex milestone plans that will enable delivery of East Sussex population and Place priorities, as set out in Delivery Area 4 of the SDP, and the collaborative arrangements in East Sussex to support delivery and;
- 2) Endorse the draft SDP and agree that the Health and Wellbeing Board submits a statement of support, prior to the SDP being submitted to NHS England (NHSE) and the NHS Sussex Integrated Care Board (ICB)

There was also a further request to ensure that fully accessible versions of the Shared Delivery Plan are developed and shared, as part of the launch arrangements in July.

There is partnership and programme governance fully embedded in East Sussex to support delivery, which reports into the Health and Wellbeing Board, and this has been reviewed and refreshed in light of the new plans for 11 Sussex-wide Delivery Boards and the implementation focus needed at Place. The East Sussex Health and Care Partnership brings together the County Council, NHS Sussex, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, and our wider system partners including Primary Care Networks, the East Sussex VCSE Alliance, Healthwatch and Borough and District Council representation.

As the Leader of East Sussex County Council and the Chair of the East Sussex HWB I look forward to the NHS Sussex ICB working with all partners to further strengthen this collaboration, so that we can take our East Sussex Health and Care Partnership to a new level within our ICS as a key vehicle for delivering our objectives in the SDP for the benefit of our population. This would include the implementation of opportunities and recommendations for Place-based partnerships as a result of the Government's response to the recent recommendations of the House of Commons Health and Social Care Committee Inquiry into ICSs and the Hewitt Review.

Thank you for all the hard work undertaken by you and your teams in bringing the SDP together. I hope that this letter is helpful in outlining the support of the East Sussex HWB and commitment to delivering our shared priorities.

Yours sincerely



Councillor Keith Glazier
Leader, East Sussex County Council, and
Chair, East Sussex Health and Wellbeing Board

Appendix 1 Feedback from the ESCC People Scrutiny Health and Social Care Integration Programme Reference Group and ESCC Leader and Lead Member for Strategic Management and Economic Development.

Appendix 2 Feedback from the East Sussex Health and Care Partnership

Appendix 1

Feedback from the ESCC People Scrutiny Health and Social Care Integration Programme Reference Group and ESCC Leader and Lead Member for Strategic Management and Economic Development.

The People Scrutiny Health and Social Care Integration Programme (HASCIP) Reference Group considered the draft Sussex Integrated Care Strategy Delivery Plan at a meeting on 1 June 2023. The following comments were made:

- The Reference Group welcomed the draft Strategy, and were supportive of the content, priorities and milestones. The Reference Group particularly welcomed the place based governance arrangements, and the lack of impact on the sovereignty of the County Council in terms of its business and priority planning process.
- The Reference Group noted that despite the priority to go digital, the Department recognises the need to not exclude those who are unable to access digital services, which is reflected in the workstream focusing on inclusion and equalities, including digital inclusion.
- The Reference Group sought assurance that the Delivery Plan includes engaging with seldom heard groups when developing services. This is currently the focus of a Scrutiny Review and the Reference Group feel that this is an important ongoing consideration.
- The Reference Group welcomed the place based Governance outlined in the Delivery Plan and look forward to understanding how the County Council will receive updates on progress.
- The Reference Group reiterated the importance of having a clear focus on children and young people (outlined in the priority to of ‘giving people the best start in life’) is included a cross cutting theme across the whole plan, taking into account the needs of children and young people.

At the Leader and Lead Member for Strategic Management and Economic Development meeting on 20 June 2023, the above comments were noted and the Leader and Lead Member resolved to:

- Agree the East Sussex milestone plans that will enable delivery of East Sussex population and Place priorities, as set out in Delivery Area 4 of the Shared Delivery Plan (SDP) and Appendix 2 of the report; and
- Provide any further feedback to strengthen the draft SDP and the collaborative arrangements in East Sussex to support delivery (in paragraphs 2.11 - 2.15 of the report) prior to it being presented to the Health and Wellbeing Board on 27 June and NHS Sussex Integrated Care Board (ICB) on 5 July for endorsement and approval respectively.

Reasons:

- The draft Sussex Integrated Care Strategy sets out a strategic statement of common purpose across Sussex, and the critical areas of focus of the Sussex Health and Care Assembly. Good progress has been made with developing the Sussex Shared Delivery Plan with proactive engagement and support from system partners, to set out the arrangements for making this a reality over the next five-year timeframe. Part of this has involved managing the complexity of developing a cohesive single plan at a Sussex level, with significant progress made in developing a clear way forward which incorporates the NHS Operational Planning requirements and the delivery response to the Sussex Integrated Care Strategy, Improving Lives Together.
- Alignment of Senior Responsible Officers, including both NHS Sussex Chief Officers and system Chief Executive Officers, Directors of Adult Social Care and Health, Public Health and Children's Services, has ensured collective commitment to the delivery framework. In totality the SDP aims to present a clear improvement journey in the short, medium, and longer term.
- Place is where the County Council's statutory responsibilities, budgets and democratic accountability sits for the residents in our area. At the inception of the Sussex ICS there was local agreement that Place is key to strategic leadership, local commissioning and delivery within the ICS, in order to get the best value out of the full range of collective resources available to meet needs and improve the health, care and wellbeing of populations.
- The SDP supports delivery of relevant Council priorities, and the Council's commitment and ambition to deliver the best possible outcomes for local residents, as well as achieving the best use of collective public funding in East Sussex, through integrated working with the NHS. It provides an overarching delivery framework that will help the Health and Care Partnerships to work together in East Sussex, West Sussex and Brighton & Hove, with the flexibility necessary to support effective collaboration at Place level, so an ongoing detailed focus on local needs and priorities can be maintained building on existing progress.
- There are no changes to the Council's statutory role and responsibilities for services and budgets. The SDP contains high level milestones and a roadmap covering the next 5 years. Were any detailed plans to be developed where the proposed changes to services would have significant impact on the East Sussex population, these would be subject to the normal process of engagement and formal consultation, including assessments of equality and health inequalities impacts and scrutiny by the Health Oversight and Scrutiny Committee, as appropriate and necessary to support accountability and decision-making by the relevant organisations.

Appendix 2

Feedback from the East Sussex Health and Care Partnership

The full draft Sussex Shared Delivery Plan was considered at the meeting of the East Sussex Health and Care Partnership on 2 June, including further detail about the East Sussex milestones and refreshed partnership and programme governance to support delivery at the Sussex and Place level, with the following views:

- Overall support for the Shared Delivery Plan and the three areas of delivery covering shared Sussex Strategy long term improvements, immediate and continuous areas of improvement for the NHS, and the fourth covering delivery of the three HWB Strategies and plans specifically for East Sussex, West Sussex and Brighton and Hove.
- The comprehensive nature of pulling together delivery targets across the totality of NHS delivery alongside partnership plans that focus on shared priorities was recognised, with the need to connect financial targets together with activity changes and widening access to services to support recovery in the most efficient way.
- The holistic approach being taken to improving health outcomes in East Sussex was welcomed, as this will ensure a strong focus on prevention as well as better and more joined up care for those who need it. It was felt that the proposed changes to our partnership programme governance to reflect this new priority focus would support effective delivery, enabling us to join up the work on health outcomes with our model for integrated community teams.
- In relation to the proposed eleven Sussex-wide Delivery Boards there was enthusiasm to be involved, balanced with the need to be clear about the nature of partnership priorities and where collective energy and effort will add the most value. It was felt that sharing representation on some of the Boards collectively across Places and sectors will help to ensure our capacity can focus on local implementation and delivery of plans.
- In the context of investing energy in new alliances emerging at a Sussex level to enable a helpful focus on areas of commonality and Sussex-wide approaches (for example for the VCSE), the importance of having the space to maintain collaborative relationships that have built up over time to support delivery capacity with partners in local areas to meet the needs of local people, was also underlined.
- Similarly, liaison with the NHS Integrated Care Board (ICB) about healthcare issues that are common across Sussex is helpful for the three Healthwatch organisations to undertake collectively.
- To complement the existing strong arrangements across the huge amount of activity and services working together at a Place level to ensure children and young people have the best start in life, and that this continues well into adulthood, a pan-Sussex approach will be extremely valuable to forward some aspects of children and young people's services, for example where care needs and pathways are complex.

- Overall, time should be given for new statutory ICS arrangements to continue to mature and enable shared understanding to grow about the issues and challenges, and where working together on a pan-Sussex level across all three Places will realise benefits through increasing momentum and pace.

Appendix 2

DRAFT East Sussex HWB SDP milestones mapped to East Sussex Health and Care Partnership governance and Sussex SDP delivery boards.

	What we will do (2023/24) (East Sussex HWB SDP milestone)	What we will achieve	When	Current or suggested East Sussex Place lead governance and programme status	Known or possible relationship to pan-Sussex SDP delivery boards and potential two-way reporting
ES 1	Building on the Universal Healthcare initiative and other local programmes, we will have a joined-up approach to planning and delivering health, care, and wellbeing in Hastings, with clear evidence of integrated approaches to improving outcomes for local communities.	A planning and delivery approach agreed by Place leadership board.	March 2024	Community Oversight Board - Integrated Community Teams programme, in initiation phase	Direct link: Integrated Community Teams Delivery Board <i>Also potential links to Social Care and Discharge Delivery Board</i>
ES 2	Service models will be developed and approved for scaling up across the county and an implementation timetable with key milestones agreed.	Service models will be approved by Place leadership board.	March 2024	Community Oversight Board - Integrated Community Teams programme, in initiation phase	Direct link: Integrated Community Teams Delivery Board
ES 3	A comprehensive stakeholder engagement process will take place to help us explore how we can improve health outcomes in cardiovascular disease (CVD) respiratory disease, mental health, and frailty/ageing as significant drivers of poor health and early death in our population.	Improvement plans approved by Place leadership board.	March 2024	Heath Outcomes Improvement Oversight Board and programme - in initiation phase	Inequalities Delivery Board <i>Also potential links to Planned Care, Cancer and Diagnostic Delivery Board</i>
ES 4	Aligned to our discharge workstream, we will develop our integrated hospital discharge model, implement the 2023-24 hospital discharge capacity plan, and deliver the improvements aligned with the discharge frontrunner programme.	More people will be able to be discharged safely to a community setting.	March 2024	Links are made through the Community Oversight Board to ensure alignment with other commissioning and delivery to support the Sussex discharge frontrunner programme	Direct link: Social Care and Discharge Delivery Board

ES 5	Deliver our children and young people's programme plan with a key focus on priority workstreams to support getting the best start in life; promoting emotional wellbeing and mental health; physical health, needs of children with SEND, and our most vulnerable young people.	Family hubs with additional support for families with young children; strengthened support for long term conditions (Core20PLUS5 for CYP); clearer and improved pathway for mental health support and support for parent carers.	March 2024	Children and Young People Health Oversight Board and programme - ongoing	Sussex Children's Board with links to other SDP Delivery Boards as appropriate The pan-Sussex Children's Board is part of the oversight arrangements for the SDP, with a remit to ensure the needs of CYP are addressed in each workstream as appropriate.
ES 6	We will deliver initial stages of integrated models of community mental health care within local communities, through Primary Care Network based offers and developing plans to support more people who need housing-based support due to their mental health.	In-year plan delivered	March 2024	Mental Health Oversight Board and programme - ongoing	Mental Health, Learning Disability and Autism Delivery Board
ES 7	Networks will be developed in communities to help co-ordinate access to local sources of practical support and activities, to boost emotional wellbeing and help with loneliness and isolation.	Consolidation of networks providing access and support to local people.	March 2024	Partnership Plus is the lead oversight body for the Community Networks programme; links will be established through to the Community Oversight Board to manage dependencies with the Integrated Community Teams programme	Integrated Community Teams Delivery Board (in connection with the Integrated Community Teams programme delivery)
ES 8	Develop our approach as an "anchor" system in East Sussex, including our plans for using our power as employers and buyers of services to stimulate sustainable economic and social wellbeing in our communities.	Approach approved by Place leadership board.	March 2024	Potentially the Health Outcomes Improvement Oversight Board and/or with strong links to the East Sussex Strategic Workforce Group and other Place based partnership activity covering procurement and commissioning (social value); estates and land use; employment and skills, and; sustainability (net zero)	To be confirmed; consideration of alignment with the emerging pan-Sussex approach will be important.

