



# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 5 MARCH 2024

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 Glenn Haffenden, Hastings Borough Council  
Councillor Teresa Killeen MBE, Rother District Council  
Jessica Britton, NHS Sussex  
Dr Stephen Pike, NHS Sussex  
Stephen Lightfoot, 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 Dr Kathy Ballard, Eastbourne Borough Council  
Councillor Paul Coleshill, Wealden District 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  
Duncan Kerr, VCSE Alliance

## AGENDA

1. Minutes of meeting of Health and Wellbeing Board held on 12 December 2023 (*Pages 3 - 6*)
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. Rye Listening Tour - Healthwatch East Sussex (*Pages 7 - 30*)
6. School Attendance as a Public Health Outcome (*Pages 31 - 36*)
7. Focus on Men's Mental Health in East Sussex (*Pages 37 - 86*)
8. East Sussex Shared Delivery Plan (SDP) programme update (*Pages 87 - 92*)
9. Work programme (*Pages 93 - 94*)

10. Any other items previously notified under agenda item 4

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26 February 2024

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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 12 December 2023.

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MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor John Ungar, Councillor Teresa Killeen MBE, Jessica Britton, Dr Stephen Pike, Mark Stainton, Darrell Gale and Alison Jeffery
INVITED OBSERVERS PRESENT	Councillor Paul Coleshill, Councillor Paul Davies, Councillor Maya Evans (substituting for Cllr Andy Batsford), Becky Shaw and Duncan Kerr
PRESENTING OFFICERS	Chris Robson, Independent Chair, East Sussex Safeguarding Children Partnership Graham Evans, Head of Public Health Intelligence
ALSO IN ATTENDANCE	Councillor Bob Bowdler (in attendance virtually)

## 23. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 28 SEPTEMBER 2023

23.1 The minutes of the meeting held on 28 September 2023 were agreed as a correct record of the meeting.

## 24. APOLOGIES FOR ABSENCE

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

- Councillor Carl Maynard, East Sussex County Council.
- Councillor Margaret Bannister, Eastbourne Borough Council.
- Joe Chadwick-Bell, East Sussex Healthcare Trust.
- Veronica Kirwan, Healthwatch East Sussex.

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

- Councillor Andy Batsford, Hasting Borough Council.

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

- Councillor Maya Evans, Hastings Borough Council substituted for Councillor Andy Batsford.

24.4 Apologies for absence were also received from Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation.

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

25.1 There were no disclosures of interests.

26. URGENT ITEMS

26.1 There no urgent items notified.

27. EAST SUSSEX SAFEGUARDING CHILDREN PARTNERSHIP (ESSCP) ANNUAL REPORT 2022/23

27.1 The Board considered a report on the East Sussex Safeguarding Children Partnership (ESSCP) Annual Report for 2022/23. Chris Robson, Independent Chair, East Sussex Safeguarding Children Partnership introduced the report outlining the key learning and achievements together with the future priorities for the ESSCP. He commented that East Sussex has a very mature and highly functioning partnership, with the local authority providing a good culture of challenge and support.

27.2 Alison Jeffery, Director of Children's Services commented that she would like to record her appreciation of the support given by Chris Robson in his role as Independent Chair.

27.3 Members of the Board discussed the report and noted their support and thanks for all the work set out in the report. The Board commented that the number of sexual abuse offences outlined in the report was high and asked if there was anything that could be done to reduce or mitigate against the number of offences occurring. Councillor Maya Evans observed that some people who are abusers have been abused themselves and that therapy and other interventions can help to tackle this.

27.4 Alison Jeffery responded that sexual offences against children occur in a variety of forms. Some are within the family and there is work taking place on adult substance abuse which is linked to this, as well as the opportunity for therapy. Where there is abuse between children and young people, schools are doing a good job to help them understand the expectations of respect and consent where there is peer on peer sexually harmful behaviour.

27.5 The Chair recorded the thanks of the Board for the work of the ESSCP and the Annual Report.

27.6 The Board RESOLVED to receive and note the East Sussex Safeguarding Children Partnership Annual Report for 2022/23.

28. EAST SUSSEX SHARED DELIVERY PLAN (SDP) PROGRAMME UPDATE

28.1 The Board considered an update report on the East Sussex Shared Delivery Plan (SDP) Programme. Mark Stainton, Director of Adult Social Care and Health introduced the report. Appendix 1 of the report summarises the eight milestones which are to be achieved by March 2024, and appendix 2 provides more detail on the progress against the milestones. The report also outlines the development of the Integrated Community Teams (ICTs), their key functions,

and the enhanced partnership and governance arrangements. Jessica Britton, Executive Managing Director NHS Sussex, added that in the development of the ICTs it had been important to reflect the key themes of the Health and Wellbeing Strategy and demonstrate how ICTs were achieving against key outcomes.

28.2 Members of the Board observed that they were pleased with progress and the work in the community was starting to make improvements. The Board asked if in a future report it would be possible to have a graphic of how ICTs integrated with communities in delivering their work.

28.3 The Chair thanked officers for another good report and the progress that was being made. He commented that with the winter pressures approaching it was important not to forget the good work that was taking place.

28.4 The Board RESOLVED to:

- 1) Note the content of the progress report; and
- 2) Note the outline proposals being developed for a strengthened East Sussex 'Health, Care and Wellbeing Partnership' and accountability to the Health and Wellbeing Board, which will be brought to the March 2024 meeting of the Health and Wellbeing Board.

## 29. EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

29.1 The Board considered an update report on the Joint Strategic Needs Assessment (JSNA). Darrell Gale, Director of Public Health and Graham Evans, Head of Public Health Intelligence introduced the report. Darrell Gale outlined the purpose of the JSNA and Graham Evans outlined the changes that had been made to the JSNA together with the resources and proposed priorities for the system and workplan for the development of the JSNA.

29.2 Members of the Board commented that this was a good report and the work with East Sussex in Figures (ESiF) was very impressive. The Board noted the comprehensive list of items in the JSNA Workplan for 2024 and the priorities for the health and care system based on the JSNA work to date.

29.3 Councillor Ungar commented on the use of PSA tests to detect Prostate cancer and the need to do more to detect this cancer including the use of MRI scans. It was hoped that more could be done on this health issue. Darrell Gale commented that there are challenges in diagnosing Prostate cancer as there is no one test or product at present, that is suitable for a national screening programme. This is an issue that the authority is concerned about, but it is not something that the authority can work on alone.

29.4 The Board RESOLVED to approve the JSNA priorities and workplan for 2024.

## 30. SUSSEX AND EAST SUSSEX SUICIDE PREVENTION STRATEGIES

30.1 The Board considered a report on the development of suicide prevention strategies and action plans for Sussex and East Sussex. Darrell Gale introduced the report and outlined the need for an overarching East Sussex Suicide Prevention Strategy which links to a wider pan-Sussex Strategy matching the areas covered by the Integrated Care Board (NHS Sussex) and Sussex Police. The Strategies reflect the new National Suicide Prevention Strategy, and the report also covers the support provided to people bereaved by suicide.

30.2 Members of the Board commented that the report and strategies were really good pieces of work, and the development of the East Sussex Strategy reflects the input from the people affected by this issue. Alison Jeffery commented that suicide prevention is a significant issue for the children and young people of East Sussex and that East Sussex is an outlier for Emergency Department attendance for self-harm. The Board recognised the importance of this work especially for children and young people.

30.3 The Board RESOLVED to note the recent and ongoing work to develop and implement the two suicide prevention strategies and action plans for Sussex and East Sussex.

### 31. WORK PROGRAMME

31.1 The Board considered the future work programme. Mark Stainton commented that there may be space for another item on the March 2024 meeting agenda. The Chair invited Board members to suggest items that they would like to include in the future work programme. The Senior Scrutiny Adviser commented that Healthwatch may wish to bring a report to the Board on the Rye Listening Tour and would contact Veronica Kirwan regarding the timing of the report.

31.2 The Board RESLOVED to agree the work programme.

### 32. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

32.1 There were none.

The meeting ended at 3.28 pm.

Councillor Keith Glazier (Chair)

**Report to:** East Sussex Health & Wellbeing Board

**Date of meeting:** 05 March 2024

**By:** Healthwatch East Sussex

**Title:** Rye Listening Tour Headline Report Draft

**Purpose:** To share learning from the Healthwatch East Sussex 'Rye Listening Tour' which took place in September 2023

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## **RECOMMENDATIONS**

**East Sussex Health and Wellbeing Board is recommended to note the findings and recommendations in the report.**

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### **1 Background**

- 1.1 Healthwatch gather people's views of health and social care services in East Sussex and make sure they are heard by the people in charge. Each year we focus on one area of East Sussex to engage with local people and understand their communities in more detail. For 2023 our Listening Tour focussed on Rye and the surrounding villages throughout September.
- 1.2 We used various engagement activities to hear people's experiences of health and care, including surveys, focus groups, a networking events and pop up stands in various locations and attended specially organised events.
- 1.3 As part of the Listening Tour we undertook a Mystery Shop of GP practice websites and conducted 19 Enter and Views at Care Homes in Rye and Rural Rother.
- 1.4 We will use the feedback received to make recommendations to support positive changes to local health and care services.
- 1.5 More details of the Rye Listening Tour including the key findings, conclusions and recommendations are available in the headline draft report contained in **appendix 1**.

### **2. Conclusion and reasons for recommendations**

- 2.1 The East Sussex Health and Wellbeing Board is recommended to note the findings and recommendations in the report.

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# Rye Listening Tour 2023

Published: March 2024



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# Introduction to Healthwatch East Sussex

Healthwatch East Sussex (HWES) was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch East Sussex is the local independent watchdog for health and social care services. We gather feedback from local residents, both good and bad, and make recommendations to change services for the better.

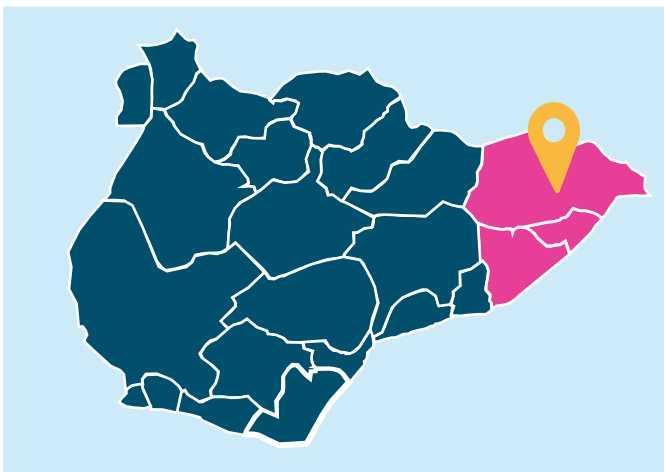
## The Listening Tour approach

Each year we focus on one area of East Sussex to engage with local people and understand their communities in more detail.

### **Our 2023 Listening Tour wanted to hear from residents in Rye and the surrounding villages.**

We used a wide variety of engagement activities and events to ask people about their experiences of health and care, including surveys and online engagement, discussion groups, pop-up stands in various locations and specially organised events.

We use the feedback received throughout the tour to make recommendations to support positive changes to local health and care services.



## Our aims:

Our overarching aims were to:

- Raise the profile of Healthwatch amongst the public, community groups and service providers.
- Use the feedback gained to understand local issues and seek positive developments in health and care services.
- Gain a wide range of feedback from all parts of society to relay to the local health and care system and Healthwatch England.
- Target specific groups in this area to discover their barriers to health and care.

We also wanted to explore:

- Transport and how people access healthcare appointments, taking into account the rural settings.
- Isolation and the impact of living in rural communities.
- The financial impact of rural living.
- What access to health and care looks like when crossing borders.

# Rye Listening Tour 2023

Throughout September 2023 we employed a methodology of meeting people where they are. We conducted two weeks of various engagement activities to capture people's views. We used a survey which residents were able to complete in hard copy or online, focus groups, 1-2-1 conversations and pop-up stands, as well as setting up a 2-week base at Tilling Green Community Centre.

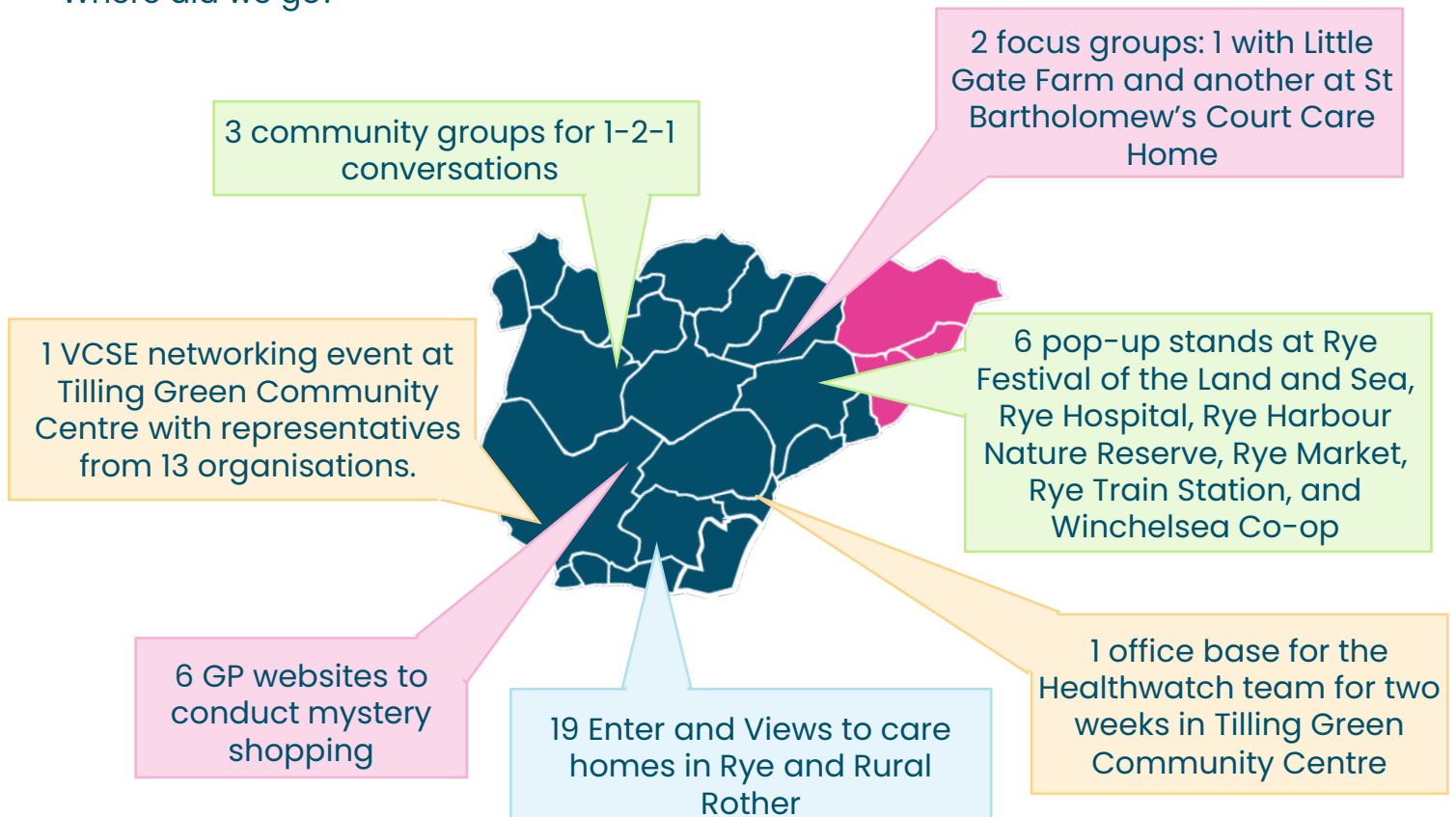
As part of our activity, we also conducted Enter and Views at various care homes and carried out a mystery shop of GP surgery websites in and around Rye.