Appendix 3

East Sussex Health and Wellbeing Board (HWB) Shared Delivery Plan programme highlights

Our East Sussex Oversight Boards for children and young people, mental health, community and population health outcomes improvement are each responsible for overseeing and delivering key elements of the Shared Delivery Plan (SDP) improvement priorities for year 1 where relevant at Place in each of their areas. In addition they deliver the programmes of work covering our shared HWB SDP priorities for East Sussex, and a brief summary of the highlights across all four East Sussex HWB priority programmes is set out below.

Children and young people

In keeping with the East Sussex SDP objectives for 2023/24, the aim of the East Sussex Children and Young People Health Oversight Board (CYPHOB) is to continue to develop and implement the children and young people priority programmes and projects, and to ensure that agreed service improvements, including pathway and service redesign are effectively implemented through collaborative working between commissioners and providers of health, mental health and care services. The following progress has taken place over the summer period:

- A focus on progress with Family Hub developments and the Perinatal Equity and Equality Plan has been considered to promote the best start for life and best outcomes for babies and young children.
- Work is being taken forward to develop accessible information, advice, guidance and self-help for children and young people's mental health and emotional wellbeing. A self-harm needs assessment has been produced and reviewed including how the recommendations can be integrated into existing programmes and project delivery explored.
- The East Sussex whole system healthy weight plan 2021-26 was reviewed to ensure a clear focus on the health of children and young people.
- The development of an overarching health dashboard for children and young people has also been progressed by the CYPHOB to complement work sponsored through the pan-Sussex Children's Board.

The CYPHOB has also endorsed the CORE20Plus5* 'plus' groups to benefit from additional focus across Sussex and locally to reduce health inequalities. These are: looked after children and care leavers; children and young people with a learning disability or autism or life limiting illness; young carers, and; asylum seekers and migrants who have been staying in cohort hotels and in our communities living with families.

**Note: The NHS Children and young people 'Core20Plus5' framework was published November 2022 (the Core20Plus5 for Adults was published in November 2021). The framework is an approach to support the reduction of health inequalities in children and young people at both national and system level. It defines target population cohorts and identifies:*

- *'5' focus clinical areas requiring accelerated improvement; Asthma; Diabetes; Epilepsy; Oral Health, and; Mental Health.*
- *The 'Core20' most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).*
- *'Plus' ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core 20% alone, and would benefit from a tailored healthcare approach or accelerated focus.*

Mental health

In addition to the pan-Sussex SDP mental health improvement priorities and in keeping with the East Sussex HWB SDP objectives for 2023/24, the East Sussex Mental Health Oversight Board (MHOB) has agreed a set of project plans aimed at taking forward its 4 priorities of dementia, homelessness,

improving access and data and intelligence. The MHOB has also agreed to progress high level ambitions related to the development of older people's mental health services in East Sussex. The ambitions relate to improving available data, improving awareness and access to services, developing integrated pathways and delivering bespoke older people's offers. The following progress has taken place over the summer period:

- Emotional Wellbeing Services are now operational in 6 PCNs in East Sussex. Discussions are taken place with Seaford PCN regarding allocating available EWS staff to start working there are ongoing. Current plans are for Seaford EWS to be operational by the end of the Summer.
- Further engagement workshops have been collaboratively planned and developed to take place in Eastbourne and Hastings to take forward further stages of Community Mental Health Transformation on 15 and 21 September respectively. The workshops are for any partner organisation interested in finding out more about the work of Community Transformation and/or wanting to contribute to progressing the programme's aims at a local level.
- Invitations to Tender for the Lead Provider Mental Health Support Services contract has been prepared for 'go live' in September.
- The Housing and Supported Accommodation Working Group is undertaking a refresh of its Place Based Plan.

Community (integrated community teams)

- Initial engagement has begun over the summer to raise early awareness with teams about the developmental nature of the ICT model and concept and the forthcoming programme, and this will be ongoing in the coming months. Resources have also been identified to support programme delivery.
- The Community Oversight Board (COB) planned 'relaunch' will take place in October 2023, with refreshed terms of reference and membership reflecting the COB's role as the programme board leading the implementation of ICTs in East Sussex linking with the pan-Sussex ICT Delivery Board. The meeting will allow time for focussed discussion on the role of the COB and the relationship with the pan-Sussex SDP ICT Delivery Board, and agreeing the scope and next steps for our Place-focussed implementation of ICTs across key functions within the emerging Sussex-wide framework, as well as updates on current activity.
- The footprints model for Integrated Community Teams (ICT) in East Sussex was explored through our local COB discussions during April – June, and agreed at the pan-Sussex ICT Delivery Board in July 2023. The model will be used in 2023/24 to help test the different types of functionality needed for ICTs to deliver an integrated offer of health, care and wellbeing in communities, and the current programme activity. This is based around five footprints for ICTs based on borough and district boundaries, with our twelve PCNs currently operationally grouped within three community health and care teams, and working across our borough and district-based community networks. Through recognising and building on existing relationships and community focussed partnership activity, we can start to link together the full range of East Sussex programmes (new and existing) that will underpin ICT development aligned to ICT footprints.
- Planning work has now started to enable profiles to be developed bringing together an initial cut of population health, service demand and other insight data for each ICT footprint by December 2023.
- The following projects are currently supporting community frontrunner and pilot activity which will shape and inform ICT development:
 - The Hastings community frontrunner, the Universal Healthcare proposition, is progressing eight prototype pilot initiatives designed to test new ways of supporting access to healthcare and reducing health inequalities.

- The Foundry Population Health Management (PHM) Collaboration Pilot has also been progressing with the articulation of a proposed role to support neighbourhood community action and development targeted at a cohort of older, frail people at risk of social isolation and loneliness, falls and admission to hospital, together with the supporting evaluation arrangements.
- Strong connections will also be made with existing East Sussex programmes focussed on collaborative local community networks, asset-based community development and a system stewardship approach to social isolation and loneliness, all of which will all underpin the wider offer for ICTs.

Health Outcomes Improvement (HOI)

- The first meeting of the new HOI Oversight Board successfully took place on 23 August, with nominated members from our Sussex-wide leads and the East Sussex Health and Care Partnership being able to attend to agree the draft terms of reference, and initial scope of programme development activity.
- Progress is being made to establish Health Outcomes Improvement (HOI) as a core SDP delivery programme at Place, and ensure alignment with existing activity and team resources both locally and across Sussex. To support this a small 'in-person' round-table workshop is being designed across all four identified conditions (cardiovascular disease, chronic respiratory disease, mental health and frailty/healthy ageing) is being planned for 3 November 2023 to explore:
 - Opportunities and priorities for primary prevention and pathway improvements to alleviate current demand, in light of the data, evidence and good practice examples, and;
 - Commonality of themes across all four conditions to shape integrated responses and pathways
- Early engagement has taken place with leads and subject matter experts, at both Place and Sussex level, to scope the existing work and developments that directly supports pathways and access to services and/or is strategically aligned, to ensure programme activity builds on and does not duplicate existing progress. Stakeholder mapping has also taken place to support this.
- The planned initial round table discussions will help further accelerate collaboration to support strengthened delivery of existing and new objectives, highlighting immediate pathway improvements to ensure prevention and early intervention is effectively built into pathways, including supported self-management, and a holistic person-centred approach for people with multiple long term conditions, as well as long term actions to support improved population level health outcomes across the four conditions.
- Over time our programme work for health outcomes improvement will align and feed into integrated community teams model development in East Sussex, to ensure our collaborations can increasingly be tailored and managed across footprints.

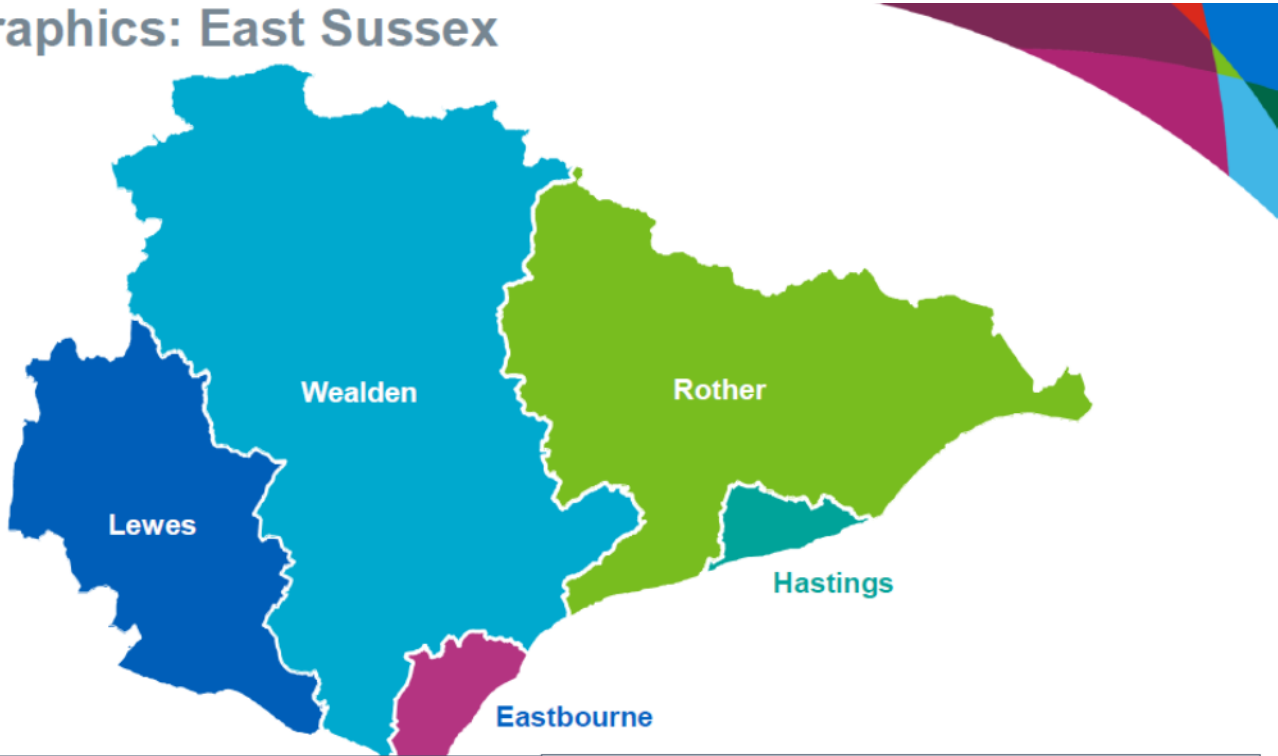
Monitoring and KPIs

Our East Sussex Health and Care Executive Delivery Group (EDG), has also agreed an action for each Oversight Board to review and confirm or reconfirm the critical priority objective measures and KPIs, to ensure these align with SDP measures and support our understanding of progress and impacts. This will be progressed by each Oversight Board in line with the stage of programme development in the coming months. Our new East Sussex Population Health and Care Intelligence Steering Group will support this so that we can begin to align the following aspects to support our ambition to deliver improved population health and care outcomes via integrated community teams:

- the overall approach to embedding data-driven Population Health Management;
- the specific improvements we are seeking through transformation and integration, and;
- the context of needs, risks and assets within our communities.

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Demographics: East Sussex



Sussex ICT footprints with demographics: East Sussex

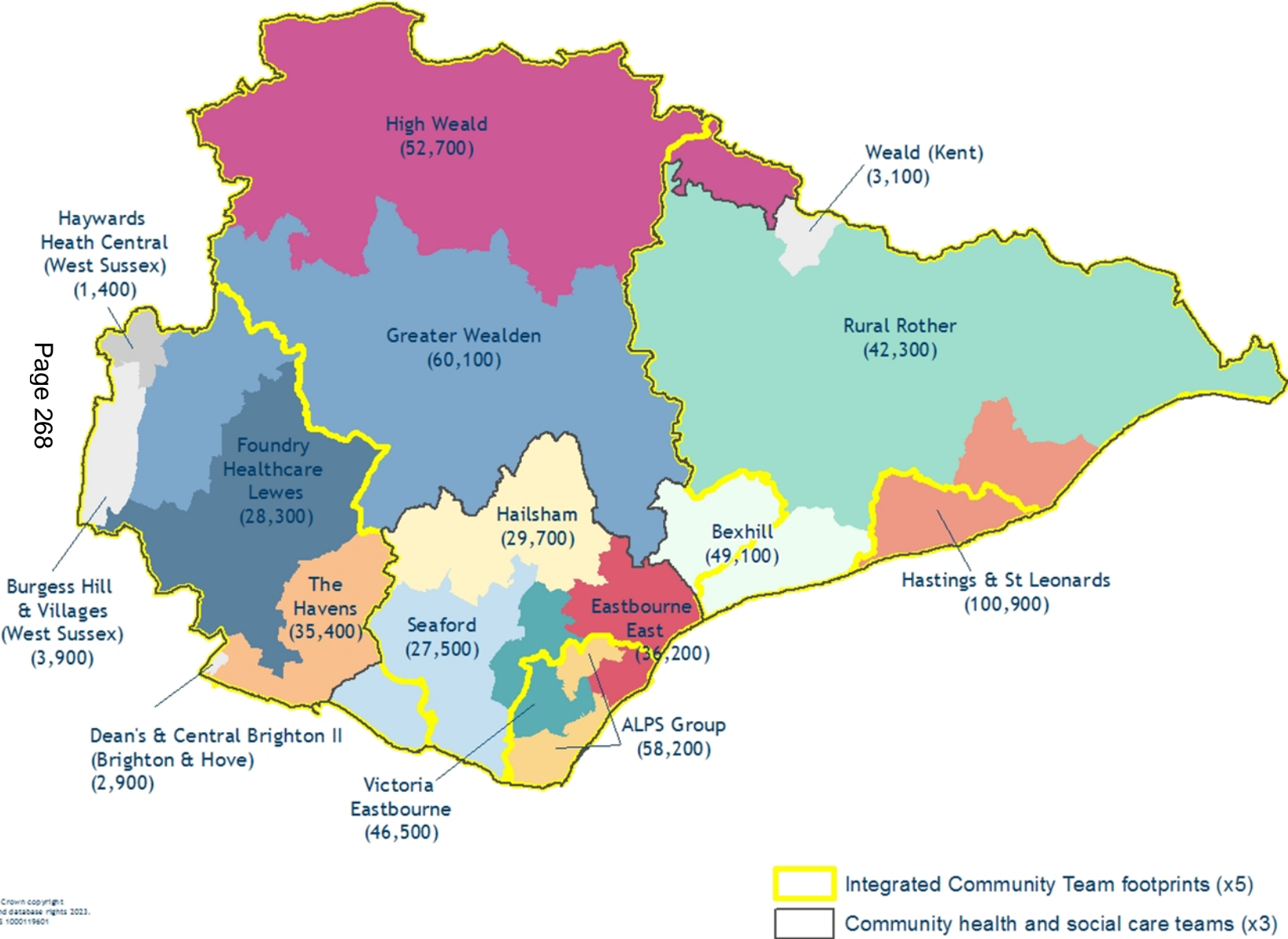
Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk) (2021)					Lower layer Super Output Area population estimates (National Statistics) - Office for National Statistics (ons.gov.uk) (2020)				
ICT FOOTPRINT POPULATION	TOTAL	M	F	Age <18	Age 18-64	Age >=65	IMD Decile 1-2 (most deprived)	IMD Decile 3-7	IMD Decile 8-10 (least deprived)
Eastbourne	101,700	48,507	53,086	19,269	57,269	25,055	14,417	74,593	14,314
Hastings	91,100	44,153	46,806	18,257	54,205	18,497	36,984	55,570	
Lewes	99,900	48,197	51,997	18,886	54,641	26,667	1,562	82,466	19,497
Rother	93,100	44,357	49,072	15,471	47,540	30,418	10,433	76,598	9,685
Wealden	160,100	77,452	83,297	30,116	87,855	42,778	3,034	105,503	54,196

ICT footprints to support an integrated health, care and wellbeing offer in East Sussex



This map shows how our services and support are currently organised around communities and neighbourhoods in East Sussex. This will be further tested and shaped by our ‘proof of concept’ activity in 2023/24. It consists of the following key elements:

It outlines **5** footprints for ICTs based on borough and district boundaries, with our **12** PCN currently operationally grouped within **3** broader footprints for community health and social care teams. We also have five borough and district-based partner groups to support community networks



Report to: East Sussex Health and Wellbeing Board

Date: 28 September 2023

By: Darrell Gale Director of Public Health
Teresa Salami-Oru Consultant in Public Health East Sussex County Council
Daniel Devitt Health Improvement Specialist East Sussex County Council

Title: The Creative Health Position Paper

Purpose of Report: To inform the Health and Wellbeing Board on the Creative Health Programme in East Sussex.

Recommendations:

East Sussex Health and Wellbeing Board is recommended to:

1. Note this briefing and attached Position Paper in appendix 1.
 2. Support the Creative Health Programmes development.
-

1 Background

1.1 Discussion with the East Sussex County Council (ESCC) Public Health Board recommended that the Health and Wellbeing Board be informed on the development of the Creative Health Programme in East Sussex.

1.2 East Sussex County Council Public Health have been utilising creative health to drive and support population level health Improvement. The Position Paper sets out the theoretical background and further operational opportunities.

2 Supporting Information

2.1 Creativity is a fundamental aspect of human existence. All peoples, all cultures and all times in human history show us that creativity, the sharing of stories, the expression of experience and the sharing of perspectives through a wide range of activities (from painting, sculpture, drama, literature, dance, music and everyday creative acts from cookery to crafts and hobbies) has a key role in enriching and illuminating our experience of life. This has been known and embraced as a reality for centuries, but it is only relatively recently that research into the effectiveness of Creative Health projects have shown us the potential of creativity in its widest sense to not only enrich our experience of life, but to actively and positively improve the physical and psychological health and well-being of those that participate in it.

- 2.2 The National Centre for Creative Health defines Creative Health as 'creating the conditions and opportunities for arts, creativity and culture to be embedded in the health of the public'. Research shows us there are a wide range of positive benefits from different "creative" activities that can accrue to both active and passive participants and whilst not a panacea, Creative Health has a significant potential to support a wide range of populations and communities across the county including those at particular risk of poor health and wellbeing outcomes, health inequalities and social exclusion.
- 2.3 The upcoming Turner Prize exhibition and award in Eastbourne, coinciding with the Towner Gallery's centenary, brings an opportunity to heighten awareness of the potential of the creative health agenda to support prevention of physical and psychological ill health. The content within the Eastbourne ALIVE "wraparound" events, linked to the Turner Prize brings a unique opportunity for ESCC to become a Creatively Healthier County.
- 2.4 Aligned NHS facing Creative health priorities, will be led by the appointment of a Creative Health Associate by NHS Sussex, supported by the National Centre for Creative Health.
- 2.5 Building upon work during the Covid 19 Pandemic including the Everyday Creativity 'projects and aligned to a wide range of national and local strategies aimed at supporting key cultural, heritage, arts, health and social care agendas, East Sussex County Council Public Health have been developing a Creative Health programme of works.
- 2.6 A crucial step in the development of this programme is this Position Paper (contained in Appendix 1). This sets out the key concepts, evidence and policy environment that supports the Creative Health Agenda. It sets out a range of opportunities, and an approach to Creative Health that can address the needs for the communities of East Sussex across the Life course (Starting Well, Living Well, Aging Well and Dying Well) where Creative Health related works could be of significant assistance. The Position Paper outlines existing works and, in a series of appendices, suggested developments and outcome measures that would be used to evaluate the impact of the programme.
- 2.7 The Creative Health agenda presents several clear opportunities and potentially powerful tools to help support a number of key strategic priority areas. The Creative Health agenda sits within and supports the wider health and wellbeing ecosystem across East Sussex. The strategic plan will align with ESCC, NHS Sussex and wider health and care system strategic documents and priorities including:
- [Healthy lives, healthy people: East Sussex Health and Wellbeing Board Strategy](#)
 - [Sussex Integrated Care Strategy: Improving Lives Together](#)
 - [East Sussex Joint Strategic Needs Assessment \(JSNA\)](#)

- [Adult Social Care Strategy | East Sussex County Council](#)
- [East Sussex Cultural Strategy](#)

The Position Paper sets out three specific strategic priorities for the Creative Health agenda:

Strategic Priorities	Meaning
1: Creative Health and the individual	Utilising Creative Health approaches to improve people's health and wellbeing.
2: Creative Health and community	In collaboration with partners in the culture, arts, heritage, health, and social care systems, to build and support creative health across East Sussex localities and communities ¹ .
3: Creative Health, Systems, Networks and Partnerships	Work with the NHS Sussex ICS and wider cross sector partners to embed and champion creative health across a wide range of service offers and settings, backed with robust approaches to Research and Evaluation.

Fig

1 Creative Health Priorities from the Position Paper

2.8 These contribute to population health and wellbeing, and fit well with the NHS Sussex Integrated Care System priorities:

- improving outcomes in population health and healthcare.
- Addressing inequalities in outcomes, experience and access.
- Enhancing productivity and value for money.
- Supporting broader social and economic development

2.9 Work programmes, captured in a Delivery Action Plan, are being developed for each life course stage with partnership opportunities and the specific focussed works for different communities and vulnerable groups. These include but are not limited to Black, Asian and other minoritised communities, the LGBTQ plus communities, those with additional access needs, those exposed to or at risk of health inequalities, those with long term conditions - ranging from Cancer to Chronic respiratory Diseases and mental ill health, Gypsy, Roma and Traveller communities, children and young people (including Children Looked After and Care Leavers), refugees, asylum seekers, the elderly and those at risk of isolation and or loneliness. Crucially the Action Plan will seek to address the wide range of needs met by the Dying

¹ Communities refers to groups or cohorts of people with knowledge/lived experience of creativity or practice of cultural, heritage, or artistic practice.

Well agenda - acknowledging that dying is an inevitable aspect of human existence.

- 2.10 Through this the objectives will contribute to enhancing quality of life and reducing health inequalities. It is anticipated that this Plan will be published in late September 2023 and cover a three-year period (2023-2026). The Plan will link to and support the Culture East Sussex Strategy.

3 Conclusion and reasons for recommendations

- 3.1 East Sussex has a wealth of cultural, artistic and heritage opportunities which could help in supporting the health of the communities we serve. The Position Paper, supported by the Health and Wellbeing Board, will enable the works that are to follow in pursuit of making East Sussex a creatively healthy county.