Through the tour we heard from **over 300 people** about their experiences of health and care in Rye and the surrounding area.

This report provides an overview of the different activity we conducted throughout the tour. At the end you can also find complete lists of our conclusions, recommendations and next steps.

For more detailed reports about each area of our activity please visit the Healthwatch East Sussex website.

Where did we go?



# Engagement Activity – Survey



Between the 11th September and 15th October 2023 we ran a public survey to gather the health and care experiences of people in Rye and the surrounding villages. An electronic version of our survey was widely distributed through our newsletter, bulletins, social media, staff, volunteers and partner networks. We also distributed hard copies of the survey at engagement events throughout the Listening Tour. Paper versions were available, with staff on hand to complete the survey online or over the telephone.

107 responses were received by the 15th October deadline.

More details on our survey findings can be found in our Engagement Activity Report on the HWES website.

## What the public told us about health and care:

- Most respondents (95.3%) accessed health and care services in East Sussex, with only a very small proportion accessing them in Kent (0.9%).
- Respondents rated more health services as Excellent/Good more frequently than Satisfactory/Poor.
- Very few respondents completed the questions rating experiences of social care services. 15 people rated Adult Social Care, with 12 people rating it as Excellent/Good and 3 as Satisfactory/Poor.
- The greatest proportion of respondents (38.3%) felt health and care services had remained the same over the last 12 months based on their direct experiences. 34.6% felt they had got worse, and 7.5% felt they had got better.
- The barrier to accessing services identified by the greatest proportion of respondents was that public transport was challenging (24.3%). 23.3% of respondents had to rely on someone else for transport.
- Approximately half of the respondents (49.5%) felt their physical wellbeing has 'got a lot worse'/'got a bit worse' over the last 12 months.
- Approximately a quarter of the respondents (27.1%) felt their mental wellbeing has 'got a lot worse'/'got a bit worse' over the last 12 months.

### Transport:

- Travelled 2 to 5 miles to their GP (50.5%)
- Travelled 2 to 5 miles to their dentist (37.4%)
- Travelled 2 to 5 miles to their optician (16.8%)
- Travelled 11+ miles to the hospital (37.4%)
- Travelled 0 to 1 miles to their pharmacy/chemist (45.8%)

### Cost of living:

- 37.4% of respondents were putting on more clothes to stay warm
- 32.7% of respondents were turning off appliances to save on costs
- 31.8% of respondents were not turning on their heating when they usually would
- 18.7% of respondents were avoiding going to the dentist to save money

# Engagement Activity – Stakeholder Event



We hosted a workshop to hear from organisations working in and around Rye, to understand service users' experiences of local health and care.

We discussed positive and negative health and care experiences and considered some of the practical solutions that could be implemented to combat the issues with health and social care in the area.

Attendees came from a range of services, including representatives from local voluntary organisations, the NHS, local patient participation groups and the local authority.

More details from our Stakeholder Event can be found in our Engagement Activity Report on the HWES website.

## Key experiences included:

- Local mental health services not being specialised enough for adults with autism or learning difficulties
- Limited services locally for breast/cervical screening
- Sexual health services are limited for those over the age of 25
- A lack of sexual education for young people
- A lack of services tailored for those who do not fall into the predominantly White-British community

## Suggested solutions included:

- Having a central point which can direct people to services such as the East Sussex Community Information Service (ESCIS) website
- Changing the language and in turn reducing the stigma around mental health to encourage people (particularly older people) to access support
- Not making everything digital to improve access among older people or those who are digitally excluded
- Having more support for young people in understanding their physical and mental health
- Having more support for healthy eating
- Having more formal opportunities for face-to-face networking between organisations to share learnings and ideas
- Helping GP practices to improve their understanding of adjustments they can make to cater to those with learning difficulties
- Improving transport links

# Engagement Activity – Meeting People Where They Are

As part of the Listening Tour, we conducted engagement activity across Rye and the surrounding villages to talk to local people about their views and experiences of health and social care services.

A full version of our Engagement Activity Report is now available on the HWES website.

## Our activity included

- **6 Pop-up Stands** at – Rye Festival of the Land and Sea, Rye Hospital, Rye Harbour Nature Reserve, Rye Market, Rye Train Station, and Winchelsea Co-op.
- **2 Focus Groups** at – Little Gate Farm and St Bartholomew’s Court Care Home.
- **3 Activity visits for 1-to-1 conversations** at – Camber Memorial Hall Tea and Cake Drop In, Fairlight Drop In Social Hub and Peasmarsh Lunch Club.

## Focus Groups

We held focus groups with two groups: Little Gate Farm, a supported employment charity for adults with learning disabilities; and St Bartholomew’s Court, supported accommodation for older people.

- Overall, both groups were happy with the standard and quality of care they received.
- Transport was raised as an issue for St Bartholomew’s Court, as it was difficult to access services to attend both clinical and social meetings.
- Trainees at Little Gate Farm told us about poor communication from healthcare providers, who were not taking the time to explain treatment and diagnoses in a way that considered their support needs.

## Pop –up Stands

We attended 6 community events and locations with pop-up stands. During this activity, we heard about a range of experiences from people across Rye and the surrounding area including:

- **The impact of having to travel to appointments from rural areas**, with challenges around accessing patient transport and people being reliant on friends and family to get them to essential appointments due to a lack of local public transport links.
- **People paying for private GP services** due to long waiting times and difficulties in getting appointments.
- **Delays in test results and limited communication** resulting in patients having to spend time chasing (often multiple) services, leading to confusion and frustration.
- **Multiple issues were raised with phone systems across services, including:**
  - Lengthy phone queues to access GP appointments.
  - Audiology services only being contactable by phone.
  - People being unable to communicate over the phone resulting in things being lost during conversations.
  - No call back times being allocated to phone appointments, leaving people waiting by the phone all day.
- **People feeling overwhelmed with too much information** following a diagnosis, making it difficult to find the key information they really



## 1-2-1 Conversations

During the Rye Listening Tour we undertook 1-to-1 conversations with groups in Fairlight, Camber and Peasmarsch.

### We heard:

- Accessing healthcare via public transport is a concern as bus routes and timings have changed. The additional issue of being unable to use a bus pass before 9.30 means that early appointments are a problem for older people.
- In Fairlight we were told the pharmacy has a drop-off service at the Fairlight community centre and that you can pre-book GP appointments to see a doctor in Fairlight Community Centre rather than travelling to Hastings surgeries.
- There is no GP practice site in Camber. They used to have a satellite practice next to the memorial hall (twice weekly) but since Covid this has disappeared. Patients now have to travel to Rye which isn't practical, particularly for elderly patients.

### **“feels like doctors are no longer visible. They feel absent and not part of the service”**

- Some residents told us that whilst the digitalisation of GP services may be good from the GPs' point of view, it doesn't always help the patients and presents a barrier to accessing services. They prefer 'traditional' services, such as speaking to someone on the phone and seeing a doctor face to face, and find it hard to adjust to the new system. They particularly dislike phone consultations.

## Engagement activity conclusions

- A lack of services in the Camber area, particularly following the closure of the GP branch surgery run from the memorial hall has resulted in patients feeling isolated.
- Concerns about transport were raised by residents throughout our engagement activity. Due to the rural location of some areas and the distances patients and the public were having to travel, poor public transport provision and difficulty in accessing patient transport services were raised as impacting people's ability to access and health and care services.
- A lack of screening services locally was reported by residents. In particular, breast cancer screening, sexual health and cervical screening were raised as being limited, with people having to travel outside of the area to access services.
- A shared interest in more VCSE collaboration to improve health outcomes locally was expressed by partners during our engagement.
- Commonly raised issues included concerns about accessing GP appointments via lengthy phone queues, difficulties in accessing NHS dentists and long delays to access hospital referrals.
- The cost of living was noted as impacting people's physical and mental wellbeing. People told us about putting on more clothes to stay warm, turning off appliances to save on costs and avoiding going to the dentist to save money.
- Communication from service staff to patients was raised as not always being effective or considered; in particular, patients with communication and information needs raised that these weren't always acknowledged, recorded or accommodated.

# Mystery Shopping

## Reviewing GP Practice Websites

To support our understanding of local health and care services and issues during the Listening Tour we conducted an independent review of the content, accessibility and navigability of GP practices' websites at six GP practices in East Sussex and one in Kent.

A full version of the Mystery Shopping Reviewing GP practice websites report can be found on the HWES website.

During September 2023, seven Healthwatch volunteers of varying ages and IT capabilities undertook a 'mystery shopping' review of six GP practice websites.

**Our aim** was to review practice websites' accessibility, usability, and functionality. We looked at: quality of information, clarity of information, ease of navigation and presentation of information.

### Findings and conclusions

Well-designed and maintained GP websites play a key role in making clear how patients may access appointments, prescriptions, and practice services, but also how patients may get information on self-help and be directed to other health and care services.

Whilst the 2023 GP patient survey indicated a decline in patient satisfaction with websites at all six practices, our review found that they collectively performed well against our assessment criteria, but we acknowledge reviews are subjective.

We found the websites combine attractive, engaging, and user-friendly design features with comprehensive content. Whilst variations still exist in the quality of some content and functionality, overall, they represent an improvement on our 2021 findings.

All the practice websites performed well in delivering the most common functions patients require, with each providing clear and quick access (within one or two clicks) to information about contacting the practice, making appointments ordering prescriptions, and registering as a patient. However, the registering as a patient is identified as an area where the process could be made clearer with electronic application processes enhanced and support identified.

Reviewers identified that appointment information was often comprehensive, but on occasion was very detailed, risking confusion rather than making it easier for patients to be clear what appointments/services they can access. Information on waiting times or delays wasn't generally provided but may be useful in managing patient expectations.

Home page designs and navigation headings were generally clear and easy to read. Contact details were clearly shown, and in some designs were present in every page header. One area for consideration is whether links located in page content should also be replicated in menus, so content can be accessed from any location (simplifying navigation). Search tools were present on all sites but varied in effectiveness.

One area where practice websites could collectively improve is in signposting to other health, care and community services, especially mental and sexual health, but also support available if the surgery is closed, such as pharmacies and Urgent Treatment Centres, in addition to NHS 111 and 999.

In terms of accessibility, language translation options appear common, but website adaptations for other needs, such as visual impairment, were less identifiable. So too was information about adaptations and adjustments at practices' physical sites. A key area for consideration is ensuring practice websites are compatible with mobile devices, as these become 'go to' methods for many people.

### **Recommendations for GP practices**

- GP practices should involve patients and other lay representatives (e.g. Patient Participation Groups) in regularly reviewing their website content and functionality (at least annually), especially during the development of new or updated websites.
- GP practices to consider how to regularly review and Mystery Shop their website content and formatting, to ensure that they meet the NHS Accessibility Standard but also user requirements.
- GP practices should engage with website hosts, developers and managers to obtain and review website analytics, in order to better understand the most and least accessed webpages and to help them organise content effectively.
- GP practices to consider whether key contact information is best located in page headers (all pages), supported by further detail on a dedicated 'Contact' page.
- GP practices to consider mystery shopping the process of ordering repeat prescriptions to assess accessibility and usability from a user perspective.
- GP practices to make appointment content is as clear as possible, using instructions and guides to support patients, whilst also offering clarity on timescales and waits.
- GP practices to explore how online forms and digital methods can be developed further to support increased access to patient registration, alongside the retention of traditional methods, so that access is equitable.
- GP practices to ensure that websites are compatible and usable with mobile phones and tablets. GP practices should use website analytics to support their understanding of equality of access and effectiveness of design.
- GP practices to ensure that their websites meet accessibility standards (Web Content Accessibility Guidelines (WCAG) international standard) and incorporate appropriate tools to support language translation and those with visual impairment.
- GP practices to consider how information on accessibility features and adaptations at practice sites may be included and clearly identified on their websites.

### **Recommendations for NHS Sussex**

- NHS Sussex should undertake regular audits and spot checks of GP practice websites to ensure they are meeting statutory and best practice requirements.
- NHS Sussex to explore sharing of best practice on effective designs and content, with and between GP practices and Primary Care Networks (PCNs).
- NHS Sussex to consider how to provide ongoing investment and support for GP practices and Primary Care Networks in procuring websites, engaging with developers, and providing accessible content.

### **Recommendations for Healthwatch East Sussex**

- Healthwatch East Sussex should share the learning from this exercise with local GP practices, NHS Commissioners, other local Healthwatch, and Healthwatch England to contribute to the local, pan-Sussex and national understanding of the status of GP websites.
- Healthwatch East Sussex should explore the use of mystery shopping and other review methods to assess the quality and usability of GP websites on a rolling basis.
- Healthwatch East Sussex should continue to adapt and evolve its website mystery shopping methodology using the learning from this process, especially why findings from these exercises may differ from those captured via public engagement exercises.

# Enter and View

## Care Homes In and Around Rye

Under the 2012 Health and Social Care Act, Healthwatch has powers to 'Enter and View' health and social care establishments and services, to seek the views and experiences of people receiving a service. To ensure the Listening Tour heard views from as wide a range of people as possible, we conducted an Enter and View programme at local care homes.

A full version of the Enter and View Care Homes in Rye and Rother report can be found on the HWES website.

### The approach

19 care homes were identified as potentially being part of the programme of visits. 12 of these were specifically for people with a learning disability and autism, whilst the remaining 7 were for older people. Some of the care homes for older people catered for people living with dementia.

Survey forms were used as prompts to guide our semi-structured discussions with residents and with the managers of the care homes and any staff.

9 HWES volunteers (called Authorised Representatives by the legislation) carried out the Enter and View visits. Prior to the visits the volunteers attended a specific training session as an introduction to the nature and needs of these client groups, and to ensure that the volunteers were adequately prepared.

### Key finding and themes

#### Theme one: Access to health and social care services

All residents and care staff reported few issues about accessing health care services. Residents at each care home tended to be registered with a single GP surgery. Many care homes had developed very good working relationships with their surgery.

#### Theme two: A lack of public transport

When asked what the biggest challenge was about living in a rural area, both residents and staff replied that it was a lack of public transport. This limited the opportunity for residents to access the community themselves. This was particularly the case for care homes which are in very isolated locations and so cannot access a bus service that may run through villages.

#### Theme three: Access to the community

In all settings where transport was available, residents told us that they can go out regularly and that there are few limitations on accessing the community. This was through the care homes having their own means of transport and these being used to support residents to go out.

### Activity aims:

- Assess the degree to which residents are supported and enabled to access the local community and any issues related to being in a more rural setting.
- Identify ways in which residents are actively supported and enabled to access healthcare support and healthcare professionals and whether there are any issues related to being in a more rural setting.