Darrell Gale
Director of Public Health ESCC

Contact Officer

Email: Teresa.Salami-Oru@eastsussex.gov.uk/Daniel.Devitt@eastsussex.gov.uk

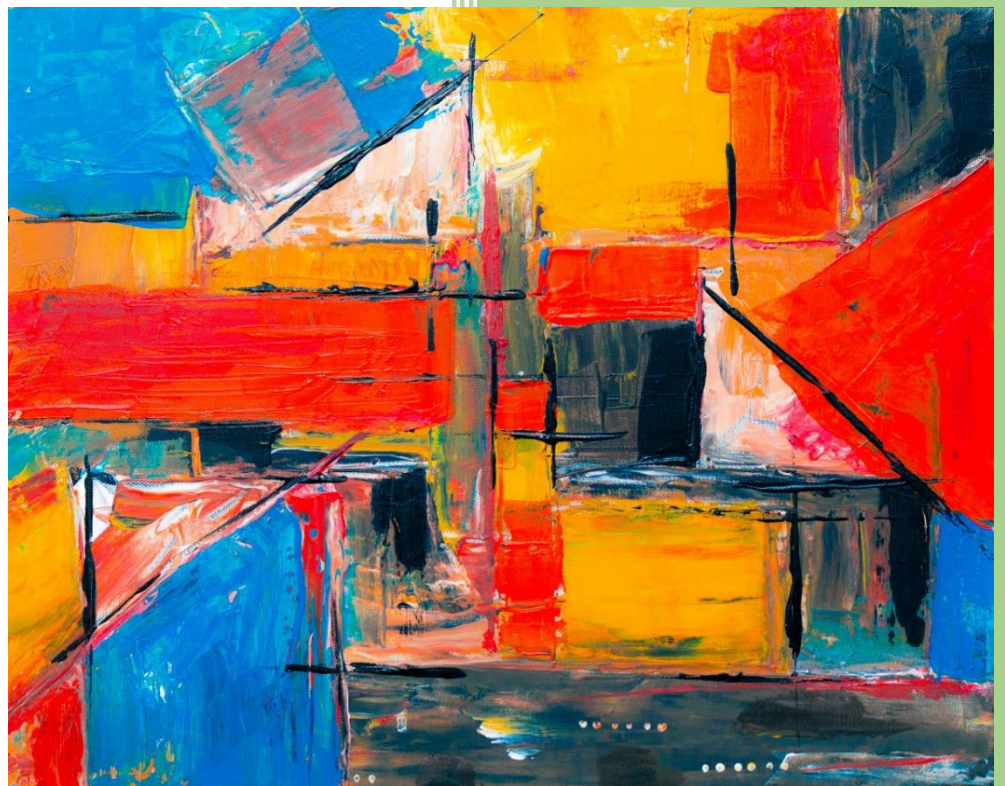
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Appendix 1: The East Sussex Creative Health Position Paper

ⁱ See [An Evaluation of the Everyday Creativity Programme February 2022](#)

2023

Position Paper: Creative Healthier Lives - Arts in Public Health



Teresa Salami-Oru - Consultant in Public Health
Dan Devitt Health Improvement Principal
East Sussex County Council Public Health
September 2023

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This paper, and the Creative Health Delivery Action Plan that will follow it, arise from the commitment and insight of a large collective of inspired, talented and committed professionals from across the East Sussex County system.

Inspired and informed by the artistic, cultural, heritage, health and social care practitioners and systems we are so lucky to have in place across the county, this position paper would not exist without the dedication, leadership, and vision of a truly vast collective of people.

Of special note for their contributions in enabling, shaping, and generating this paper, thanks are extended in particular to the following:

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Glossary

There are a number of key terms and concepts that will be introduced and explained below:

Term	Abbreviation	Meaning
Creative Health	CH	The broad range of artistic, cultural, heritage and creative activities that can contribute directly or indirectly, to improving the health of the population.
East Sussex County Council	ESCC	The County Council for East Sussex covering the five local government districts of Lewes, Wealden, Rother Eastbourne and Hastings
NHS Sussex Integrated Care System	NHS Sussex ICS	The wide area local health authority for Sussex that works in partnership across both East and West Sussex County Council areas, supporting all NHS commissioned health services in the area; from Primary Care, to Acute, and Mental Health Care.
Social Determinants of Health	SDoH	The underlying drivers and context for individual health at a societal level that include a wide range of factors, including poverty, housing, social cohesion, educational, employment and cultural opportunities, and environmental impacts. See Chapter 6: social determinants of health - GOV.UK (www.gov.uk) for more detail.
Primary Care	PC	Primary Care is any structured health care offer in the community, including General Practice, community Pharmacy, Dentistry, and Optometry, and is often simply described as GPs; a significant component, but not the sole provider of “high street” health services. With the creation of the Integrated Care Boards in July 2022, Primary care is increasingly being delivered via Primary Care Networks: federations - or collaboratives - of co located services. These services include Social Prescribing, a key offer in support of communities requiring low level or sub clinical support, and an essential linkage for the Creative Health Agenda to develop further.
Acute Care	AC	This encompasses both planned care (i.e., outpatient and inpatient stays), and unplanned care (Emergency department), delivered via hospital sites and services.

Health Improvement	HI	Health Improvement includes the work that is done to address the underlying social determinants of health (see Social Determinants), to improve the health and wellbeing of individuals or communities through enabling and encouraging healthy choices, as well as addressing health inequalities and disparities of access to services.
Social Prescribing	SP	Social Prescribing describes a wide range of activities that people who may be seeking support from health and social care providers can be referred into. The activities typically provided by voluntary and community sector organisations can include a broad range of opportunities, including volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice, and a range of sports. They contribute directly and indirectly to supporting and improving the health and resilience of communities in several ways. See Social prescribing Arts Council England or The National Academy for Social Prescribing NASP (socialprescribingacademy.org.uk) for further information
Life course	LC	The segmentation of a population by age, developmental stage, and needs, from birth to death. See Health matters: Prevention - a life course approach - GOV.UK (www.gov.uk)
Special Educational Needs and Disabilities	SEND	<p>Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:</p> <ul style="list-style-type: none"> • behaviour or ability to socialise; for example, they struggle to make friends. • Reading and writing; for example, because they have dyslexia. • Ability to understand things. • Concentration levels: i.e., because they have ADHD. • Physical ability. <p>See Children with special educational needs and disabilities (SEND): Overview - GOV.UK (www.gov.uk)</p>

Introduction By Teresa Salami-Oru - Consultant in Public Health

Arts, creativity, culture, and heritage are central elements to human existence. They provide a method of expression, exploration, and understanding that can be found at the heart of every culture and at every period that human beings have existed. From architecture to art history, from dance and drama to design, and from painting to poetry, there are so many different artistic, cultural, creative, and heritage-based activities and opportunities; each one contributing to the diversity and richness of the many cultures and perspectives that make up our world.

The global power of creativity to articulate feelings, thoughts, and experiences; to help us explain and understand our lives; to help us to empower and support others; and to help us celebrate and share experiences and insights, all aid in informing what it is to be human. So far, so familiar. But there is so much more to creativity; increasingly we have begun to understand that alongside these more familiar aspects of artistic, cultural, heritage and creative disciplines, there are less familiar direct and indirect health and wellbeing impacts that flow from engagement with creativity.

This position paper introduces East Sussex County Council's Creative Healthier Lives - Arts in Public Health Delivery Action plan and sets out some of the approaches and ideas that have informed the Creative Health Programme. A wealth of evidence already exists - and is constantly emerging - that demonstrates the positive impact that arts and creativity can have on our individual and collective health and wellbeing, and our ability to live rich, meaningful lives.

Within East Sussex County Council Public Health, we are seeking to explain, promote and explore the concept of **"Creative Health"** - the broad range of opportunities and options for **arts, creativity, heritage, and culture** that can contribute directly or indirectly to improving the population's health. Our approach will rely on partnerships, working with both targeted and universal approaches, to harness the potential of creativity and the arts across East Sussex. We seek to harness the health and wellbeing benefits of arts, creativity, and culture to help communities to recover and renew post pandemic and contribute to reducing health inequalities.

As the programme evolves, we hope that you will join us in building and strengthening the Creative Health offer in East Sussex. Through the positive sharing of your ideas, energy, and insight, we can make it an effective and positively impactful approach which supports the needs of peoples, communities, and organisations, working to deliver health improvement, fulfilment and creative opportunities across the county.

Teresa Salami-Oru
Consultant in Public Health
East Sussex County Council
August 2023

What is the Delivery Action Plan?

The Creative Healthier Lives, the Arts in Public Health Delivery Action Plan (The Action Plan) will follow on from this position paper. It will provide a roadmap and central strategy in support of East Sussex County Council's aim to use the arts, culture, heritage, and creativity to support the health and wellbeing of residents. It will set East Sussex on the path to becoming the first Creative Health County in the UK, by outlining our statement of intent and commitment to developing a sustainable approach to Creative Health. An approach that can contribute directly and indirectly to health of people of all ages, and all communities, across the Life Course.

The Action Plan will set out a large range of connections with other ESCC strategies, most notably the exemplary [ESCC Culture Strategy 2013 to 2023](#), which is currently in the process of being rewritten.

In terms of governance, the Delivery Action Plan will report formally into ESCC structures and wider Sussex systems via the Public Health Board, and have a direct feed into the [Culture East Sussex](#) Board and network.

Overview of the Delivery Action Plan

Aims: To embed arts and creativity into place and system approaches, with a view to improving and sustaining the wellbeing of the population, as well as advancing the research and evaluation of the impacts of creative health approaches in East Sussex.

Creative Healthier Lives - Arts in Public Health will detail actions to sustain, improve and prevent ill health and promote wellbeing through arts, creativity, and culture. The plan will link in with the [East Sussex Cultural Strategy](#) and support community recovery and renewal.

It will be underpinned by three **strategic priorities**, focusing on three distinct levels of effect:

Micro - Individual level impacts

Meso - Community level impacts

Macro -System Level Impacts

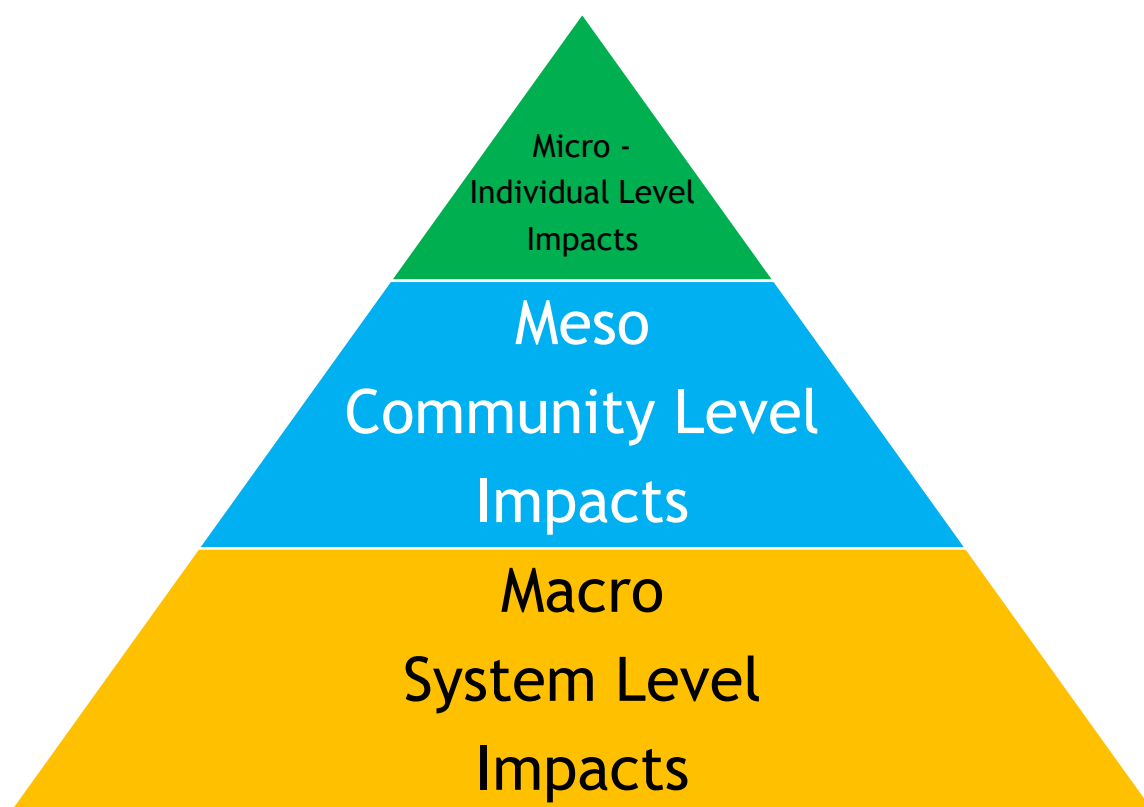


Fig 1 Micro, Meso and Macro Impacts

Micro, Meso and Macro are used to consider context at structural levels within a system. They are often used in healthcare and social work literature to help people understand the differences in both scale and affect, the breadth and depth of the system, as well as the factors that contribute to it, with additional consideration paid to the different target - or impact focus - for each.

The exact definitions for these depend on context, and for the purposes of the Delivery Action Plan we are using micro to reflect the individual; meso to reflect groups and organisations; and macro to reflect the wider health and care ecosystem, including systems, policy and structure. For the Action Plan to be successful it is important that there is impactful positive and sustainable action across all three levels.

Table 1 - Delivery Action Plan Priorities

Priorities	Meaning
1: Creative Health and the individual (micro)	Utilising Creative Health approaches to improve people's health and wellbeing.
2: Creative Health and community (meso)	In collaboration with partners in the culture, arts, heritage, health, and social care systems, to build and

	support creative health across East Sussex localities and communities ¹ .
3: Creative Health, Systems, Networks and Partnerships (macro)	Work with the ICS and wider cross sector partners to embed and champion creative health across a wide range of service offers and settings, backed up with robust approaches to Research and Evaluation.

We recognise that there are many examples of good practice in the field of Creative Health, alongside existing gaps in the knowledge base; therefore, there is a need to develop new and robust approaches to both operational works and research and evaluation, to gauge the impact, appropriateness, and sustainability of the works that are delivered under the Creative Health Agenda. We will in this way, seek to understand the economic, social and health impacts, as well as cost/benefit analysis of these works; in this way, we are proud to be contributing to the ever-expanding evidence base (please see appendix 3).

We will incorporate the Life course¹ approach into the Creative Health Agenda to ensure that we are understanding and supporting the needs of people from pre-conception to end of life care.

Life Course Stage	Outline
Starting well	From pre-conception through to birth, and on into childhood, adolescence, and then into transition to adulthood - including Children and Young People with SEND (see glossary)
Living Well	From transition to adulthood, 18 to 25 depending on status and needs (see SEND above), and broadly throughout working age and into older ages.
Ageing Well	From retirement and into older age.
Dying Well	Death can occur throughout any stage of the life course (from stillbirth to child death, and on into adulthood and older age ranges). Central to this is the support for end-of-life care, a “good death”, and care for the bereaved.

Creative Health has a wide range of applicable approaches and inputs that vary across the life course; we will represent these, as well as the breadth and complexity of the creative, cultural, heritage, artistic, health and social care services offers and inputs, that can support our communities in East Sussex.

If we can successfully support the potential of Creative Health to contribute to a preventative and sustainable approach to health improvement, utilising the power of creative cultural artistic and heritage offers to help us explore, understand, and

¹ Communities refers to groups or cohorts of people with knowledge/lived experience of creativity or practice of cultural, heritage, or artistic practice.

give meaning to lives, we will have delivered an innovative, and essential contribution to making East Sussex a Creative Health County.

We hope the Creative Health agenda will contribute to long-term improvements in Healthy Life Expectancy and Quality of Life for the communities we serve, and support the system partners in both statutory, voluntary and community sectors delivering health and care offers and the Creative, Cultural and Heritage industries across East Sussex.

Context

Creative Healthier Lives - Arts in Public Health sits within the wider health and wellbeing ecosystem across East Sussex. The Delivery Action Plan will align with NHS and wider health and care system strategic documents and priorities:

- [Healthy lives, healthy people: East Sussex Health and Wellbeing Board Strategy](#)
- [Sussex Integrated Care Strategy: Improving Lives Together](#)
- [East Sussex Joint Strategic Needs Assessment \(JSNA\)](#)
- [Adult Social Care Strategy | East Sussex County Council](#)
- [East Sussex Cultural Strategy](#)

What do we mean by arts and creativity?

Arts

The arts are conceptually difficult to define. The All Party-Parliamentary Group for Arts, Health, and Wellbeing (APPGAHW) used a definition of arts including ‘the visual and performing arts, crafts, dance, film, literature, music and singing...gardening...and the culinary arts’².

The National Centre for Creative Health defines Creative Health as ‘creating the conditions and opportunities for arts, creativity and culture to be embedded in the health of the public’.

For the Strategic Plan we have been guided by the literature³ and the Faculty of Public Health, Arts and Health Special Interest Group⁴, to adopt a broad definition of the arts:

- Performing arts: activities in the genre of music, sound art, dance, theatre, singing, film, etc.
- Visual arts, design, and craft: activities in the genre of animation, craft, drawing, fashion, interior design, painting, photography, public art, sculpture, textiles, etc.
- Literature: writing, reading, attending literary festivals etc.

- Culture and Heritage: going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals, and fairs etc.
- Online, digital, and electronic arts: digital art, electronic art, filmmaking, graphics etc.

The arts are a process of discovery and creative effort⁵; in short, they encompass both high level professional productions, exhibitions and events and ‘*everyday creativity*’² taking place both within the home and within the community as individual or group endeavours, and as publicly funded activities. This also includes the places art engagement takes place, such as concert halls, galleries, libraries, theatres, and museums, as well as health and social care environments, community settings, and homes.

Arts, including culture, are commonly split into two areas of activity:

- Those that are **essentially receptive**, involving an artistic or creative offer that has been created or curated by a practitioner and is now presented for experience or consumption by an arguably passive audience².
- Those that are **essentially participatory**, requiring active engagement with creative processes and involvement in the arts⁶ from all involved.

Creativity

[Arts Council England](#) define creativity as “the process through which people apply their knowledge, skill, and intuition to imagine, conceive, express or make something that wasn’t there before.”⁷ Art and creativity are often used interchangeably and there is an obvious and enduring link between them, with the “Arts” often defined as the product of a process of creative act, effort, inspiration, or discovery. The precise role of creativity in the “Arts” in any given form, however, from fine art to drama dance and literature, is not universally static, varying significantly across time and cultures. Creativity goes beyond the formal constraints of particular artistic practice and can be found in every aspect of people’s lives. Everyone can be creative, although not everyone has access to the same opportunities to engage with the arts and creativity.

Kaufman and Beghetto’s⁸ Four-C model of creativity usefully demonstrates how context impacts creativity.

The Four-C model of creativity

Mini-C	Personal	Explorative behaviour that is individually inventive and meaningful.
Little-C	Everyday	Everyday creativity, the ordinary daily actions

²² This is an area of contention in cultural practice as it is difficult to define the precise boundaries between passive consumption of creative products, active engagement and attention and participatory involvement. The fluidity in roles and nature of audience and performer, creator and consumer, audience and collaborator, bystander and participant is essentially unresolvable.

		humans engage in to create new ways of doing things.
Pro-C	Expert	A level of expert creativity not classed as exceptional.
Big-C	Genius	Creative genius.

Table 2 Source: The Four C model of Creativity Adapted from Kaufman & Beghetto, 2009

Within this plan we are seeking to embrace all aspects of this model with greatest emphasis on Mini-C and Little-C.

A note on Culture and Heritage

In this paper we are including culture and heritage within our use of the terms arts and creativity. This is in line with the research of Professor Chatterjee³ at University College London, who specifically assessed the positive impact of museum spaces; a key culture and heritage domain, on the physical and mental health wellbeing of participants⁴. We hope through this approach to widen the Creative Health offer to as broad a range of settings and opportunities as we can. Given the wealth of heritage and cultural opportunities in East Sussex we want to ensure that we are maximising their positive impacts on the health and wellbeing of all those involved as practitioners, and participants, as visitors to - and curators of - cultural and heritage spaces.

Evidence of the benefits of arts and creativity

There is growing evidence that arts and creative activity can lead to improved health and wellbeing; evidence suggests that getting involved in creative activities throughout the Life course in communities reduces loneliness, supports physical and mental wellbeing, and helps to strengthen social ties⁹. Creative interventions have been associated with improvements in wellbeing and social wellbeing^{10,11,12}, slower declines in cognition¹³, reduced levels of isolation and loneliness¹⁴ and lower mortality rates¹⁵.

Arts specifically as therapy have been used for over a century¹⁶, yet it is only in recent years that systematic and controlled studies have examined the therapeutic effects and benefits of the arts and healing¹⁷. The role of the creative endeavours as a contributor to health and wellbeing outcomes and their use as a public health resource is beginning to be more widely understood¹⁸.

³ See [Helen J. Chatterjee & Paul M. Camic \(2015\) The health and well-being potential of museums and galleries](#).

⁴ See ['Museums on Prescription' project | UCL Division of Biosciences - UCL – University College London](#)

The increase in interest in the Creative Health agenda and increasing volume in research - although varying in quality and approach - over the last two decades¹⁴ shows that the Creative Health opportunities can contribute to the promotion of good health¹⁹. This includes the areas of carer resilience, the prevention or, or support and amelioration of a range of mental and physical conditions, and treatment or management of acute and chronic conditions²⁰ and end of life care or bereavement:

Figure 1: how the arts support prevention, promotion, management and treatment

Prevention and promotion	Management and treatment
<ul style="list-style-type: none"> • affecting the social determinants of health (develop social cohesion, reduce social inequality and inequity) • support child development (enhance parent-child bonding, support speech and language acquisition) • encourage health-promoting behaviours (promoting healthy living or engagement with health care) • help to prevent ill health (enhancing well-being, reducing trauma impact or the risk of cognitive decline) • support caregiving (enhancing understanding of health and improving clinical skills) 	<ul style="list-style-type: none"> • help people experiencing mental illness (supporting recovery from perinatal mental illness and after trauma and abuse) • support care for people with acute conditions (improving experience of and outcomes in care for hospital inpatients) • support people with neurological disorders (including autism, cerebral palsy, stroke, degenerative neurological disorders and dementias) • help treatment of noncommunicable diseases (including cancer, lung disease, diabetes and cardiovascular diseases) • support end-of-life care (including palliative care and bereavement)

Fig 2 Source: Adapted from Fancourt et al, 2020

On a broader basis, across the “Life course” from preconception to end of life care, the arts have been shown to support child social development and wellbeing as well as cognitive function in older age. Furthermore, positive impacts across a range of developmental stages, and the management and treatment of many specific conditions, have also been observed; as set out in the Figure below.