## **Theme four: Funding for people with a learning disability and autism**

Care home managers reported that one restriction on their ability to support residents to access the community is the varying levels of funding from different placing authorities.

## **Theme five: The best thing about living at the care home**

Residents were positive about where they lived and could provide a range of answers to this question. These included: beautiful building and grounds, I have a big bedroom, staff at night are very sympathetic, the food is much better here than at my previous care home.

## **Conclusions**

The residents we met did not have any significant issues about access to health and social care services, with the exception of dentistry.

Two examples were provided where residents with a learning disability and autism experienced challenges to accessing healthcare at hospitals.

Feedback from care home staff was that people with a learning disability and autism had not been given priority for the Covid booster vaccine.

Residents said that they access the community regularly and most said that there were no problems about this.

Care homes for people with a learning disability and autism reported that some local authorities provide additional funding specifically to enable the service to support people to access the community, whilst others did not provide such additional funding.

The biggest challenge for care homes in rural areas is the lack of an effective public transport system.

## **Recommendations**

1. As part of the Enhanced Health in Care Homes programme, Primary Care Networks (PCNs) could ensure that all GP practices provide regular contact with all care homes in their area, either by a visit or a phone contact. Consideration could be given by GP practices to providing a direct phone line or method of contact for care homes.
2. Healthwatch East Sussex should investigate with the hospital trust in East Sussex whether they have specialist support systems in place for when people with a learning disability and autism visit the hospital. If the trust does not have any such system, then they need to consider how they can best meet the needs of people with a learning disability and autism.
3. NHS Sussex Integrated Care Board should consider how they can ensure that adequate and appropriate NHS dentistry services are provided to care homes to support oral health.
4. Healthwatch East Sussex should liaise with the Flexibus service commissioned by ESCC to ascertain how it can meet the needs of people (residents and staff) in care homes in rural and isolated areas.
5. East Sussex Adult Social Care should review their funding mechanisms to ensure that they provide additional funding to enable services to support residents to access the community, if such funding is not already provided. Within this, consideration should be given to additional weighting for care homes in rural or geographically isolated locations.

"Despite the strain on health services and those that work within them, almost every professional I have seen has been kind, friendly and professional"

"Felt safe and respected at conquest hospital"

"Pharmacy comes to village hall twice a week with patient medication"

"Day Centre Rye Hub, provides a good meal at a reasonable price. Somewhere I can meet new people and socialise, if it wasn't for these places I would be stuck indoors lonely."

"Hospital access and service good."

"Advanced nurse practitioner at GP surgery filling a vital gap for which [I] am very grateful."

"Never any problem getting hold of the relevant services"

"No complaints, surgery contact me when injections are needed (shingles, flu, pneumonia)"

"We badly need the Dr Surgery back in Icklesham in the Hall."

"Nothing is clear these days too much internet not enough personal contact."

"Bring back community GPs in village halls."

"The doctor used to visit Camber once a week, now they don't. Feel pushed between services."

"A lot of services are based in Bexhill or Hastings which are far away and difficult to access by public transport."

"[Need to bring] The Drs back in Icklesham it costs too much in a taxi to Rye Medical Centre."

"Need a medical hub in the Rye area as we are quite rural. Somewhere where we can get X rays, check ups, blood tests, basic treatments etc. quickly without travelling to Hastings or further."

"Cannot find an NHS dentist in Rye area. I have to go to a practice in Lydd, Kent as a private patient."

# Key Findings

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1. People in Rye and rural Rother have many similar concerns to those shared with us by other East Sussex residents, primarily challenges in timely access to health and care appointments.
2. We heard about people's appreciation of positive GP experiences, with people sharing examples of good care from a range of staff at practices once they were able to access appointments. Frustrations remain about speed of access to appointments.
3. Issues involving transport were raised by residents throughout our activity. The distances people were having to travel, poor public transport provision, the cost of transport and difficulty in accessing patient transport services were impacting people's ability to access health and care services.
4. Patients reported that services don't appear to record, accommodate or make appropriate adjustments for those with communication requirements, with people's needs not being met and miscommunication leading to poorer health outcomes.
5. Findings from our mystery shop of GP websites and feedback at our VCSE partner event highlighted a need for more effective signposting between health, care and VCSE services.
6. Through our activity at various care homes in the area, dentistry was raised as being a particular issue as some were unable to access services or had visiting services not returning following Covid. The opposite was the case for other services such as GPs and NHS 111 which were reported as working effectively with the care homes to provide services to patients. In particular, weekly GP visits at some of the care homes were appreciated by residents who liked the security of regular contact and consistency of attendance of the same health professionals.
7. A number of areas outside of Rye, such as Camber and Icklesham, have seen local services and particularly GP provision reduced, resulting in patients having to travel further to access health care or feeling isolated within their communities. Preferences highlighted a desire for greater outreach and local delivery of services.
8. People shared their positive experiences at the Conquest Hospital. Despite some having to travel to access this care, people reported hard working staff and feeling safe and supported at the Emergency Department, as inpatients and during outpatient appointments.
9. A limited response to questions about social care throughout our wider engagement activity may highlight issues relating to people's understanding of Adult Social Care and the provision available.
10. Cost of living was raised as having an impact on both people's mental and physical health, with high costs leading people to disengage with social enrichment and people avoiding accessing some aspects of health care due to costs. People who were struggling to access NHS dentistry reported avoiding accessing care due to the high cost of private services.



# Conclusions

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People in Rye and rural Rother have many similar concerns to those shared with us by other East Sussex residents: primarily challenges in timely access to health and care appointments, especially GPs and dentists. They also shared positive experiences that once they accessed appointments and services of all types, they largely received personalised, attentive, and quality support from staff and health professionals.

However, an additional barrier to accessing health and care services in our study area is their geographical distribution, and issues were highlighted around the need to travel, the timing, routes and frequency of public transport, and the additional costs of public and private transport for both patients and staff. The importance of services such as FlexiBus were highlighted as providing essential linkages between the smaller communities and services in Rye.

Our review of GP websites indicated improvements since our review in 2021, and whilst virtual appointments and triage can make services more accessible for some, this is not universal (due to broadband/mobile costs and availability) and can serve as a disincentive to people seeking or being able to access support. Nor does it remove the subsequent need to travel for appointments, tests, and treatment, either to Rye or further afield.

We heard people were concerned about the withdrawal of outreach and satellite health services during the COVID pandemic which never returned, forcing people to travel or accept their absence. This was a commonly-raised concern in the communities surrounding Rye.

Transport and travel factors, combined with influences such as increases in the cost of living, may have a detrimental impact on health inequalities, especially for those with lower incomes or lacking access to private transport.

Local voluntary and community organisations are valued by users of their activities and services, and these help to support people to reduce feelings of isolation and loneliness, as well as offering targeted support. Opportunities for improved collaboration and information sharing between statutory, voluntary and community organisations to help guide residents were identified as a potential area for further development.

Feedback on social care was limited, and largely restricted to direct users of services. This may also reflect public levels of awareness and understanding of Adult Social Care and other forms of social care, which may be lower than for NHS and other health services.

Our Enter and View of care homes indicated that many have good relationships with primary care services, and residents felt confident in their access to health professionals. However, some areas of shared learning were identified. Those in rural areas also indicated the impacts of isolation on restricting travel for residents, and as a barrier in recruiting and maintaining their workforce.

# Recommendations

## Recommendations for East Sussex County Council

1. Ensure development of the East Sussex Local Transport Plan for 2024–2050 appropriately considers the location and access of health and care services and limited transport provision.
2. To conduct a review of the FlexiBus service to see if it is effectively serving rural communities across Rye and wider East Sussex.
3. Adult Social Care to explore their engagement strategy to ensure communities in Rye and the surrounding village are aware of what support is available and how they can access it.

## Recommendations for NHS Sussex and Primary Care Networks

4. Explore models to ensure reasonable adjustments are provided to patients with additional communication needs when engaging with services (see example in Appendix 1 from Leicester’s Hospitals). These approaches should also be replicated across service areas to provide consistent care, as well as being widely promoted and communicated so providers and patients are aware of what should be offered.
5. To ensure health and care services in Rye and the surrounding area are made aware of the transport limitations and time impacts of the cost-of-living crisis faced by some patients, and that processes are put in place to help reduce the impact. For example, providing patients reliant on bus passes with access to appointments after 9:30am.
6. Investigate other ways of getting services back into rural communities, including health screening, GP provision and other health services. See example 2 in Appendix 1 of the Health Bus provided by Primary Care Doncaster.

## Recommendations for Healthwatch East Sussex

7. Continue to host health and care networking events to bring together all local services working throughout the Rye community, to encourage more effective signposting and liaison between services.
8. Collaborate with Rural Rother PCN to ensure patient voice is used when designing, promoting and implementing services.
9. To explore transport offerings across East Sussex to understand the impact on people’s ability to access health and care services.
10. To continue using established project models like GP Website Mystery Shopping, Enter and Views and Accessibility Audits, to understand service accessibility in and around Rye and across East Sussex.



# Acknowledgements

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Our Listening Tour resulted in a large amount of feedback from communities across Rye and the surrounding area thanks to the support of:

- Healthwatch East Sussex Volunteers
- Tilling Green Community Centre
- NHS Sussex Public Involvement Team
- East Sussex Adult Social Care
- Rye Festival of the Sea and Land
- Little Gate Farm
- Camber Memorial Hall Tea and Cake Drop in
- Fairlight Drop in Social Club
- Peasmarsh Lunch Club
- Rye Market
- St Bartholomew's Court Care Home
- Rye Train Station
- Winchelsea Co-Op
- Rye Harbour Nature Reserve
- Ambition Links
- East Sussex Hearing
- Five Villages Home Association
- Health in Mind
- Rye Primary Care Network
- Rye and Winchelsea Memorial Hospital
- Rother Voluntary Action
- Sussex Outreach Support
- The Advocacy People
- Local Patient Participation Group (PPG) members

# Appendix 1

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## Example 1

Patient Care Packs available across Adult and Children's Emergency Department for patients with learning disabilities and/or autism, containing items to improve experiences and provide information in a more appropriate format.

See more via the [Leicester's Hospitals Facebook Page here.](#)

## Example 2

Primary Care Doncaster's Health Bus, offering drop-in GP clinics at stops across the community staffed by GPs, nurses and other healthcare staff.

See more via [Primary Care Doncaster's website here.](#)



## For more information

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**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 5 March 2024

**By:** Assistant Director Education

**Title:** School Attendance as a Public Health Outcome

**Purpose:** To provide an overview of the school attendance indicator and the actions underway and plans to address it.

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## **RECOMMENDATIONS**

**The Health and Wellbeing Board is recommended to consider the report, and to note the areas of challenge and the proposed course of action.**

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### **1 Background**

1.1 Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Education attainment is influenced by both the quality of education they receive and their family socio economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

1.2 Improving attendance (that is, tackling absenteeism) in schools is a key component of the Government's approach to increasing social mobility and to ensuring every child can meet their potential.

1.3 Schools are required to take attendance registers twice a day - once at the start of the first morning session and once during the second afternoon session. Schools must meet for at least 380 sessions or 190 days during any school year to educate their pupils. Academy and free school funding agreements state that the duration of the school day and sessions are the responsibility of the academy trust.

### **2 Supporting information**

2.1 Department for Education (DfE) guidance issued in May 2022 outlined the new roles and responsibilities for schools, local authorities, and Trusts around attendance. The guidance is still not statutory, but updates indicate it will be by September 2024. Attendance, and specifically persistent and severely absent young people, remain a key focus both nationally and locally. Following this publication there have been several other reports including; Centre of Social Justice, *'The Missing Link'*, House of Commons Select Committee, *'Persistent Absence and support for disadvantage pupils'*, Public First *'Listening to and learning from parents in the attendance crisis'*. The reports identify a breakdown in relationships and trust following covid between schools and families; socio economic crisis, including housing,

playing a factor; a rise in mental health issues for young people and within families; a rise in elective home education numbers and; a need for a robust multi-agency response to support.

2.2 COVID had a hugely disrupting effect on education provision and attitudes to school attendance. Many families experienced a form of post-pandemic social anxiety and found it hard to move on from the ‘bubble-isolation mentality’. For others, the home learning experience led some to form the view that attendance at school was not necessary. There has been a big increase seen in Electively Home Educated (EHE) children since COVID and numbers are steadily increasing. In 2017/2018, numbers totalled 1254 and in 2018/2019 this had risen to 1361. Post COVID and in the last academic year, EHE numbers had risen to 2101. The data shows that for many more parents, they no longer feel that school adequately caters for their children’s needs. It is also clear however that COVID exacerbated a wide range of existing vulnerabilities and issues for families, including illness and mental health, all impacting on school absence.

2.3 Trends should be interpreted with caution during the period 2020 to 2021 and 2021 to 2022, as recording practices changed over this period and schools were permitted to use a COVID related code that didn’t appear in the absence statistics.

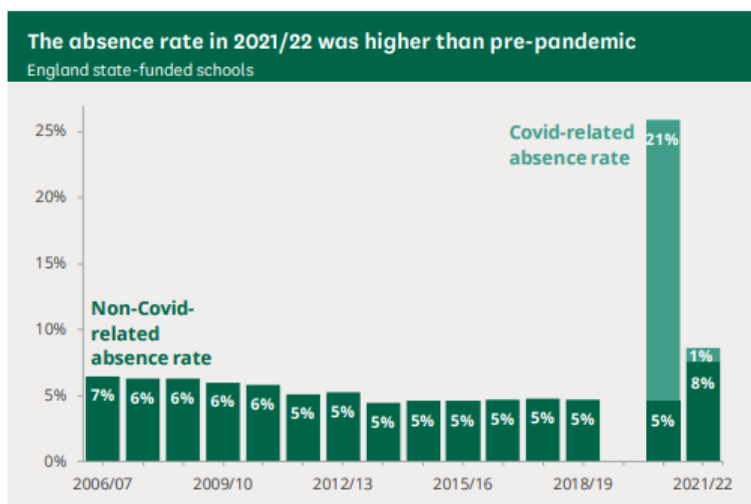
2.4 The governments research briefing paper, published in September 2023, on ‘*School attendance in England*’, [CBP-9710.pdf \(parliament.uk\)](#) highlighted the following. For the Autumn term 2022/23 overall absence was 7.5%. This is the highest Autumn term rate recorded since comparable data was published in 2016/17. In the years prior to the pandemic, the Autumn term absence rate was fairly stable. Unsurprisingly, absence rates have increased since the pandemic started.

Autumn term absence rates have increased since the pandemic after stability for several years				
State-funded schools in England				
Autumn term	Overall absence rate	Covid-related absence rate	"Persistent absentee rate"	"Severe absentee rate"
2016/17	4.4%	n/a	11.6%	0.6%
2017/18	4.4%	n/a	11.7%	0.7%
2018/19	4.3%	n/a	10.9%	0.7%
2019/20	4.9%	n/a	13.1%	0.9%
2020/21	4.7%	7.0%	13.0%	1.3%
2021/22	6.9%	1.6%	23.5%	1.4%
2022/23	7.5%	0.0%	24.2%	1.7%

2.5 In 2021/22, 7.6% of state-funded school sessions were missed in England (this excludes Covid-related absence). When absence for **any reason** is included the overall absence rate was 8.5% in 2021/22. This is much lower than the previous year when absence was more affected by the pandemic (25.9% absence rate for any reason in 2020/21).