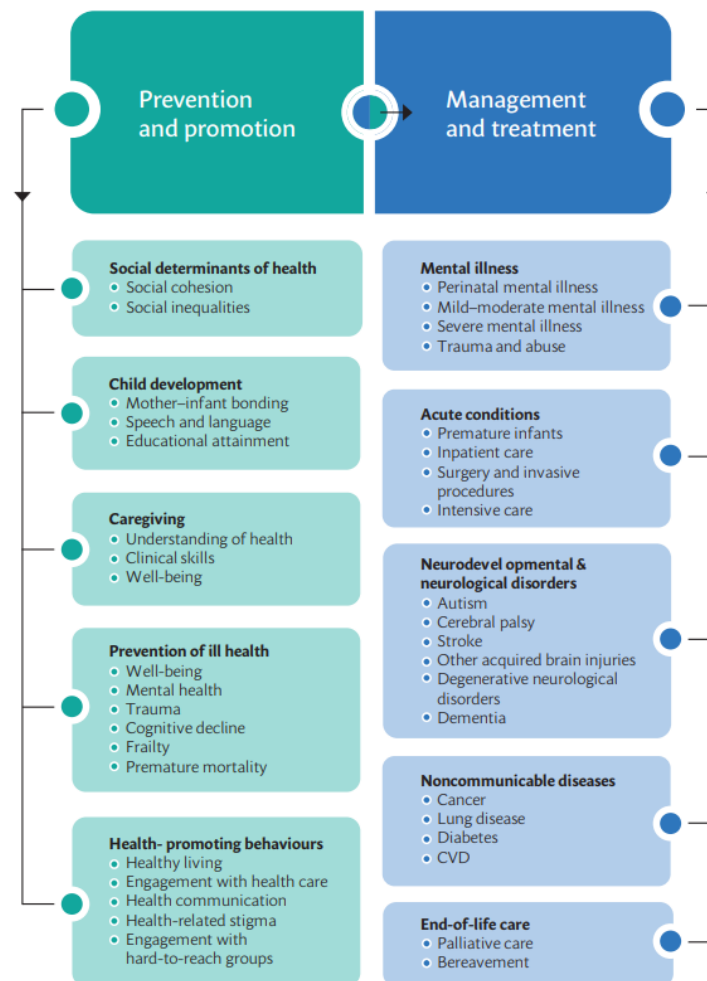


Figure 3: Specific impacts of the arts on health and wellbeing

Source: Fancourt and Finn, 2019

A 2021 systematic review of the evidence on arts and creativity in later life²¹ shows that participation in group arts and creativity interventions helps to support the physical, mental, and social aspects of ageing. Additional research suggests that participatory art-based activity, performed weekly over several months, may improve both mental and physical health in older people in the community, including improved wellbeing and quality of life, a decrease in frailty, and increased feelings of autonomy and control^{22,23}.

Artistic and cultural engagement can have a range of positive impacts on health and wellbeing, including a reduction of reliance on medication use (or enhanced compliance with treatment places and medication regimes) and Primary Care (GP visits; moderate symptoms in chronic health conditions, including diabetes, dementia, stroke and respiratory disease; decrease mortality rates; reduce pain and fatigue; and increase healthy behaviours.²⁴ The arts can therefore be considered as a social determinant of health, which public health can consider within its prevention approach to improving quality of life and reducing the gap in healthy life expectancy for the population of East Sussex (please see [appendix 4](#)).

Inequalities - accessing the arts.

Regardless of socio-economic or demographic backgrounds, recent evidence²⁵ has shown that adults who participate in arts and cultural activities:

- Are more likely to have better cognitive reserve in later life.
- Are less likely to develop dementia.
- Have lower levels of frailty and chronic pain in older adulthood and experience less loneliness and depression, and better wellbeing.
- Live longer.

Nonetheless, access to the arts is not equal; only 10.3% of adults (n=38,069) in the UK have regular patterns of participation in the arts such as singing, playing an instrument, taking part in a drama group, painting, drawing, or writing stories or poems. Only 18% of adults are frequently engaged in cultural activities, such as going to book clubs, exhibitions, plays, live music events, museums, historical places, or archaeological sites²⁶.

Evidence indicates that the most vulnerable groups are 20% less likely to participate in creative activity in the UK than the least deprived, and that these activities increase subjective wellbeing²⁷. There are significant variations in engagement according to gender, ethnicity, disability, age, socioeconomic group, and geographical location²⁸; for example, those in higher socio-economic groups are more likely to engage in sport, arts, museums, galleries and heritage²⁹ than those in lower socio-economic groups^{28,30,31,32}. By contrast, those from minority ethnic groups have been found to be well represented in attendance at public libraries and in arts activities geared towards mental health protection³³.

However, there is evidence to suggest this ‘participation gap’ may be an oversimplification and people from lower socio-economic groups do engage and benefit from the arts, although they are more likely to experience barriers to engaging with the arts such as cost, health, and travel. There is an overreliance on a notion of art and creativity linked to Big-C and Pro-C, with limited account taken for mini-C and little-C activities³⁴.

There is potential to use access to the arts through health routes for those experiencing poor health, to overcome inequalities and provide improvements in health and wellbeing to those experiencing disadvantage, especially if activities are delivered appropriately. However, within this approach there is also a need to acknowledge risks of using access to health-giving arts to disproportionately benefit those with higher socio-economic status, cultural capital, higher education, better access to - and familiarity with - “the Arts” or “Creativity” attainment, all of which has the potential to worsen health inequalities.

Target groups

Within Creative Healthier Lives - Arts in Public Health we are focusing on the health and wellbeing of specific population groups. These groups are linked to the [NHS Core20Plus5](#) criteria which includes the most deprived 20% of the English population and five target population groups; maternity; severe mental illness (SMI); chronic respiratory disease; early cancer diagnosis; and hypertension case finding (see [Appendix 1](#)).

Within East Sussex, 14% of the population fall within the 'Core 20%', with higher concentrations in some areas; Hastings has the highest concentration, 43%, followed by Eastbourne, 20%. Our focus will be on Hastings given the level of identified need. Alongside this we will also target other areas and communities disproportionately and negatively impacted by the pandemic, including older people and children and young people, given our system priorities and the evidence indicating that these are areas where arts, creativity and culture can have a positive effect.

Social prescribing

Social prescribing is a means of enabling health professionals to refer people to local, non-clinical services. It is informed by the recognition that people's health and wellbeing are determined by a range of factors (social, economic, and environmental), and aims to meet these needs in a holistic way whilst supporting people to take greater control of their lives. There is growing evidence demonstrating positive health and wellbeing outcomes linked to social prescribing, including improvements in quality of life, wellbeing and levels of depression and anxiety^{35,36}.

Social prescribing has been embraced across wider health and care policy; it is considered a key component of Universal Personalised Care and was incorporated into the NHS long-term plan (2019) model of personalised care. Within this context and the focus on community-centred approaches to health, social prescribing has a key role to play in supporting the strategic priorities of this plan, enabling the embedding of arts and creativity into place and system approaches to improve and sustain the health and wellbeing of people across East Sussex.

Arts and social determinants of health

What do we mean by social determinants of health?

Many factors that affect our health and well-being are not medical, but rather social, cultural, political, psychological, or economic. A person's chance of enjoying good health and a longer life is influenced by a range of interacting social, economic and environmental conditions in which people are born, grow, live, work, and age. These conditions are the *determinants of health*, and include individual lifestyle factors,

community influences, living and working conditions, and more general social circumstances that influence our health³⁷.

The role of arts in social determinants of health

Recognition of the social determinants of health is now consistent across UK health policy documents; and across the UK, arts-based strategies are increasingly being integrated into systems to address the social determinants of health². A recent WHO Health report provided extensive evidence on how engagement with the arts can help to address social determinants of health, such as by developing social cohesion, reducing loneliness and social isolation, developing skills (including speech and language acquisition in children), building capacity, promoting social inclusion, and building individual and group identity.¹⁴

Research has suggested a direct association between those who engage in two hours of arts engagement per week and significantly better wellbeing, compared to those who engage in less than two hours a week³⁸. This aligns to the idea of an ‘arts dose’ as a measure for creative activity and positive health and wellbeing impacts flowing from creativity. However, the evidence shows relatively low engagement with publicly funded arts amongst people living with economic and social disadvantage^{39,2}; there is a need to improve access and engagement to support people to live healthier, happier lives.

Labonte⁴⁰ sets out the ways that risk conditions, psycho-social risks and behavioural risk factors interconnect to impact wellbeing and health. Population level actions at all stages are important to provide scalable and sustainable impact. Within this position paper and our strategic plan, we are framing arts and creativity as a protective factor for psycho-social risks and to provide effective intervention to support health and wellbeing.

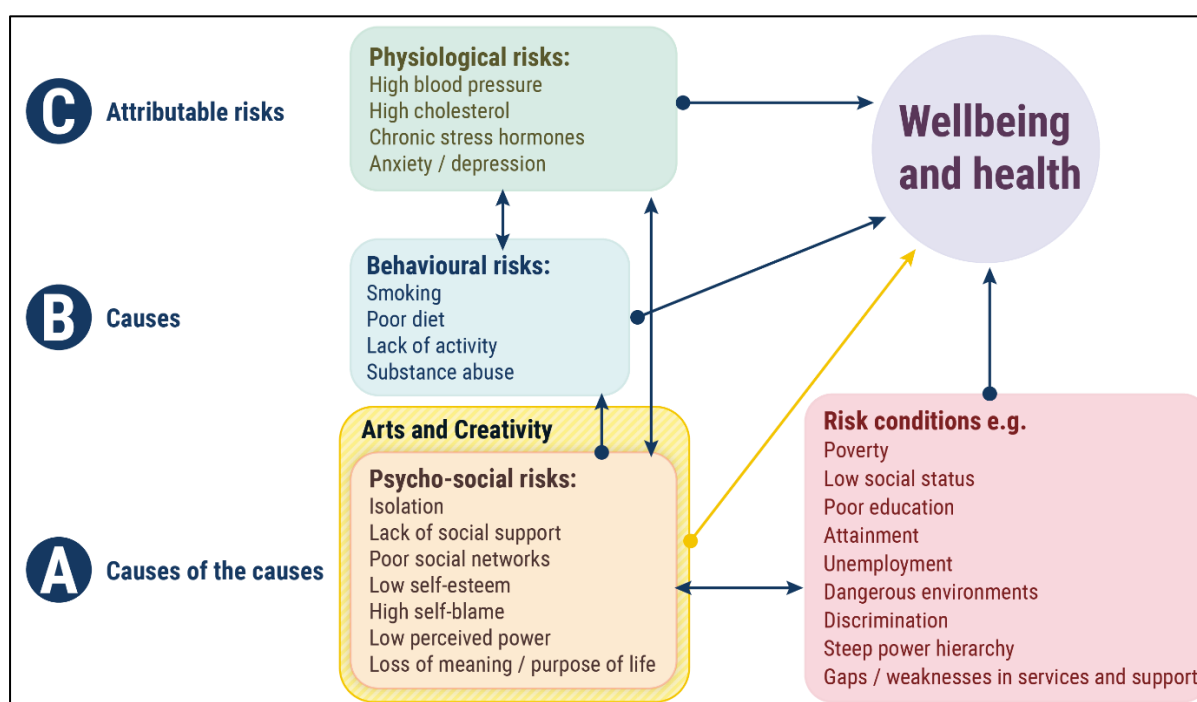


FIGURE 4: FRAMING ARTS AND CREATIVITY AS A PROTECTIVE FACTOR FOR HEALTH AND WELLBEING SOURCE: ADAPTED FROM LABONTE, 1993.

Developing the Delivery Action plan

Creative Healthier Lives - Arts in Public Health the action capturing the range of ambitions and programme strands for the county will be led and developed by Public Health East Sussex, informed by works to date and discussions across a wide range of county, regional and national partners. The plan will support the East Sussex ambition to become a Creative Health County. It will ensure East Sussex continues to champion, develop, and invest in the artistic and cultural experiences that enrich the lives of residents. The plan builds on the intentions of this position paper and sets out a commitment to harnessing the health and wellbeing benefits of arts and creativity for everyone in East Sussex. The action plan will address key areas where arts and creativity can help mitigate against the ill effects of social health determinants, seeking to align with NHS England priorities including [Core20plus5](#), and support the population health focus of the Sussex Health and Care Integrated Care System (ICS).

The development and implementation of the action plan is taking place during a period of **permacrisis**; defined as: “an extended period of instability and insecurity, especially one resulting from a series of catastrophic events”⁴¹

It is noted and evidenced that arts and creativity can play an important role in supporting people during this period and provide tools and opportunities to support people’s health and wellbeing, despite the challenging context.

Focus areas.

To develop our strategic plan commitment to using the arts to address inequalities and improve the health and wellbeing of East Sussex residents, we have identified six areas which will help East Sussex become a Creative Health County:

1. Leadership and partnership

East Sussex Public Health will provide strategic leadership, whilst working with partners to develop leadership, co-production and collaboration across the county, in support of the creative health agenda, including within local government, health, voluntary, community and social enterprise (VCSE), and cultural sectors.

2. Knowledge

East Sussex Public Health will disseminate and support sustainable access to information about creative health, including the evidence base, best practice, evaluation methods and local activity.

3. Evidence

East Sussex Public Health will monitor the contribution of creative health activity across the county and against key local strategies, including the development of a Community of Practice (a Creative Health Support Collaborative) to share evidence and best practice.

4. Commissioning

East Sussex Public Health will create the conditions for continued investment in co-produced creative health programmes and interventions with a focus on target groups (as identified above).

5. Workforce development

East Sussex Public Health will identify, promote, and facilitate networking and professional development for all those engaged in creative health across the county.

6. Communication

East Sussex Public Health will promote the work taking place and disseminate best practice and findings to support ongoing interest and engagement with creative health across the county.

Engagement

We want to work together with organisations and individuals across East Sussex to engage more, listen, learn, and work intentionally, to enable participation from those who are seldom heard, alongside others across the county.

We will work with partners to develop targets and deliverables that allow us to hold each other to account and to see progress is made in meaningful and measurable ways. As part of this engagement work, we will collaborate with a wide range of arts and creative partners, including established providers and grassroots organisations, to ensure we are reflecting the diversity of need⁵ and interest across the county.

Underpinning our engagement work to date were two social learning events; these events included representation from a range of stakeholders, including Public Health, Arts organisations, and community representatives. These events took place between December 2022 and February 2023 and sought to facilitate collaboration, shared ownership, and a commitment to developing East Sussex as a Creative Health County with participants. Building upon these social learning

⁵ In relation to the "arts deficit of need" culturallearningalliance.org.uk - Arts for Every Child A Social Justice Briefing.

events we will be reaching out to service users via community groups, to understand more about their perspective on creativity and the arts, the impact of the activities, and what we need to consider as the plan develops.

Outcomes and Aspirations:

To achieve success, we are aware of the need to take a long-term approach to the Action Plan; within this we have the following priorities, outcomes, and aspirations:

Priority	Outcomes	Aspirations
1: Creative Health and the individual	<ul style="list-style-type: none"> Increased awareness of creativity and the arts to manage individual health & wellbeing. Improved access to, and uptake of, the arts especially in coastal deprivation areas and those disproportionately impacted by the pandemic (e.g., older people, younger people). Increased engagement in individually meaningful activity and everyday creativity. 	<ul style="list-style-type: none"> Creative health opportunities are available and accessible to East Sussex residents, no matter who they are or where they live. Improved health and wellbeing of target communities, supporting their ability to cope in the context of the pandemic, with reference to the post-pandemic context. Improved access to creative health interventions for those in coastal communities disproportionately affected by the pandemic.
2: Creative Health and community	<ul style="list-style-type: none"> Establish a community of practice to support & sustain creative health across East Sussex. Support the development of creative groups to build community and engage local communities in creative health. Establish a 'snapshot' of existing creative health initiatives across East Sussex. 	<ul style="list-style-type: none"> East Sussex residents encouraged to take part in a minimum of 2 hours per week of creative activity. Creative health activities promoted and commissioned across the county. Increase in research activity and contributions to the evidence base for creative health with a focus on how creative health can mitigate inequalities and provide detailed insights at a county level.
3: Creative Health, Systems, Networks and Partnerships	<ul style="list-style-type: none"> Establish a data set using quantitative and qualitative methods to understand creative intervention impact and broader impacts on health and wellbeing. Work closely with system and place partners to embed creativity and the arts into 	<ul style="list-style-type: none"> East Sussex becomes a Creative Health County - providing everyone in East Sussex with the opportunity

	<p>health improvement, healthcare, regeneration, and other relevant policy.</p> <ul style="list-style-type: none"> • Work with partners including Sussex Health and Care Integrated Care System (ICS) and National Centre for Creative Health to embed creativity at system. • Build academic partnerships to further the evidence base and best practice for arts and creativity. • In conjunction with arts and culture sector partners and communities, establish a collective ambition for what ‘good’ looks like in terms of wellbeing outcomes. 	to engage in arts and creativity to support their health and wellbeing.
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Governance

We will establish a working group to support the delivery and accountability of the Delivery Action Plan. This group will consist of colleagues from Public Health, Academia, NHS Sussex ICB, Persons with Lived Experience, and the Cultural Sector. The position paper and Delivery Action Plan will be reviewed and accountable to Public Health Senior Management Team (SMT) and the Adult Social Care and Health DMT, with reporting delivered through the Public Health Board, Culture East Sussex Board, ESCC Corporate Management Team and the Health and Wellbeing Board, as appropriate.

Conclusion

A justified response to any proposition is to challenge whether or not it will make any tangible difference to the people that the proposition seeks to serve, the , “So What?” that we need to address if we are serious about our plans.

We know that the health, social and civic challenges faced by the county we serve are considerable. With the ongoing need to promote inclusion and tackle the impacts of inequality, economic, social and health system issues and calls upon statutory and voluntary and community sector service offers seemingly higher every day we must do everything we can to simultaneously support our communities and prevent the exacerbation of impacts they experience as a result of the social determinants of health.

We need to do all we can to maximise the impact of the resources available to us and support the health and wellbeing, and cohesion and connectivity of the communities we serve.

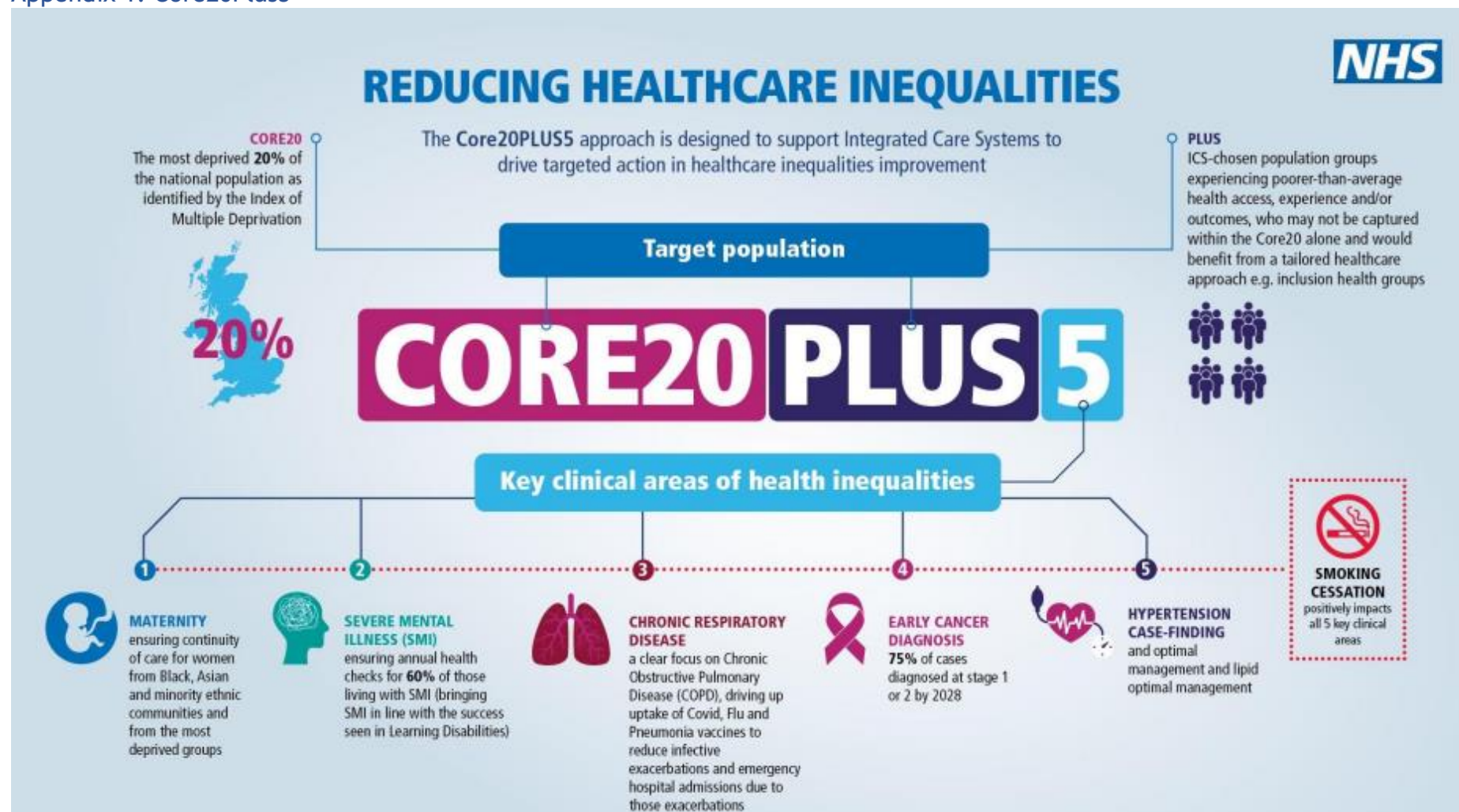
These communities need a way to share their experiences and opportunities to move, share, connect, learn and create with others.

We know that sometimes simple opportunities can have positive, profound and lifelong impacts on individuals and through them shape and support families, communities and the county as a whole.

It is clear that creative health opportunities are effective in promoting lasting and sustainable health improvement and health protection across the life course, and that these opportunities can be of low cost and high impact.

With the wealth of creative assets, opportunities and expertise across East Sussex and building upon the works of ESCC, NHS and Creative sector partners there are many opportunities to harness the health improvement potential of creativity to add a much needed and potentially very powerful tool to the public health offer.

The potential of Creative Health to contribute to the vibrancy and resilience and health and wellbeing of our populations is clear. We ask therefore that stakeholders join us in developing the Creative Health Programme further, endorse the strategic direction and recognise the considerable health gains to be had in supporting the Creative Health agenda.



Sourced from: [NHS England » Core20PLUS5 \(adults\) - an approach to reducing healthcare inequalities](#)

Appendix 2: Proposed Development Plan

Timeline: November 2022 - September 2023

Evidence review

A review looking at the impact of creativity on health and wellbeing, including what's been done, for who, best practice and effectiveness. This would include national (and potentially international) evidence around the impact of creative interventions on mental health and wellbeing for people of all ages. This would also look at best practice/guidance, and potentially project evaluation methods.

Scoping what is happening locally already

A scoping exercise to see what creative interventions already exist across the county. Subsequent discussion of phases 1 and 2 should identify where the gaps are, what works for who, and who could be specifically targeted with creative interventions. Use of [East Sussex Community Information Service \(ESCIS\)](#)⁶ database and local authority commissioned creative programmes to build and develop the local activity picture.

Local data collation

Collation of local data to describe the mental health and wellbeing epidemiology, social prescribing activity, and comparative data. We are reviewing options including using the local community survey, the health-related behaviour survey and national wellbeing surveys.

Social Learning

Two social learning events have been held with stakeholders to identify needs and assets; the events scheduled for December 2022 and February 2023 featured an assortment of different stakeholders from the wider cultural, heritage and artistic agendas across East Sussex and helped us access a comprehensive range and depth of insight, knowledge and understanding. The events acted as a springboard to help refine the thinking underpinning this paper and set the foundations for the Strategic Plan that follows on from it. Future social learning events will be supported by engagement with the wider arts, culture and community sector across East Sussex to enable a wide representation of views, including service users, and develop interest and commitment to the plan and creative health across East Sussex. This has taken the form of a “supportive” offer for the Culture, Arts, Heritage and Creativity networks, systems, and practitioners.