2.6 However, the absence rate remained higher than the years prior to the pandemic. The chart below shows that absence (excluding Covid-related absence) generally followed a downward trend between 2006/07 and 2013/14 (falling from 6.5% to 4.5%). However, it did not change much from 2013/14 up until the pandemic (ranging between 4.5% in 2013/14 and 4.8% in 2017/18). The 7.6% non-Covid related absence rate recorded in 2021/22 was the highest rate recorded since the series began in 2006/07.





2.7 Broken down by region, absence in 2021/22 (for any reason including Covid related absence) was highest in the South West region (9.0%) and lowest in Outer London (7.5%). The range in absence rates between local authorities was wider (from 4.3% in City of London to 10.0% in both Bradford and Torbay).

**Absence rates vary by local authority more than by region**  
2021/22 absence rate for any reason, state-funded schools

Region	Absence rate	Local Authority	Absence rate
<b>National average</b>	<b>8.5%</b>	<b>Highest absence rates:</b>	
South West	9.0%	Bradford	10.0%
North East	8.9%	Torbay	10.0%
West Midlands	8.8%	Knowsley	9.8%
Yorkshire and The Humber	8.8%	Plymouth	9.8%
East of England	8.7%	Newcastle upon Tyne	9.7%
South East	8.6%	<b>Lowest absence rates:</b>	
East Midlands	8.4%	City of London	4.3%
North West	8.4%	Isles of Scilly	6.6%
Inner London	7.6%	Brent	6.9%
Outer London	7.5%	Tower Hamlets	7.0%
		Lewisham	7.0%

## 2.8 Current East Sussex absence data - *DfE data – 26.1.24*

	Overall Attendance	Overall Absence	Unauthorised Absence	Persistent Absence	Severely Absent
DfE National Overall	93.4%	6.6%	2.5%	20.3% (year to date)	
DfE overall – East Sussex	92.0%	8.0%	2.8%	22.6%	2.9%
DfE East Sussex - Primary	94.2%	5.8%	1.6%	16.9%	0.8%
DfE East Sussex - Secondary	89.8%	10.2%	4.2%	28.6%	4.8% (1305)
DfE East Sussex – Special School	86.0%	14.0%	3.5%	36.3%	8.0% (119)

2.9 Within East Sussex it is evident from historic and recent data that overall absence is impacted by illness as this is most frequently used code to record absence in schools.

2.10 The national absence rates for Autumn and Spring terms combined from 2016/17 to 2021/22 show:

	2016/17 Autumn and spring term	2017/18 Autumn and spring term	2018/19 Autumn and spring term	2020/21 Autumn and spring term	2021/22 Autumn and spring term
Illness rate	2.7%	2.8%	2.6%	1.7%	4.7%
Authorised absence rate	3.5%	3.6%	3.3%	3.0%	5.7%
Unauthorised absence rate	1.1%	1.2%	1.2%	1.0%	1.7%
Overall absence rate	4.5%	4.7%	4.5%	4.0%	7.4%
Rate of sessions recorded as not attending due to COVID circumstances	0.0%	0.0%	0.0%	29.4%	1.3%

2.11 Nationally illness rates across Autumn and Spring term have slowly risen by 2% (except a dip in 2020/21) from 2016/17 to 2021/22 and sat at 4.7%. The table below shows, whilst illness is currently not as high as 2021/22 figures, for **secondary phase in East Sussex it is 0.4% higher** than national and at **primary phase 0.2% higher**. For both phases in East Sussex it continues to be the highest reason for authorised absence.

September 23 – January 24 (current)	National Primary	ESCC Primary	National Secondary	ESCC Secondary
Authorised absence	3.8%	4.1%	5.3%	6.1%
Unauthorised absence	1.5%	1.6%	3.1%	4.2%
Illness (authorised)	3.1%	3.3%	3.9%	4.3%
Holiday (unauthorised)	0.5%	0.5%	0.3%	0.3%

2.12 Research suggests that there are several risk factors associated with absenteeism<sup>1</sup> and some of these will be positively associated with areas of higher deprivation. These include.

- physical and mental problems of the child
- substance abuse
- antisocial or risky behaviour
- problems at or with school (including having a negative attitude towards school)
- characteristics of the school
- parenting problems and difficulties (including low parental school involvement)
- family problems

<sup>1</sup> [Risk Factors for School Absenteeism and Dropout: A Meta-Analytic Review | Journal of Youth and Adolescence \(springer.com\)](https://doi.org/10.1007/s11267-020-00700-0)

2.13 To develop and provide a targeted robust response across the authority around attendance, the restructure of the Education Division created the new Team Around the School and Setting (TASS) which sits geographically across East Sussex. The discrete area teams, (Eastbourne and Hailsham, Lewes, Coastal and Wealden and Hastings, Rother and Rye), work across localities supporting schools and settings with emerging issues around attendance.

2.14 The attendance core offer of support focuses on communication and advice, targeting support meetings with a single point of contact, multi-disciplinary support for families, including the new Early Help Key Work attendance team (level 2) and legal intervention support and training.

2.15 The Attendance Delivery Plan has been co-produced with schools, young people and parents/carers and will be launched in term 4. The key focus is around working in partnership with all stakeholders to address emerging needs as they arise and to support schools to develop robust strategies in managing attendance. The first annual Attendance conference saw 132 school representatives attend and there was a real sense of optimism that this is a challenge that will take a collective monumental effort to address.

2.16 New links are being established and developed with School Nursing Team and Primary care teams to create a consistent approach around attendance messaging and to ensure stakeholders in education can be signposted to health services at the point of need.

### **3. Conclusion and reasons for recommendations**

3.1 The TASS team (Team Around the School and Setting) are introducing attendance forums across areas. These will be supporting schools and staff at operational level who are dealing with attendance issues and provide advice, guidance, and examples of good practice.

There will be a range of approaches including:

- termly targeting support meetings with all schools
- an attendance helpline
- a tiered approach, outlining to schools how to support attendance issues
- new Early Help Key Work team set up to support schools with young people you are severely absent (50% or lower).

3.2 Local Authority SPOC (single point of contact) was launched with all schools and settings from September 2023, to ensure robust and timely response to attendance concerns are managed and supported at the point of need. The SPOC will also lead the targeting support meeting with school leaders and ensure discussion and development of bespoke work to support emerging needs within schools is a priority.

3.3 The local authority has worked closely with primary schools to develop and embed the relational model which is impacting on overall attendance figures. Primary schools in East Sussex are in line with national rates for absence.

3.4 The Local authority has embedded the model for return to school contacting and monitoring absence with all schools and settings at the start of the new autumn term. This provides support for schools and a clear picture of initial concerns around specific cohorts. Schools are then advised with the best way to proceed, if needed.

3.5 The local authority will be launching Attendance forums for primary schools to attend where advice and guidance and school-led support can be offered.

3.6 Some schools have implemented a shared Education Welfare Officer across primary settings to provide a consistency approach and to also develop community knowledge and awareness of emerging attendance issues and patterns.

### **Proposals**

- 1) TASS team to work with secondary schools to collaborate closely around issues with attendance. To share strategies and processes and broker and support working together.
- 2) Further analysis of pupil absence cohort and identifying groups of vulnerable young people for schools and attendance support team to work collaboratively to support.
- 3) Development of attendance partnership working across all stakeholders led by the local authority.
- 4) Further development of links with health to support and signpost around emerging needs within schools and settings.

3.7 The Health and Wellbeing Board is recommended to note the report and the proposals for tackling school attendance across the county.

**Elizabeth Funge**  
**Assistant Director Education**

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**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 5 March 2024

**By:** Director of Public Health

**Title:** Focus on Men's Mental Health in East Sussex

**Purpose:** To update the Board on the development and implementation of work focused on men's mental health in East Sussex

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**RECOMMENDATIONS:** The East Sussex Health & Wellbeing Board is recommended to:

1) To note the recent and ongoing work commissioned by Public Health to support men's mental health in East Sussex.

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## 1 Background

1.1 The aim of this paper is to update the Health and Wellbeing Board on the actions that Public Health are taking to address the higher rates of mental health problems and risk of suicide in men, particularly those of middle age in East Sussex.

1.2 In 2021 just under half of the East Sussex population were male. Table 1 below shows the age profile of males by 20year age bands. The numbers of men in their 40s and 50s living in Eastbourne, Hastings and Lewes is very similar (12,000-13,000), whereas there are slightly fewer in Rother (11,000) and many more in Wealden (21,000).

**Table 1 – Age profile of men living in East Sussex 2021**

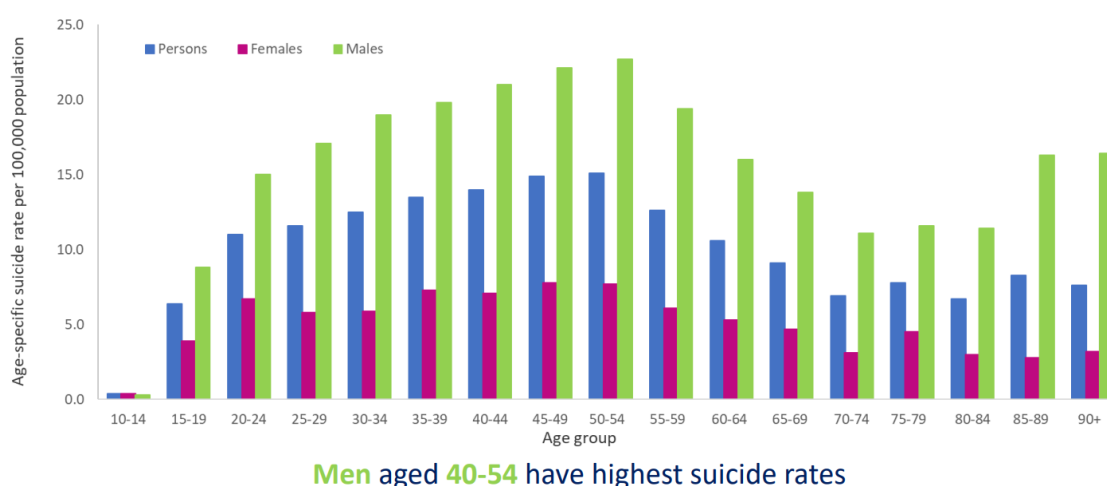
Age Band	%*	
0-19	22%	57,800
20-39	20%	53,200
40-59	26%	69,300
60-79	25%	65,800
80+	6%	16,300
		262,400

**Source:** East Sussex in Figures

1.3 Nationally over three quarters of all suicides are by men and this has been the case since the mid-1990s, with the highest age-specific suicide rate amongst males aged 40-54 years (ONS, 2021)<sup>1</sup>. The new 5 year suicide prevention strategy for England 2023-8<sup>2</sup> highlights middle-aged men as one of seven priority groups for tailored and targeted action at a national level.

1.4 Chart 1 shows that suicide rates rise steadily for men until ages 45-54, before declining. There is a second peak in men aged 85 years and older, and whilst small in number this demonstrates that men continue to face mental health challenges well into old age. According to our Sussex Real Time Surveillance data, there were 7 suspected suicides in males aged 65-75 during 2023, but none older than this. This accounted for 8% of all suspected suicides that year.

**Chart 1. Age-specific suicide rates, 2021, England and Wales.**



Source: ONS Suicides in England and Wales: 2021 registrations

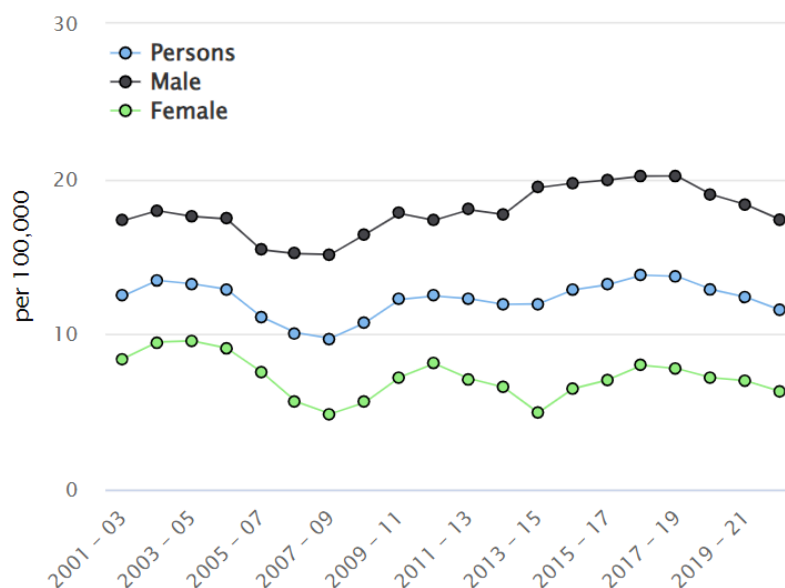
1.5 In East Sussex the suicide rate has been higher than the England average for a number of years (OHID, Fingertips, 2022)<sup>3</sup>, and like England as a whole the highest risk group are in males aged between 30-59 years (ESCC Suicide Prevention Plan, 2023-27)\*.

1.6 Chart 2 shows that the male suicide rate in East Sussex (17.40), far exceeds the female rate (6.3) for 2020-22, and is broadly similar to its value in 2001-2003 (17.3). This trend is the same for national rates. Whilst on a downward trend, the latest rate for men still exceeds the national rate (15.8).

1.7 National rates were at an all-time low for the period 2007-2009, however the 2008 recession then triggered an upward trend. The COVID pandemic has not had the anticipated negative impact on suicide rates nationally, but the subsequent cost of living crisis may still do so, and the full effects are often delayed.

\* The number of East Sussex resident male deaths by suicide at Beachy Head was 7 (12% of all deaths by suicide in males in East Sussex) between January 2023 – December 2023 inclusive.

**Chart 2. East Sussex suicide rate – persons, male, & female 2001-2022. Directly standardised rate – per 100,000**



## 2 Risk Factors for Men’s Mental Health

2.1 Research indicates numerous common underlying risk factors contribute to the incidence of suicide, substance misuse and depression in men. A study commissioned by the charity Samaritans in 2012 found that middle aged men of lower socio-economic position who die by suicide are often facing a complex bundle of interacting circumstances: financial, employment or housing difficulties, social disconnection, relationship breakdown, substance misuse and mental health problems<sup>4</sup>.

2.2 In 2021 as part of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) the University of Manchester examined a sample of middle aged men who died by suicide in 2017<sup>5</sup>. They found high rates of key risk factors in the sample group compared to their incidence in the general population.

**Table 2. Comparison of key risk factors, by available general population figures**

Variable	Sampled middle-aged men (%)	General population figure (%)
Unemployment	30%	4.5%
Deprivation	25%	20%
Divorced/separated	21%	5%
Alcohol misuse	36%	20%
Drug misuse	31%	7%
Physical health condition	52%	34%
Mental health diagnosis	66%	15%

2.3 The inquiry report also made reference to the likely impact of future economic downturn following the coronavirus (COVID-19) pandemic and how this will particularly affect men. This prediction is supported by studies which indicate that employment and occupational issues are a key risk factor for men's mental health, with unemployment considered a chronic stressor and being made redundant or becoming unemployed an acute stressor<sup>6</sup>.