⁶ ESCIS is a database of community information and events developed and managed by the Library and Information Service of East Sussex County Council, in association with Brighton and Hove Library Service. It is free for everyone to use.

The East Sussex Creative Health Support Collaborative soft launched in June 2023 and will commence a series of events, webinars, gatherings, and opportunities from September 2023.

Implementation

The aim is for the strategic plan to act as a roadmap to enable the implementation of activity and initiatives, utilising arts and creativity to support health and wellbeing across East Sussex. It will be a ‘living document’ reflecting the developments and growth of arts and creativity across the county over time.

Appendix 3: PESTLE analysis of arts and creativity

Political	<ul style="list-style-type: none"> • Growing awareness, interest, and political context for the use of the arts and creativity to support health and wellbeing e.g., APPG Arts Health and Wellbeing, Arts Council England (ACE) Let’s Create strategy, UCL Creative Health MASc, WHO scoping review of the role of the arts in improving health and wellbeing, RSPH Arts, Health, and Wellbeing Special Interest Group. • NHS Long Term Plan commitment to giving people control over their health and more personalised care including social prescribing and a focus on connecting with local groups and support services. • Integrated Care Systems (ICS), commitment to tackling health inequalities and population health. • Local initiatives and actions which support the role arts can play in East Sussex and provide opportunities e.g., Eastbourne as an Arts Council England Levelling Up for Culture Place⁷, Culture East Sussex. • Permacrisis context creates a sense of ‘what next’ for people and potential negative impact on people’s wellbeing, in this context there are opportunities for arts and creativity.
Economic	<ul style="list-style-type: none"> • ‘Cost of Living’ crisis means those hardest hit are those with the poorest outcomes who may also be least likely to access arts and creativity opportunities.

⁷ DCMS and Arts Council England identified 109 Levelling Up for Culture Places across England (outside of London) that will be the focus of additional engagement and investment.

	<ul style="list-style-type: none"> • Autumn statement 2022 (17th November 2022) - spending cuts and increases in tax will have an impact on individuals and organisations. • Limited sustainable, ongoing funding opportunities for arts interventions to support creativity. • Need for research and evidence to demonstrate impact and cost benefit. • Reliance of voluntary and community sector to deliver interventions, many of which experience funding and resource challenges. • Need to consider sustainability as part of project delivery.
Social	<ul style="list-style-type: none"> • Some attitudes to 'arts' and 'creativity' both from users and those making decisions can impact involvement, uptake and advocacy. • Perception of elitism in relation to arts can be significant for some target groups. • Increased demand for services. • Impact of the pandemic and cost of living crisis can impact engagement e.g., reluctance to attend public events or costs associated with taking part. • Opportunity to identify marginalised groups and work within existing provision to support engagement. • East Sussex has an old and ageing population, with 26% of residents over 65. • East Sussex has 22 LSOAs in the most deprived 10% nationally. • Opportunity to look at what's happening across the county and review/ develop innovative approaches.
Technological	<ul style="list-style-type: none"> • Technology provides new opportunities for engagement and service delivery, especially around digital creativity. • Skills development.

	<ul style="list-style-type: none"> • Potential of digital exclusion based on skills, access and availability, digital poverty as a barrier to access. • Digital and information literacy requirements of initiatives and how that impacts access. • Social media engagement and opportunities to promote creativity and health.
Legal	<ul style="list-style-type: none"> • GDPR - data gathering and sharing • Safeguarding • Health and Safety • National Living Wage
Environmental	<ul style="list-style-type: none"> • Pros and cons associated with partnership delivery e.g., wider access vs. management challenges. • Location of interventions - may be more accessible to certain groups. • Climate change and environmental impact of delivery. • Opportunities linked to corporate social responsibilities (CSR) e.g., volunteering, community engagement. • Responsibilities to communities where initiatives occur e.g., impact on existing projects.

Appendix 4 Creative Health Indicators

The Public Health Outcomes Framework⁴² outlines the government's vision for public health, with two overarching outcomes:

1. Increased healthy life expectancy.
2. Reduced differences in life expectancy and healthy life expectancy between communities.

As a measurement of how well we're doing, in relation to achieving these outcomes, a set of supporting indicators was devised. These indicators are split into four domains.

- Wider determinants
- Health improvement
- Health protection
- Healthcare and premature mortality

Nine of these indicators are listed below; these indicators have been chosen, in relation to the Arts in Public Health Strategic Plan, due to the accompanying evidence base that demonstrates the impact that arts and creativity can have on these public health outcomes. A summary of the evidence base is provided in the table:

Indicator	Domain	Evidence
Reduction in the attainment gap	Wider determinants PHOF Indicator-B02	Since 2019, the disadvantage gap index has increased from 2.91 to 3.23 in 2022 (the highest level since 2012) ⁴³ . This suggests that the disruption to learning, due to COVID-19, has had a greater impact on disadvantaged pupils. Studies (qualitative, quantitative and some RCTs), involving music interventions, suggest engagement with the arts and creativity may improve educational attainment ²⁰ . It's also suggested that early childhood engagement in arts activities can predict academic performance ¹⁴ .
A reduction in 16-17-year-olds not in education, employment, or training (NEET) or whose activity is not known.	Wider determinants PHOF Indicator-B05	Approximately 10.5% of 16-24-year-olds in England were not in education, employment, or training (NEET) in 2021 ⁴⁴ . Encouraging young people who are NEET to get involved in the arts and creative activities can help to develop their social skills, confidence, and self-esteem. This may result in them moving into education, employment, or training ⁴⁵ .
Pupil absence, Persons, 5-15 years	Wider determinants	According to the most recent national statistics, 1.6 million pupils were persistently

	PHOF Indicator-B03	absent from school (missing 10% or more of their possible sessions) during the 2021/22 term ⁴⁶ . Several studies have suggested that pupil participation in music programmes can reduce truancy and increase school attendance ^{47,48} .
The percentage of adults who feel less lonely (lonely often / always or some of the time, Persons, 16+ years)	Wider determinants PHOF Indicator-B19	According to the 2020/21 Community Life Survey, approximately 3 million people in England said they felt lonely, “often” or “always” ⁴⁹ . There is strong evidence to suggest that engagement with the arts and creativity can improve aspects of social cohesion including reducing the feeling of loneliness ²⁰ . These interventions have proved particularly successful amongst those living in rural or disadvantaged areas ^{50,51,52} and in people with dementia ^{53,54} .
Self-reported wellbeing - people with a low satisfaction score	Health Improvement PHOF Indicator-C28a	According to the Office for National Statistics (ONS), approximately 5% of the population of England have a low satisfaction score in relation to their self-reported wellbeing ⁵⁵ . A report that synthesised the findings from over 3,500 studies relating to the role of arts and creativity in the prevention, management and treatment of ill-health and health promotion, suggested that there was strong evidence relating to the use of the arts to improve wellbeing in adults and that this evidence can be trusted to guide policy development. The evidence relating to children and young people is also promising ²⁰ . An example of an intervention that was reported to improve self-reported wellbeing was tai-chi for older adults ⁵⁶ .
Frailty & MSK indicators	Health improvement PHOF Indicator-C27	Frailty in older age increases the risk of falls, fractures, disability, and premature death ⁵⁷ . Arts and creativity engagement may reduce the risk of frailty in older age ¹⁴ . Studies demonstrating this have focused on dance as an art form. However, other studies have demonstrated that engagement in music sessions, within inpatient settings, is associated with a decreased risk of falls ^{58,59} and attending the theatre, concerts, museums, galleries, and the cinema within the community can slow the rate of frailty progression ⁶⁰ .
GP time and repeat visits	Health improvement	It is estimated around 20% of patients consult their GP for social issues ⁶¹ . Social prescribing (including the prescription of arts and creativity-related activities) has been

	PHOF Indicator-N/A	shown to reduce the number of GP visits made by recipients ⁶² .
Depression and self-reported happiness	Health improvement PHOF Indicator-C28c Depression-QOF presence and incidence (18+ years)	Approximately 1 in 6 (17%) adults experienced some form of depression in the summer of 2021, this is an increase of 7% in comparison to pre-pandemic levels ⁶³ . Engagement with the arts and creativity has been shown to both prevent the onset of depression ⁶⁴ and reduce depressive symptoms in those with the illness ⁶⁵ . Positive effects can be physical (increased muscle strength and neurochemical effects), cognitive (stimulation of memory), social (increased social connectedness), personal (self-esteem) and cultural (creative expression) ⁶⁵ .
Anxiety (self-reported)	Health improvement PHOF Indicator-C28d	Despite improvements in the last year, average ratings for anxiety across the UK are still greater than they were before the start of the COVID-19 pandemic ⁶⁶ . There is a wealth of evidence demonstrating the benefits that creativity and arts engagement and participation has on anxiety across all age groups (children, adults, and older people). Studies have also been conducted in people with chronic conditions, such as cancer ^{67,68,69,70} and coronary heart disease ^{71,72} , those with non-psychotic mental health disorders ^{73,74,75,76,77} and in marginalised groups including migrants and refugees ⁷⁸ , prison populations ⁷⁹ and the homeless ⁶ . All have demonstrated that arts and creativity-related interventions can reduce anxiety in participants.
Isolation and social networks	Wider Determinants PHOF Indicator-B18a, B18b	There is strong evidence to suggest that engagement in the arts and creativity can both reduce isolation ^{20,14} and act as a protective factor particularly for groups at a higher risk of isolation such as individuals with a neurological disease ^{80,81,82,83} . Participation in group singing and music activities was found to enhanced wellbeing, development of new skills, positive relationships, a sense of belonging and increased social networks in older people ⁸⁴ .
Self-esteem	N/A	Increased self-esteem is one of the most frequently reported outcomes of arts and creativity engagement interventions. There is robust evidence demonstrating impact across the life course (children ¹⁴ , adolescents ²⁰ , adults ¹⁴ and older people ⁸⁵) and in higher risk groups including those experiencing mental ill-

		health ^{86, 87} , stroke patients ⁸⁸ , adult prisoners ⁸⁹ and young offenders ⁹⁰ .
Sense of life purpose	Health Improvement PHOF Indicator - C28b	A study commissioned by the Arts Council found that using public libraries had a positive impact on wellbeing (higher life satisfaction, higher happiness, and higher sense of purpose in life) as well as finding library users more likely to report good general health ⁹¹ . A review of the literature on creative arts and healing showed that, music has been evidenced to enhance mood and sense of purpose ⁹² .

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
12 December 2023	East Sussex Health and Social Care Programme - update report
	East Sussex Safeguarding Children Partnership (ESSCP) Annual Report 2022-23
	Joint Strategic Needs Assessment (JSNA) Update report
	Pan-Sussex and East Sussex Suicide Prevention Strategy and Action Plan
05 March 2024	East Sussex Health and Social Care Programme - update report
16 July 2024	East Sussex Health and Social Care Programme - update report
	Director of Public Health Annual report 2023/24
	Healthwatch Annual Report 2023/24
	Sussex learning from lives and deaths (LeDeR) Annual report 2023/24
26 September 2024	East Sussex Health and Social Care Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2023-24
10 December 2024	East Sussex Health and Social Care Programme - update report
	East Sussex Safeguarding Children Partnership (ESSCP) Annual Report 2023-24
	Joint Strategic Needs Assessment (JSNA) Update report

East Sussex Health and Wellbeing Board Work Programme

TBC	NHS Health and Care Act (item from Cabinet agreeing MOU and formal participation in ICB).
TBC	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership.
TBC	Children and Young People's Mental Health programme.