2.4 The new National Suicide Prevention strategy reiterates the strong association that socioeconomic disadvantage has on suicide in middle aged men and emphasises the need for interventions and initiatives that address those experiencing unemployment and financial difficulties (including debt and housing difficulties).

### **3 Men's engagement with mental health support**

3.1 A number of research studies over the years have highlighted the unique challenges to men's mental health promotion including gender-related barriers and stigma<sup>6</sup>. The perceived threat to their traditional views of what it is to be a man, the "masculine norms" has been shown to be an influencing factor on men's willingness to engage with mental health and wellbeing interventions<sup>7</sup>. The research by Samaritans in 2012 into suicide in disadvantaged middle age men found that "*traditional masculinity continues strongly to inform the identities of this group of men*" and highlights the importance of recognising how men's behaviour is constrained by constructions of masculinity, and social and cultural contexts.

3.2 Research by organisations such as the Men's Health Forum suggests that men may also lack knowledge and awareness of what supports good mental health and are unable to recognise and take action on warning signs<sup>8</sup>.

3.3 The research by NCISH showed that almost all (91%) of middle-aged men who died by suicide in 2017 had been in contact with at least one frontline service or agency, most often primary care services (82%). Half had been in contact with mental health services and 30% with the justice system. They suggest therefore that it's too simplistic to say men do not seek help. However, the mental health problem may not be made explicit and so we should focus on how services can improve the recognition of risk and respond to men's needs, and how services might work better together.

3.4 A recent study of GP consultation before suicide in middle-aged men found that 43% had their last GP consultation within 3 months of suicide; with a third of these males unemployed and nearly half were living alone. Having a current major physical illness, recent self-harm, presenting with a mental health problem, and recent work-related issues were associated with having a last GP consultation close to suicide.<sup>9</sup>

3.5 In 2019 Mind repeated their 2009 "Get it off your chest" survey to explore the challenges around men's mental health. The original survey in 2009 showed men were considerably less likely than women to seek support when they were worried or feeling low. Although this gap between the genders had disappeared in 2019, still only 35% of men said they would be likely to consult their GP and just 17% would talk to a counsellor or therapist vs 22% of women (Mind, 2020)<sup>10</sup>.



3.6 The Annual Report on the use of IAPT (talking therapy) services in England 2021-22<sup>11</sup> indicates that the highest gender imbalance in referrals occurred in the South of England. Data for Sussex Healthcare Partnership for the same period shows almost twice as many referrals for women aged 26 to 64 compared to the same age group of men.

#### **4 Evidence of what works to improve men's mental health**

4.1 Addressing gender-related barriers and stigma is a recognised challenge which requires the use of novel approaches. Although research is still quite limited there is growing evidence of how to successfully engage with men to improve/promote their mental health and wellbeing<sup>12</sup> including:

- delivering interventions in spaces that men feel safe in – seen as 'male friendly' and culturally sensitive to the specific requirements of different groups of men and boys
- being community based allows interventions to remain close to the men and boys they are working with and assists in promoting social inclusion
- using male oriented terms (language) that makes projects more familiar and less off-putting
- being empathetic and non-judgmental, to create the right type of environment and supportive approach, to encourage peer support and shared experience
- interventions focused on activities familiar and appealing, that give the chance to work towards common goals

#### **5. Local Public Health led activity to support better men's mental health**

5.1 In line with the National suicide prevention strategy, the East Sussex Public Health team have identified men's mental health as a priority work area, with a particular focus on middle-aged men.

5.2 A number of projects have already been commissioned with plans to undertake further work as part of a county-wide programme collectively entitled 'Men in Mind'. Some of the projects have focused specifically on men of Hastings and St Leonards in recognition of the challenges identified in a report for the Chief Medical Officer in 2021 and their significantly lower life expectancy than the national average. Additionally in 2021 there were some deaths by suicide in young to middle aged men in the area who had shared social connections, which raised concerns around the short and long term impact of these cases within their peer groups.

##### **5.3 Hastings Men's Mental Health Community Development Project**

5.3.1 This project which commenced in April 2021 and concluded in December 2023 was led and delivered by Mind in Brighton and Hove. The project aims were to co-produce and co-deliver a community based men's mental health project in Hastings, reflecting the

identified needs of men and enabling them to take the lead in the delivery of their own mental health programme of support.

5.3.2 A community development fund was introduced as part of the project with individual grants up to maximum of £1500 made available to individuals, groups and communities in Hastings. The grants were to be used to grow ideas, introduce activities, develop new projects or strengthen existing ones focused on supporting men's mental health and wellbeing.

5.3.3 A total of 20 separate local groups received grant funding which they have used to successfully engage with over 250 men living and/or working in some of the most deprived wards in Hastings. The majority of men who participated in the grant funded projects were middle-aged with some lived experience of mental health problems or poor mental wellbeing.

5.3.4 The funding supported a wide variety of projects which offered the opportunity for men to get involved in physical and creative activities. All were designed to promote the '5 Ways to Wellbeing' – to connect, be active, learn, give and take notice as well as to build and strengthen the men's confidence and self-efficacy to manage their mental health and wellbeing. *Please see Appendix 1 for the full report of all the funded projects and activities supported by the community development fund between 2021-23.*

#### [Example 1: The Men's Network](#)

Receiving two separate grants in 2021 and 2022, The Men's Network built a network of over 150 men who attended a total of 41 organised events. The men, mostly in their 40s, ranged from those with diagnosed mental health issues, alcoholism, some who were unemployed, new fathers, recently retired and those in work looking to create new connections.

The events included walks; online groups with a focus on themes including relationships, parenting and work; films; fitness for fella's session; photography classes; sea swimming; Potluck community meals; community gardening, chutney making and food preserving.

Events were carried out in all parts of Hastings including: Hollington, Ore and Central St Leonards. They allowed men to connect with other men in the area to discuss topics of healthy masculinity and connecting with nature, as well as learning new skills and undertaking different activities to exercise and improve their mental health. They also connected men to other funded projects such as the Arts on Prescription project.

Key successes were:

- 2 participants are now actively leading walks
- 2 participants became involved with volunteering improving their confidence and social skills with others.
- 1 participant started cycling again for the first time in 15 years.
- 1 participant became a co-facilitator of the online group
- The Men's Network have secured funding to continue the project for another 12 months.

## Example 2: Project Rewild – Take Action Man

Project Rewild delivered their 'Take Action Man' project which got 25 local men outside enjoying the benefits of nature and its effects on their mental health and wellbeing. Across 3 activity days the men learnt new skills including fishing, bushcraft, woodcraft, conservation, foraging, hiking and navigation.

The project supported the local men to talk openly about their mental health in safe and secure environments, creating a space for them to spend time together and create new relationships and support networks. The project has since received funding from Making it Happen and has continued to grow. Additionally, an individual from the group was supported by the community development fund to create a sea swimming group as part of the 'Take Action Man Programme.'

### 5.4 Men in Mind - men's mental health training and support programme

5.4.1 Delivered by Mind in Brighton and Hove in partnership with Grassroots, this project's long term aims are to contribute to a reduction in the suicide rate and prevalence of mental health conditions in men of East Sussex, particularly those of working age.



5.4.2 The programme will run initially from January 2023 – December 2024 with a suite of training and networking opportunities created to deliver the following objectives:

- To equip public facing staff in settings that men frequent for work and/or leisure to have supportive conversations with their clients and customers about mental health and wellbeing
- Develop ways to support local men to gain or expand their knowledge and awareness of mental health and how to maintain and safeguard their own mental wellbeing
- Enable men to have supportive interactions with their peers who may be at risk of, or experiencing, mental health problems, including knowledge of where and how to signpost and access local mental health support services as appropriate

5.4.3 To date over 70 local businesses within Eastbourne and Hailsham (the initial prioritised areas for the programme) have signed up to receive information on the programme and over 100 people have booked onto training courses. Those undertaking training include employers and employees in settings that men frequently attend for work and/or leisure e.g. barbers and tattoo shops, sports clubs, Eastbourne Job Centre and Brewers Decorator Centres.

5.4.4 The training is predominantly focused on increasing participants knowledge and confidence to discuss matters around mental health and suicide prevention, but each is adapted and specifically tailored to meet the needs of the participants and what they consider will be most useful and applicable in their settings.

5.4.5 In 2024/5 we hope to increase the reach of this programme by funding an additional project support officer to focus on settings in other areas of the county e.g. the Havens and to explore how to reach men in some of the more rural areas of the county.

## 5.5 Parents in Mind – Fathers and Non Birthing Partners programme

5.5.1 In June 2023, utilising funding from the national Family Hubs programme, Public Health introduced another strand to the Parents in Mind programme commissioned from the National Childbirth Trust (NCT).

5.5.2 The Parents in Mind (PiM) programme provides evidence-based, safe and effective mental health peer support. The service supports parents experiencing mental health issues during pregnancy and up to two years after a baby is born. The model is to recruit and train volunteers with lived experience to provide peer support in groups or one to one.

5.5.3 The initial programme focused on women and birthing people experiencing mild to moderate perinatal mental health difficulties. The programme for fathers and non-birthing partners (FNBP) has now started and will operate in a similar way by providing group and individual support to FNBP during the perinatal period while their partner is pregnant and/or with a child under 2 years old.

5.5.4 The service seeks to address the current gaps in provision of support to new FNBP as highlighted by independent research commissioned by East Sussex County Council (ESCC) Public Health in 2021/22.

## 5.6 Mr Hastings and St Leonards

5.6.1 In 2020 ESCC Public Health led a system-wide application to the Local Government Association and Health Foundation's Shaping Places for Healthier Lives (SPHL) Programme (SPHL), focusing on men's health and wellbeing in Hastings. This arose from evidence that;

- life expectancy for men in Hastings and St Leonards was significantly lower than the national average<sup>13</sup>
- there were three main contributory factors leading to the gap in life expectancy for men: heart disease; accidental poisoning (drug-related); cirrhosis and liver disease.

5.6.2 During the discovery phase for the final SPHL application some insight generation work was undertaken with men living in Hastings. The aim was to find out more about their strengths and needs in terms of their health and the wider determinants of it; their help seeking behaviours; and their experiences of accessing support services. The findings showed that mental health and wellbeing, and social life were the parts of life that respondents were most likely to feel that they could do with some help with.

5.6.3 Although the final submission for the SPHL programme was unsuccessful there was a strong appetite and commitment from all partners to proceed with the work that had been planned. This was compounded by the high levels of health inequality in Hastings and St Leonards, highlighted in the Chief Medical Officers Annual Report 2021<sup>14</sup>. As a result the Hastings and St Leonards Men's Health and Wellbeing Project (Mr Hastings and St

Leonards) was set up, hosted by Hastings Voluntary Action (HVA) with funding for three years (until June 2025) by ESCC Public Health.

5.6.4 The vision for the project is that: *Men living in the most deprived communities in Hastings and St Leonards are living happier, healthier, and longer lives. They are at the heart of decision making about their lives and thrive in strong, supportive, and well-connected communities, where they can fulfil their potential.*

5.6.5 Mr Hastings and St Leonards uses an Asset Based Community Development (ABCD) approach which aims to maximise and build on the wealth of assets that already exist in Hastings and St Leonards. Using this type of approach emphasises the importance of building relationships and networks within a community and mobilises individuals, groups and institutions to come together to realise and develop their strengths.

5.6.6 Throughout its first year of delivery the project has undertaken extensive stakeholder engagement, to gather further in-depth insight and a deeper understanding of what matters to men locally regarding their health and wellbeing and sharing learning with wider stakeholders and decision makers.

5.6.7 Within the cross cutting theme around men’s mental health and wellbeing, the insight work identified challenges with self-esteem and motivation particularly for those aged 30-40. The Mr Hastings and St Leonards Team established strong links with the Hastings Men’s Mental Health Community Development Project and since that project ended they are providing guidance and direction to the funded groups that have successfully engaged with and support this age group of men.

5.6.8 The Mr Hastings and St Leonards year 2 delivery plan builds on the learning from the first year and will include the actions below:

<p><b>1. Development of a Men’s Movement</b></p> <p>I. Community engagement &amp; awareness raising</p> <p>II. Actions and collaborations identified, designed and led by local men .</p> <p>III. Legacy and Sustainability of ‘what works’ that can be continued beyond the life of this project.</p> <p><b>2. Influencing Systems Change</b></p> <p>I. Stakeholder engagement, and awareness raising across the system.</p> <p>II. Embedding collaboration across voluntary, community and public sectors to improve men’s health and wellbeing.</p> <p>III. Encouraging conversations, and men’s champions, within organisations</p> <p>IV. Enable sharing of learning between local men and the system that impacts on their lives.</p>	<p><b>Actions are underpinned by key themes from local insight</b></p> <ul style="list-style-type: none"> <li>• Men and masculinity.</li> <li>• Men and seeking help.</li> <li>• Men, mental health &amp; wellbeing.</li> <li>• Community connections, social life, and relationships.</li> <li>• Building on community strengths and what works for local men.</li> <li>• Service delivery and collaboration across the system.</li> </ul> <p><b>Actions identified will be led by</b></p> <ul style="list-style-type: none"> <li>• Local men (Men’s Movement)</li> <li>• Project Team (Community Development Worker and Project Manager)</li> </ul>
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<p><b>3.Enhancing Project Impact and Learning</b></p> <p>I. Oversight and Governance</p> <p>II. Communication (with local men and across the system)</p> <p>III. Evaluation and Learning (insight)</p>	<ul style="list-style-type: none"> <li>• Wider stakeholders/partners (Learning Partners, Steering Group etc.)</li> </ul>
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## 6. Future Plans

### 6.1 Supporting the VSCE Sector

6.1.1 Working with the Voluntary, Community & Social Enterprise (VCSE) Mental Health Network, hosted by Southdown Housing, Public Health have been seeking to understand what would enable further community focused projects aimed at improving men’s mental health and wellbeing.

6.1.2 Following a survey of all network members in October 2023 a workshop is planned for February 2024 to bring VSCE organisations together to explore what is currently available to help support men with their mental health, what the gaps and opportunities are and aspirations for the future. The workshop will highlight some of the provision currently available across the county and provide a space for participants to share information, ideas and consider how best to work collaboratively to support men to improve and maintain their mental health and wellbeing. Following the workshop Public Health will work with the VCSE network and partners to explore the opportunities to take forward suggested ideas and projects.

### 6.2 Peer support programme in colleges

6.2.1 In 2024/5 Public Health plan to extend the Men in Mind programme of work to include a focus on younger men aged 16+ as they start the transition into working age. Focusing on this age group provides an opportunity to challenge some of the stereotypes and preconceptions that may start to develop from this age that potentially influence how they will approach and manage their mental health and wellbeing in their employment and as they progress through life.

6.2.2 College is a time of profound transition for young people when they may encounter multiple challenges including feeling overwhelmed, socially isolated and lonely, face academic pressures and financial concerns – each recognised as a contributing risk factor to problems with mental health and suicide. The intention is to commission a programme that delivers peer to peer support for young men in college settings, focusing the offer to those undertaking courses that predominantly attract male students. The programme will aim to give them the skills and confidence to address stigma, talk openly about their mental wellbeing and offer reciprocal support to their fellow students.

### 6.3 Men's Sheds

6.3.1 There are already around 10 men's sheds in areas of the county which provide an opportunity for mostly older retired men to meet together over a shared interest/purpose. A recent survey of 133 Shedders by the UK Men's Sheds Association reported that as a result of their involvement in their local shed;

- 76% of shedders say their physical health has improved.
- 79% of shedders say their mental health has improved.

6.3.2 Public Health wish to explore how to extend the number of men's sheds in the county, particularly focusing on areas of deprivation and areas in Wealden where there are more older men who may be experiencing social isolation and loneliness.

6.3.3 Our initial research suggests that the key barrier to establishing new sheds are land/premises, but that once obtained can be equipped and run at very low cost.

## **7. Conclusion and reasons for recommendations**

7.1 The Public Health team will continue to directly commission work, as well as engage with and support partners to enable implementation of evidence-based approaches to maintain and improve men's mental health and wellbeing.

7.2 The Board is asked to note the recent and ongoing work to develop and implement support around men's mental health suicide prevention in East Sussex.

**Darrell Gale**

**Director of Public Health**

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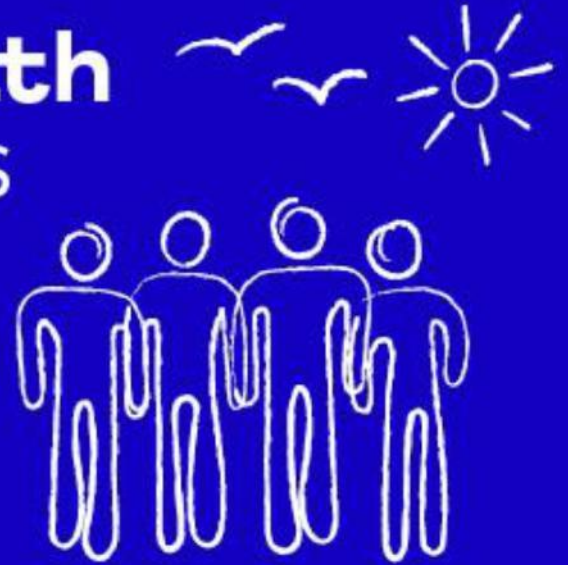
### LOCAL MEMBERS

All divisions are covered by this report.

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# Men's Mental Health Project In Hastings



## Community Development Fund 2021-23

## Background

### How did we collect feedback from men in Hastings?

This report is based on the feedback received from men through conversation and survey responses. We engaged with **34 men** in Hastings in total. The breakdown of engagement is as follows:

**Men's Health week stall in Hastings Town Centre** – 6 conversations

**Groups in Hastings that engage men\*** - 16 conversations

**Survey Responses** – 12 responses

**Email** – 2 conversations

\* Groups engaged with include, over 50s walking football group, over 27s football group, bat and chat, men's shed & Band of Brothers.

Conversations were centred around what men currently do to look after their mental health, what they enjoy about the activity they are engaged in (if applicable), what they would like in Hastings to further support their mental health and wellbeing and any barriers to engaging with services and discussing their mental health.

The survey focused on very similar areas including what men do to look after their mental health, what they would like to see in Hastings to support their mental health, what would encourage them to get involved in a group activity that supports mental health and how men currently find out information about organised activities. The survey was promoted through our Twitter and website, in addition to local groups and organisations sharing the link through their website and/or social media.

### **Key quotes from the survey and conversation:**

"I find it hard to open up about difficult things. Men tend to suffer in silence. We need to normalise these conversations with friends."

"I don't really know where to look for help or things to do"

"It's nice getting out of the house and being in the fresh air"

"I enjoy banter with likeminded people"

"I would like an activity with a practical goal or outcome"

"I'm lonely. I really struggled in lockdown"

"I would like a safe space to talk, we need to get over the stigma of mental health"

"I want to let go of the stresses of the week and have a laugh"

"I want to have a purpose"

**Key themes identified from conversation:**



Please note that the sizing of the word reflects the popularity of the response.

### **Activities:**

From the engagement work, it was clear that many of the men were seeking group-based activities with other men of a similar age where they could socialise and also take up a hobby that provided a practical goal or outcome. Furthermore, many men wanted a relaxed and informal environment where they could have fun and build friendships with like-minded people. Many of the activities suggested were outdoors, the most popular of which were walking, fishing and gardening groups. There were also some creative suggestions such as creative writing, painting and art groups. In addition to more sporty suggestions such as cycling, running, football and golf.

### **Mental health support:**

Several men explained that they were unsure where to look to find support and had little knowledge of services available in Hastings. Furthermore, they believed the only support available to them were helplines, which they felt were impersonal. When asked about support they would like see in Hastings, a common suggestion was in fact wellbeing centres/hubs where they could drop in for informal chats and to find support. This could suggest that information about current services in Hastings such as wellbeing hubs, mental health services, support groups and projects is not easily accessible to men. In addition, a number of men stated that they have been quite isolated and have found lockdown particularly hard. Isolation was most prevalent amongst older men who expressed interest in creating social connections.

### **Engagement and Accessibility:**

From the conversations had with men and the survey responses, men said they would be more likely to engage in an activity or group that was friendly and informal. It was important for the group or activity to be inclusive, welcoming of beginners/new comers and for it to be for fun and not too serious. Other key engagement factors included more choice activities for older men and men with disabilities. Furthermore, men suggested that activities should be clearly outlined with a set timetable with a variety of times, for example mornings, afternoon and evening sessions to suit everyone's work and life schedules. Many men who currently attended group activities enjoyed the casual and relaxed approach of their chosen group. The level of commitment was up to them and therefore allowed for flexibility around other commitments.

### **Awareness of men's mental health:**

There were many conversations regarding the fact that men find it difficult to talk about their mental health with others, even close friends and family. It was challenging to discuss the topic of mental health in large groups, it was much more productive to have conversations in smaller groups as this reduced any worries or concerns. Additionally, conversations were much more fruitful when they flowed organically and topics were introduced by participants rather than directing or forcing conversation. Furthermore, many of the men recognised that conversations happen more naturally whilst taking part in an activity and found it much easier to talk to other men whilst engaging in an activity.

There was lots of discussion about men suffering in silence due to the stigma associated with mental health and because they may appear weak. Toxic masculinity was a key factor in many discussions and lead onto conversations about normalising conversations about men's mental health without shame and stigma.

When asking about how men take care of their mental health, some men's views of mental health were that to have a 'mental health problem' it has to be very severe illness. There was little

understanding of the fact that everyone has mental health and that your mental wellness can fluctuate throughout your life. This view was most prevalent in men of retirement age, as such asking questions using the term 'mental health' was often difficult and so reframing questions was important. For example, asking them about their wellbeing was a much better approach and asking more direct questions about what they enjoy and find difficult provided much better conversation.

**Summary of barriers and recommendations for services/projects to better engage men**

Barriers	Recommendations
Formalities and pressure	<ul style="list-style-type: none"> <li>• Informal groups</li> <li>• Relaxed Environment</li> <li>• Activity is not taken too seriously</li> <li>• Friendly and fun</li> <li>• Welcoming of beginners ie. taster sessions               <ul style="list-style-type: none"> <li>• Use of activities focused on meeting general wellbeing needs, rather than more formal mental health services</li> </ul> </li> <li>• Reduce pressure or expectation to achieve</li> <li>• Encourage participants to set personal goals to achieve and encourage positive reflection of their development</li> </ul>
Mental Health terminology	<ul style="list-style-type: none"> <li>• Acknowledge that everyone has a different understanding of what mental health means</li> <li>• Encourage men to talk about mental health and wellbeing but ensure there is no pressure to do so</li> </ul>
Stigma	<ul style="list-style-type: none"> <li>• Use of smaller groups</li> <li>• Use of activities to facilitate conversation</li> <li>• Normalise conversations about mental health</li> </ul>
Isolation	<ul style="list-style-type: none"> <li>• Create opportunity for social connections and peer support</li> <li>• Easily accessible</li> <li>• Consider how to reach isolated men               <ul style="list-style-type: none"> <li>• Consider ways to encourage participants to build social connections ie. team activities, buddy schemes, group chats etc.</li> </ul> </li> </ul>
Poor accessibility	<ul style="list-style-type: none"> <li>• Increase choice and accessibility for older men and men with disabilities</li> <li>• Make registration easy and allow for men to take part flexibly</li> <li>• Allow for a sliding scale of commitment in terms of participation</li> <li>• Provide a clear timetable</li> <li>• Clarify who the activity/service is for and what is required</li> <li>• Provide practical information ie. travel and parking</li> <li>• Review methods of outreach to ensure information reaches all men</li> </ul>

This feedback was utilised to develop the criteria for the community development fund and enabled us to support groups that were funded to better engage men in the community.

### **Community Development Fund**

The grants provided by the Men's Mental Health Project were designed to help individuals, groups and communities in Hastings to support the mental health of men, particularly between the ages of 30-59 years and living in deprived wards including Baird, Tressell, Castle, Central St Leonards and Hollington. The fund should be used to create positive changes by growing ideas, developing new projects or strengthening existing projects to support men's mental health. For example, the fund could be used by a current group to start a new group specifically for men, or by an individual or group to purchase equipment or invest in training to start a new activity for men in Hastings. We were simply looking for brilliant ideas for projects, initiatives, activities or events that will build positive change by raising awareness for men's mental health and supporting men to look after their mental wellbeing.

#### **Criteria for project or initiative:**

The project or initiative should aim to meet the criteria below:

- be aimed at men particularly between the ages of 30-59 years
- benefit men across the whole of Hastings or men in deprived wards
- engage and benefit men at risk of mental health problems
- be easily accessible and inclusive
- promote awareness of mental health and available support
- promote one of the 5 ways to wellbeing (connect, be active, learn, give and take notice)
- meet one or more of the themes identified in our engagement work (see word cloud)

**Individuals and organisations could apply for up to £1500.**

## **Funded Projects**

### **2021**

- **MenWalkTalk** – Men’s walking Group
- **Education Futures Trust** – Bushcraft Group
- **Seaview** – Digital Inclusion Project
- **Fellowship of St Nicholas** – Fathers Morning playgroup
- **Men’s Network**
- **Project Rewild** - Take Action Man
- **The Sanctuary** – Surf n Turf
- **Arts on Prescription** – Men Aloud

### **2022**

- **Creativity on Sea** – Beauty from Destruction
- **Creativity and Wellbeing Workshops**
- **Lifese Music** - Landscape Soundscape
- **Arts on Prescription** – Men Aloud 2
- **Hastings Kickboxing Association** – Men’s Wellbeing Kickboxing group
- **Craig’s Cabin** – Men’s Night Walks
- **Men’s Network**
- **Paramount Housing** – Games Table
- **Active Hastings and Believe in You** - Men, Mind and Muscles
- **East Sussex Recovery Alliance** – Mindful Bakers

### **2023**

- **East Sussex Recovery Alliance** – Mindful Bakers
  - **Project Rewild** – Wild Swimming
  - **Hastings Kickboxing Association** – Men’s Wellbeing Kickboxing group
  - **Wave Arts** – Chess and Chat
  - **Grappling for Mental Health**
  - **Dark Circles Record Shop** – Beat Connections
  - **Greener Futures** – Men’s Gardening and Conservation Group
- 
- Projects that have been funded twice

## MenWalkTalk

### Men's Walking Group

#### Overview:

MenWalkTalk successfully set up their group in **Alexandra Park in Hastings**. They employed a walk leader, who is lead the Hastings Walk and liaised with local organisations and partners about the MenWalkTalk offer in Hastings. They have completed a number of walks so and had good attendance from **12 different local men**, who have formed friendships and created WhatsApp group. Currently, the walks initially ran once a month and increased the frequency to weekly with greater attendance.

#### Quotes:

*"Thank you everyone for the much needed walk today"*

*"I definitely wouldn't have been in this positive mood if I didn't force myself to go"*

*"It was nice to walk in the park and meet new people"*

*"The Sun came out for us, was lovely to walk with new friends"*

*"Keep up the Good work. A lovely group and a great experience"*

*"I went on my first walk last week. A great group of fellas. The group leader made me feel welcome and the whole experience was very positive. You do not realise how many men's lives you are touching"*



#### Contact

<https://menwalktalk.co.uk/>

[matt@menwalktalk.co.uk](mailto:matt@menwalktalk.co.uk)



## Education Futures Trust

### **Bushcraft Group**

#### Overview:

EFT ran a 6-week course exploring **Bushcraft for beginners**, where they used a variety of practical outdoor activities to engage local men. They enrolled **10 local men** with who expressed that their mental health was a challenge or barrier. They provided the opportunity to work side-by-side with other men who had shared, lived experience of poor mental health and other challenges in a supported outdoor setting (the forest school area at the Firs, which sits within the deprived Baird ward). Activities included **team building exercises** and challenges, the principles and practicalities of **fire lighting** and building, **foraging** and **cooking on fire**, **nature identification**, **using storm kettles** safely, **shelter building** and **knots**, **tracking and trailing** and a small amount of **whittling**. All sessions took place in a **fire circle**, which supported discussion that promoted sharing of experiences and skills, and which were a vehicle for staff to introduce the **5 Ways to Wellbeing** and other 'light touch' self-led mental health support tools and services. Staff also supported men to identify positive 'next steps' and signposted men to support services within the community.

**Bushcraft for Beginners**

- Increase confidence
- Improve health and wellbeing
- Learn to use tools and light fires
- Find out more about the world around us
- Find, cook and eat wild food
- Make things from found materials

**Where:** The Firs Forest School area, off Oak Tree Road, Hastings TN34 2AJ  
**Who:** Local men aged 18+

**Cost:** Free for all participants in receipt of benefits

**When:** Fridays 28th January - 11th March 2022 (NOT 1st Feb), 10am - 12 midday

**BOOKING ESSENTIAL - LIMITED PLACES**  
Contact the EFT office on **01424 722241**  
or [shab@educationfuturestrust.org](mailto:shab@educationfuturestrust.org)

**Mind in Brighton and Hove** | **NCT Hastings** | **Education Futures Trust**

Our children. Our families. Our community.  
Registered Charity Number: 1144171 | Company Number: 7352022

#### Feedback & Quotes:

X talked about the challenges of a recent diagnosis, and how coming to the group helps him *'stay strong and keep worries in perspective.'*

*"It's easier to get together outside...you don't have to talk if you don't want...it's not weird if you are doing a task"*.

*"This is now the highlight of my week."*

*"I didn't think I'd manage that today, but I'm pleased I did"*

Y commented that coming to the group has given him time to reflect on some of the advice his parents gave him as a child, allowed *'some pieces of the puzzle to fall into place'* so that he is *'beginning to understand and appreciate' what he was offered as a child'*.

*"You don't have to talk if you don't want to, you can introduce yourself to people in your own time, you are safe here. I've only just started to admit how much I struggle in crowded spaces, but I need to. I can now tell my family if I need to leave somewhere, and have ways of managing, I now always have a 'plan b' which means that I'm doing more than I used to."*

*"It provided a good opportunity to get outside and learn several outdoor related skills, including fire making and trail making."*

*"I look forward to coming and enjoy what we do, especially fire making and communication."*

*“I like being in a group learning, being in a team and whittling, foraging, fire lighting.”*

5 participants completed a pre- and post-course **scaling exercise based on the 5 Ways to Wellbeing**:

- I take part in activities that promote learning and set myself goals
- I get plenty of regular physical activity each week
- I take notice of the world around me and am good at living in the moment
- I feel connected to others and form social relationships easily
- I help other people and take part in community activities where I can.

All 5 reported either maintenance or improvement in all areas.

All 5 rated the course a 5 out of 5 for enjoyment.

#### **Key successes:**

- 4 participants are now volunteering for the organisation, variously supporting our holiday Forest School offer, the food project, the Without Walls programme and the new DIY course, steps which were promoted by the volunteer peer mentor and linked closely to the 5 Ways to Wellbeing.
- 8 participants have expressed an interest in taking part in future delivery, including the Whittling for Beginners which will be held in the same outdoor area at the Firs at end of April 2022.
- 1 participant felt confident enough to support the facilitators to staff a stall at the recent MIND wellbeing event at the Stade Hall, where he spoke to others including the mayor about his experience.



**Evaluation Data (8 men)**  
**Ages: average 47**

#### **Contact**

<https://www.educationfuturestrust.org/>

[office@educationfuturestrust.org](mailto:office@educationfuturestrust.org)

## Fellowship of St Nicholas

### Fathers Drop in and Play

#### Overview:

FSN Fathers group held 8 **drop in and play sessions** for fathers, grandfathers, male carers and their children. The sessions were a safe and secure environment that men could gain more confidence by being with peers and supporting their children. Where some families that are living in crowded accommodation, it meant they had space for play both indoors and outdoors. The activities that were on offer gave opportunities for family members to bond and to have positive experiences. **11 families and fathers/grandfathers** were supported to access other services that benefited the whole family unit received information to support their mental health and wellbeing.



#### Family 1 Case Study

Baby born in lockdown, Dad reported that the group was a great way for him to be able to spend time out with his daughter and other children.

FSN were able to give advice on Makaton signing as the children were not meeting their speech and language development as well as general advice which encouraged the participants to talk openly about experiences/issues to help support each other.

The family have now been referred to speech and language for specialist support.

#### Family 2 Case Study

The child has additional needs and was not being able to access early years' settings due to behavioural issues that nurseries felt they were unable to support. Dad reported that he was able to access the drop in for his child to be with his peers and for him to spend time with his child.

Dad was keen to be more involved with the running of future groups in the future as he had received the support that he needed.

#### Family 3 Case Study

Dad's current accommodation is not suitable to be able to see all 4 boys at the same time. The group gives them an opportunity to spend time as a family.

Dad is now accessing the wellbeing Hub, and was able to take his children to the panto with some tickets donated by Warming up the Homeless.

#### Contact

<https://www.fsncharity.co.uk/>

[tgasson@fsncharity.co.uk](mailto:tgasson@fsncharity.co.uk)

## Seaview

### Digital Inclusion Project

#### Overview:

Seaview delivered a **men's digital inclusion project**. The project was aimed at helping men access mental health crisis support and continuing to stay healthy by using the 5 ways to wellbeing, online resources and apps. They created a group called '**The Digital Men's Mental Health Group**' which was targeted at men who had limited digital knowledge and were excluded from benefitting from the wealth of resources available online. They equipped **8 men** with Amazon Fire Tablets and provided them with intensive support on how to use them in order to maximize the benefits that can be gained. They have since continued to run groups periodically using the tablets purchased from the funding.

#### Key Successes

The groups have been centred on the five ways to wellbeing and this has had a very enriching effect on the men's relationship with each other. They are very encouraging and helpful and have flourished in a safe space.

They all started out with a similar standard of digital skills and there has been no judgement on their individual progress from one another. They are all proud of their personal achievements and the achievements of the group. A previously digitally excluded group are now digitally included and equipped with their own devices. Each device is loaded with Apps that meet their needs and promote wellbeing.

They are able to access mental health support and have learnt about how technology can help them maintain an ongoing mentally healthy lifestyle.

Two of the men have become digital champions for the group and are continuing to help assist the newcomers.

Several of the men continued on to the wellbeing group that is facilitated every week at Seaview.



#### Contact

<https://www.seaviewproject.co.uk/>

D.Perry@seaviewproject.org.uk

## Men's Network

### **Overview:**

In 2021, The Men's Network established good foundations by building a network of **101 men** who attend **18 events** organised, including **walks, online groups, film showings, fitness for fella's session**, introduction to **photography** classes and **food preserving**. Their Network included **76 followers** on Facebook and **51 subscribers** to events and newsletters. The network reached a wide variety of men from those with mental health issues-schizophrenia, bipolar to alcoholism and unemployed to new fathers, recently retired and those in work looking to create new connections. Events were carried out in all parts of Hastings including: Hollington, Ore, Central St Leonards to name a few. They also connected men to the other funded projects by promoting them amongst the Network and have built strong connections with the Arts on Prescription project.

In 2022, The Men's Network have continued to grow their Network during their second year of funding with a Network of **170 Facebook followers** and over **100 newsletter subscribers**, they have also developed a website. They had **150 people** attend their **23 events** held between August – December 2022. The events have included regular walks in various locations around Hastings and online group meetings with focus on particular themes including relationships, parenting and work. Other events have included sea swimming, bike rides, yoga, Qi-Gong, Pilates, Pot Luck Community Meals, chutney making and community gardening. The best attended events included apple pressing, oyster mushroom workshop, outdoor film viewing and the men's fire circle and BBQ. The project allows men to connect with other men in the area to discuss topics of healthy masculinity, connect with nature, learn new skills and undertake different activities and exercise to improve their mental health.

### **Photos:**



### **Key Successes:**

- 2 participants are now actively leading walks
- 2 participants became involved with volunteering at the park after our first events and have since done a lot of great practical work there improving their confidence and social skills with others.
- 1 participant started cycling again for the first time in 15 years which he has really enjoyed.
- 1 participant became a co-facilitator of the online group and developed his facilitation skills.
- The Men's Network have secured funding to continue the project for another 12 months.

### **Evaluation Data (11 completed forms)**

**Ages:** 37 – 71 (the majority in their 40s)

**Location:** Hollington, Gensing, Conquest, Castle, West St Leonards, St Helens

**Employed:** 6 employed, 2 self-employed, 2 unemployed, 1 retired

**Parent:** 6 Non-parent, 5 Parent

**Relationship status:** 5 single and 6 married/ in a relationship

### **Contact**

<https://www.hastingsmensnetwork.org/>  
chris@chrisrichards.me

## Project Rewild Take Action Man

### Overview:

**Project Rewild** delivered a their 'Take Action Man' project that got 25 local men outside and enjoying the benefits of time outside in nature and its effects on their mental health and wellbeing. They had **25 men** take part over the **3 activity days**, they learnt new skills including **Fishing, Bushcraft, woodcraft, conservation, foraging, hiking and navigation**. They supported men to talk openly about their mental health in safe and secure environment and created spaces for local men to spend time together and create new relationships and support networks. The project has since received funding from Making it Happen and continued to grow. Additionally, an individual from the group was supported by the community development fund to create a sea swimming group as part of the Take Action Man Programme.

### Feedback:

*"I've recently been signed off from work with stress so I thought it was a great opportunity to do something different and meet men who were likely to have similar experiences to me. The activity was really good for using a different part of my brain and having a bit of headspace and it allowed me to engage one-to-one with a few people where we talked about why we were there and some of the challenges we had been facing which was really great. At the end of the day I was exhausted physically but was really energised by doing something new and meeting such a nice bunch of people. The activity really provided an environment where mental health did not feel front and centre, yet this allowed for conversations to happen and no pressure environment to open up about experiences."* – **Sea Fishing Day personal testimony**

*"The actual walk was GREAT and unusually for me I found it easy to chat with different people on the walk. No beer, football or other rubbish came into the conversations! Everyone seemed approachable and open. I can't fault the organisation of the event, route, destination, games played or the timescale (not too short or long). Afterwards I was on cloud nine, on a real high. I can't express strongly enough what atonic and ray of sunshine it was. Soaked to the skin but with a huge internal grin and a song in my heart. I'll take from the day that I can have fun still and meeting up with other men of differing backgrounds is not something to be feared but is actually a really good thing"* – **Hastings Expedition Day Personal Testimony**

*"I normally work in an office environment in a male dominated industry and have been surrounded by men my working life. During lockdown I began working from home and have become socially isolated. Although I still speak to most of my team on the phone or via videocalls, it isn't the same as being in the same space as them. I hadn't realised how much I would miss the social contact, I think there is something special about a group of people (men especially) working towards a common goal. The day I was on managed to recreate that feeling. It was nice to see a complete group of strangers get together, try something new and all pitch in to help each other out."* – **Bushcraft and Survival Day Personal Testimony**





**Contact:**

For website inc. full report and trailer: <https://www.projectrewild.co.uk/takeactionman>

[Info@projectrewild.co.uk](mailto:Info@projectrewild.co.uk)



## The Sanctuary

### Surf n Turf

#### **Overview:**

The 'Surf and Turf' initiative aimed to establish three men's groups—two on land and one on water—focusing on creating a safe environment that encouraged curiosity and enjoyment. Participants, primarily local residents in economically deprived areas of Hastings, engaged in activities such as gardening, football, and fishing. The gardening group quickly became a standout success, allowing men to witness the transformative results of their collective efforts. The project's success was propelled by word-of-mouth, fostering a sense of community and prompting new referrals. The inclusion of a buddying system for football activities further contributed to the participants' confidence-building and mutual encouragement. Overall, 'Surf and Turf' effectively met its goals, blending recreational pursuits with informal support discussions and creating a positive impact on the lives of men in Hastings.

#### **Feedback:**

*“The gardening club is brilliant, it’s brought me out of my shell and I’ve met some lovely people who I can now call my friends”*

*“I love football but never felt confident enough to go alone, it has been great to have someone with me and enjoy what I like too. I feel a lot better in myself now”*

*“It’s been fantastic being out in the fresh air, learning all about fishing and seeing how rewarding it is when you catch a fish no matter how big or small”*

*“Sometimes I stay in bed all day when I am feeling low, this has given me the motivation I needed”*

*“Some days I haven’t felt like going in, but once there I have enjoyed it so much and people always check up on me if I’m running late which is so thoughtful”*

*“I can honestly say the groups (I attended two different ones) have saved my life”*

#### **Contact**

<https://www.turning-point.co.uk/find-a-local-service>

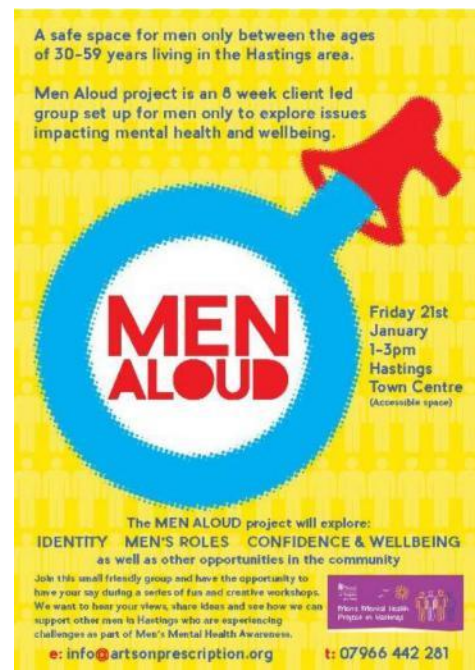
[mel.tapp@turning-point.co.uk](mailto:mel.tapp@turning-point.co.uk)

## Arts on Prescription

### Men Aloud 1 & 2

**Art on Prescription** delivered an 8-week client-led group called 'Men Aloud' where men were able to explore issues impacting their mental health and wellbeing through **creative workshops**. They engaged with **16 different local men** from various postcodes in Hastings including St-Leonards, Hastings and Ore. They had a group of 8 men who regularly attended all sessions, this size group worked well as men were able to build trust and open up with each other addressing sensitive issues and support one another.

They used a variety of creative activities as a conduit for opening up difficult conversation, this included **writing, drawing, painting** and **photography**. Each participant created a journal documenting their personal journey through the workshops. They explored identity, issues they find challenging, men's role, how to build confidence and enhance wellbeing and other opportunities in the community. The group's work was compiled into a **magazine** to celebrate their achievements and to inspire and support other men in the community. Participants have forged new bonds with members of the group and have also been linked to the Men's Network where they are finding new opportunities to link with men in their communities.



**Case Study:** A local man was referred into the MiBH Breathing Space Project which supports Orbit residents in Hastings with their wellbeing and mental health. The Breathing Space project supported him to attend the Men Aloud project, which supports men to have discussions and connect with one another through creativity. Through the group he explored his passion for photography and photographed the men of the group, following this the breathing space project supported him to apply for funding through the Making it Happen Project to create and exhibit the photographs. The funding was approved and he showcased his work at the Men's Wellbeing Festival. *"Overall the projects and various services have helped me overcome my social anxiety, and I have grown in confidence. I have stuff to do and places to go, and this takes the focus away from my personal issues and I am re-connecting with society."*

#### **Feedback:**

*"The Men Aloud project has helped me connect with other men in the group, and they showed an interest in my photography which inspired me to pick up my camera again and take some pictures of the men in the group"*

*"I can honestly say art on prescription has brought me inner peace and calm. I can also go as far to say that it is highly likely it has saved my life."*

*"I'm find this time very difficult as I'm worried about my future and the effects my poor health is having on my family. Art has been my way of switching off to the world and it's many stresses".*

*“Learning new skills and mixing with strangers.”*

*“I have improved my self-esteem. I have gained a non-judgemental acceptance by others. I have felt less lonely and isolated. I have managed to divert my attention, from my addictive nature.”*

*“It really helps me get started on my own work. The encouragement the tutors give helps me improve my lethargy level.”*

*‘It has helped with loneliness.’*



### **Men Aloud 2 overview:**

Arts on Prescription were funded for a second Men Aloud **8-week Programme**. The project engaged **15 men** who were experiencing issues impacting on their mental health. The project used art as a conduit for opening up difficult conversations that would not necessarily be raised in a more formal environment. Arts on Prescription provided a safe and confidential space and support the men the build resilience and friendships. In the sessions they explored various themes including identity, challenges, men’s roles/ masculinity, confidence, wellbeing and opportunities in the community. As a group they discussed the themes and how they impacted their wellbeing, they explored how they could improve their wellbeing and positive behaviour change was encouraged through peer support and signposting to other services. Over the series of workshops that included clay work, creative writing, drawing, painting and photography the participants created a journal documenting their personal journey through the workshops. A collection of the participants best work was compiled into a Zine which has been circulated around the town and online.

### **Feedback:**

*“I’ve really enjoyed being part of the group and the different artistic techniques I have learned. It’s really helped me.”*

*“I felt that I had really lost my ‘mojo’, but meeting up each week and being creative has been amazing for my mental health.*

*“I had struggled for a long time with social situations, but being part of this group has had a very positive effect on my confidence.”*

*“It’s been great meeting up with these lads each week. Talking and making art has made a huge difference to my mental wellbeing.”*

*“This group has had a very positive effect both on me, my mental health and my outlook on life in general.”*

*“The support and friendship I’ve experienced being part of this group has helped me more than I could have imagined. And I never realised I could actually make art that looks good!”*



### **Key Successes**

- Arts on prescription are supporting some of the men in the group to apply for our smaller grants.
- The group members have continued to meet beyond the end of the programme.

### **Evaluation Data:**

All men were between the ages of 30-59 years living in deprived wards including Baird, Tressell, Castle, Central St Leonards. The majority of the attendees were unemployed.

### **Contact**

<https://www.artsonprescription.org/>

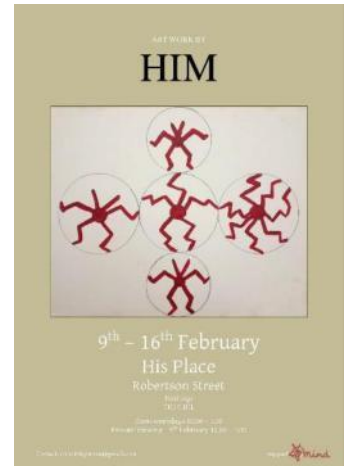
[tara.reddy@artsonprescription.org](mailto:tara.reddy@artsonprescription.org)

## Creativity on Sea

### Beauty from Destruction

#### Overview:

The project saw **12 men** take part, with 8 men attending regularly over the **12-week programme**. The sessions were based around the concept of beauty from destruction which was explored in the first session. The men selective themes to work with each week and explored the through self-portraits, acrylic painting, water colour, clay modelling, sculpture making, fabric painting and mixed media. The men also worked collaboratively to build a large installation piece which encompassed the beauty from destruction theme. Between the sessions the men were encouraged to keep a creative journal to develop their thoughts and ideas from the sessions. The goals were for the men to learn new skills, express themselves and connect with others. At the end of the project, they were all invited to choose pieces of their work to include in an exhibition that they chose to call HIM.



#### Feedback:

*"I had barely left the house for years before starting to come to these sessions and had not been able, or wanted, to do any art at all. From the very first session I had ideas for a new body of art for the first time in years. I haven't stopped and am developing my work. I am an artist again."*

*"It gives me somewhere to come. It makes me feel human. Thank you. You keep all my art, it's for you. It's a gift for you."*

*"I'm so happy I saw it on Facebook. Look where I am now! I'm so excited."*

*"I can't believe the difference in how I feel and in my life. It's only been three months. It's*



#### Key Successes:

*incredible isn't it."*

- They have received a grant from the Benefact Trust to develop Creative Therapy at His Place Hastings
- One of the men is now a co-director as they launch 'Creativity on Sea Community Arts' and is training as a creative therapist.
- One of the men is now completing a course to develop his skills in helping group facilitation.

- Six of the men joined in with other art projects run by Creativity on Sea during the project and continue to attend regularly.
- The men are continuing to collaborate as 'HIM' and are planning more exhibitions and installations together.

As part of the project all the men assessed their wellbeing at the start and end of the 12-week programme, this included scoring their feelings of anxiety and depression out of 5. All scores increased throughout the duration of the course.

**Evaluation Data:**

They were all aged between 36 and 59. 11 of the men live in Hastings, in Castle, Tressell and Baird. One lives in St Leonards. Two of the men who took part are homeless and live on the streets in Hastings. One of the men has children but does not live with them. All the men have lived experience of mental health challenges, two have a chronic diagnosis requiring lifetime medication. Five of them are in recovery from

**Contact**

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[milnesarah@me.com](mailto:milnesarah@me.com)

## Hastings Kickboxing Association

### **Men's Wellbeing Kickboxing group**

#### **Overview:**

Hastings kickboxing Association ran a **12-week programme** for men only to work towards grading for their first belt with focus on building confidence, fitness and building strong support networks for wellbeing. There were **20 local men** that participated and joined the WhatsApp group to encourage the formation of a support network and to build new friendships. Many of the men who attended had not even stepped foot inside a gym before and were all able to complete their red belt grading. The men gained confidence over the programme and formed an encouraging community network with many individuals meeting up outside the sessions.

#### **Hastings Kickboxing Association – Men's Wellbeing Sessions**

*"To be sincere, huge thanks to X and the whole crew... the difference the last 12 weeks have made to my wellbeing has been incredible, and the knock-on effect of taking on something so rewarding and so far out my comfort zone has given me the confidence to try a few other things in life that have been proper helpful"*

*"Before I started I was a right mess. Wrangling about with a PTSD and anxiety diagnosis, waking up all through the night in a panic attack, crippling low self-esteem and self-loathing. The course we all did has profoundly helped with that. I'm happier with myself and enjoying life more, and it's snowballing!"*

*"It's a long journey, and I know 12 weeks of kickboxing doesn't magically cure it all! But wow... it's helped tremendously, and set me on the path to do much better."*

*"If I could have taken before and after photos of my brain, you'd see it's right beefed up!"*

*"Before and After, once again thanks, still long way to go, but this journey is only just beginning."*

*"First of all, big up X and X and the team for running the last 12 weeks it's been a massive help getting me through life personally I feel a 1000 times fitter and stronger than I ever have. Second well done everyone for grading tonight you all smashed it and should be proud of yourselves for what you've achieved these last 3 months it's been a pleasure training with you all.!"*

*"I really needed tonight session, thanks X, for another great session"*

*"And another shout out to X for another great class. Great work!"*

*"Today feels like it's going to be a good day woken up to a email saying I've passed my enhanced dbs and that I can now take my tele at to become a taxi driver"*

*"For the 1st time in a long time, went to bed at 12:30am and woke up without alarms at 6am ready for work and out of the door at 6.45. Felt so alive."*

*"Well done tonight lads another wicked session also well-done X for taking the class tonight loved it"*

*"Wicked class tonight learnt a lot pushed myself further then I have for a long time see you Tuesday"*

*"Great class... definitely feeling the positive improvement on my brain... and even on the ol' podgy body! Even cycled all the way up the hill home without my lungs exploding last night!"*

*“Great one last night. Really enjoyed it. Left feeling much better than when I arrived - had been a bit of a day!”*

*“Thanks X and X... I so appreciated all the help. Turns out I’m really falling for this kickboxing thing!”*

**Evaluation Data Winter Walk and Talk Participants (15 completed forms)**

**Ages:** 31 – 50 (majority in 40s)

**Location:** West St Leonards, Conquest, Tressell, Gensing, Ore, Hollington

**Employed:** 14 employed 1 unemployed

**Parent:** 13 parent, 1 non-parent, 1 carer

**Relationship status:** 12 married/ in a relationship, 3 single

**Key Successes:**

- All the men achieved their red belt (first kickboxing belt).
- Hastings Kickboxing Association have added a Men’s Only Wellbeing Class to their regular timetable.



Hastings Kickboxing Association have been funded to re-run this programme and recruit a new group of men.

**Contact**

<https://www.hastingskickboxing.co.uk/>  
[hastingskickboxingsales@gmail.com](mailto:hastingskickboxingsales@gmail.com)



## Craig's Cabin

### Men's Night Walk

#### Overview:

Craig's Cabin found that men often felt most in need and alone in the evenings and weekends. As such, they set up a weekly night wellbeing walk for men in Alexandra Park on Sunday evenings. The project provided a peer support service where men can talk about their worries and share their experiences. Attendance varied from **2 to 5 men** attending each week, making the experience much more intimate and open. They advertised the walk as a safe environment that is judgement free which enabled men to open up with several men attending the walks as and when they needed for their emotional wellbeing.

#### Feedback:

"Thank you I feel so much weight lifted both physical and emotional"

"It's nice to just talk about things with other guys that just get it"

"I joined to be a positive presence in the park at night but found I got so much more out of it"

"it's different doing something like this at night but worth it"

#### Key Successes:

- One attendee has now become one of Craig's Community Volunteers and has involved litter picking and building / tidying up community spaces.



#### Contact

<https://www.craigscabin.org.uk/>  
[contactus@craigscabin.org.uk](mailto:contactus@craigscabin.org.uk)

## Active Hastings & Believe in You

### Men: Mind & Muscles

#### Overview:

The project offered a free **8-week programme** to Men in the Hastings area, combining early intervention Mental Health education and support alongside fitness sessions. Each week had a different focus in terms of Mental Health, covering topics such as Anxiety, Depression and Low Mood, Self-Worth, Anger, Recovering from Trauma and Relaxation and Meditation. Men were encouraged to share their own experiences in a safe space and provided men with both coping tools and information to access further support. The fitness aspect of the course encouraged feelings of confidence, strength and self-worth. Each course had a maximum of 12 spaces, and both were fully booked with a waiting list of over 50 people. To ease the waiting list, they ran an additional daytime course for a further 10 people, enabling them to offer **34 spaces** in total.

The course is still continuing to run programmes through further funding from Active Hastings. **Feedback:**

*"This course has provided me with some tools and coping strategies that I will try to use from now on. Physical activity is an important factor in boosting my mood and self-esteem."*

*"I had the opportunity to meet fantastic people who also struggle with different difficult situations in life or mental health problems. We were able to share some personal stories and support each other."*

*"The talking elements normalised a lot of things and increased awareness of my own feelings. The exercise elements were fun and challenging, and I left on a high."*

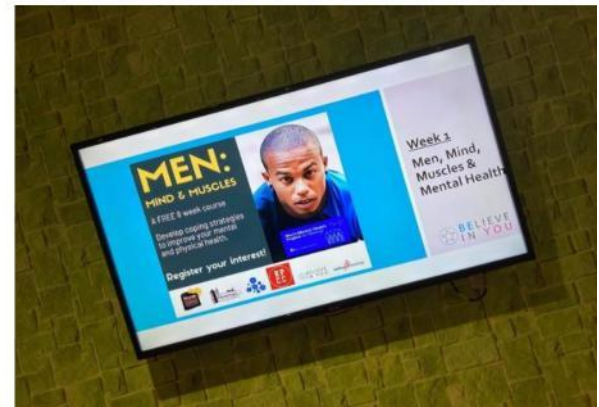
*"I really enjoyed the course and found it very helpful. I've used a number of the techniques we discussed and found them helpful."*

*"Nat and Rich were very friendly, approachable, knowledgeable and professional. A big thank you! I'm very happy and grateful for being able to participate."*

*"I feel more positive and grounded"*

*"My outlook on life is more positive"*

*"I feel more able to cope and share my feelings rather than bury my head'."*



### **Key Successes:**

- One of the most successful elements of the project was the session offered in Week 6, focused on trauma and recovery. The fitness provider, Rich, who co-ran sessions shared his own very personal story and experience of the loss of his son. Rich discussed his own struggles that he had including managing his emotions, negative relationship with alcohol, issues with debt and managing his grief. The impact of this session was very powerful and provided a key message of hope and recovery, inspiring the men who attended.
- Another key success included the improvement the men reported when having conversations about their mental health. The men opened up to their partners, friend and family about how they are feeling. Giving them the confidence to be vulnerable and ask for help, and knowing it's ok to not always be ok.

One man who suffered with such bad social anxiety he disclosed that he had sat in the car park outside the venue on week 1 for an hour before the session building up the courage to attend. He did, and attended nearly every one of the sessions beyond

### **Evaluation Data:**

Participants ranged from ages 30-69. They had a variety of backgrounds, from a Police Officer who was signed off work with stress a Builder who had suffered with his Mental Health for years, a Physiotherapist who suspected he was Bipolar, an Electrician with really low self-confidence, another Builder who was struggling after the breakdown of his relationship.

### **Contact Information:**

#### **Website:**

[https://www.hastings.gov.uk/sport\\_play/getactive/activehastings\\_listings/menmindmuscles-2a/](https://www.hastings.gov.uk/sport_play/getactive/activehastings_listings/menmindmuscles-2a/)

<https://www.believeinyouteens.co.uk/bhfc-partnership>

#### **Email:**

[believeinyouteens@gmail.com](mailto:believeinyouteens@gmail.com)

[activehastings@hastings.gov.uk](mailto:activehastings@hastings.gov.uk)

## Paramount Housing

### Games Table

#### Overview:

Paramount Housing deliver temporary accommodation for medium need/risk clients in a mixed gender scheme (although predominantly males). They found that a high number of male clients were spending late evenings in town drinking alcohol and using drugs which negatively impacted both their physical and mental health. Following discussions with the men they stated that they had “nothing else to do”. As such, Paramount housing utilised the community development fund to provide a games table in the shared area to promote better choices, encourage men to stay indoors more often and building an internal community away from the streets. The games table created a safe space within the building where individuals could socialise and openly talk about how they are feeling while playing games.

#### Staff feedback

*“It is a great way for the clients to socialise. The clients can have a friendly competitive game in a location where they feel safe from other influences.”*

#### Client feedback

*“The pool table is great; we play every day. It helps as a distraction when I am feeling down”.*

*“The table helps bring clients together when we have nothing else to do in our spare time, rather than spending it in our rooms on our own”.*



#### Key Successes:

- Male clients staying away from the town centre of an evening and therefore making safer choices.
- Building relationships with other residents which has promoted wellbeing.
- Not going out and spending money of an evening, improving their financial wellbeing.
- Reduction in substance misuse

#### Evaluation Data:

All residents within the scheme (both male and female) have been using the games table during the day and evening. Clients are all vulnerable of low-medium need/risk and aged between 25 and 65 years and have been placed here by Hastings Borough Council due to homelessness.

## East Sussex Recovery Alliance

### Mindful Bakers

#### Overview:

The Mindful Bakers courses run for 6 weeks. A number of ESRA clients expressed that they would really like to do some sort of baking but don't always feel confident doing this alongside women. Together with their Recovery hub Chef, they followed a 'bake off' style programme including breads from around the world, Halloween bakes and sausage rolls!

Interacting with other people and taking time to get to know others in an informal practical safe session was really good for socialisation, breaking barriers around stigma and helped with isolation. Also, committing to something on a weekly basis ensured men came into the hub, having a structure in early recovery.

#### Feedback:

"By attending Mindful Bakers every week, it gave me the confidence and strength and something to look forward to every week and a new social group that I could related to"

"The Mindful bakers gave more confidence and self-belief and made me realise that there is more to life than alcohol"

"With ESRA's invaluable support and suggested tools to aid and sustain my recovery. The activities e.g. mindfulness, baking, creative writing together with weekly the support groups have all proved to be an integral part of sustaining my sobriety."



#### Contact Information:

<https://www.esrauk.org/>

[info@esrauk.org](mailto:info@esrauk.org)

## Greener Futures

### Men's Gardening Group

#### Overview:

Greener Futures is a volunteer-led initiative in Hastings that utilises gardening and horticulture sessions to support the wellbeing of individuals from underrepresented groups, including those facing mental health issues, homelessness, substance misuse, physical disabilities, and learning difficulties. The project promotes the 5 ways to wellbeing by fostering connections, encouraging outdoor activities, facilitating skill development, promoting giving back to the community, and emphasising appreciation for nature. The green space volunteering not only engages isolated individuals but also enhances community connections and provides a pathway to employment. Activities involve planting beds, shrubs, and trees, along with general park maintenance and learning gardening and food growing skills. Initially centred on green-based activities, the project has evolved into a health and well-being initiative, offering a natural progression for participants seeking to reengage with employment. The predominantly unemployed male participants, aged 20-60, often living alone or in supported accommodation, share a history of mental health struggles, substance misuse, and learning needs.

#### Key Successes:

The introduction of a WhatsApp group has allowed for a supportive community of peers. The group has strengthened over time, navigating challenges such as recent bereavement, re-entering employment, and accessing new support systems.

“To be honest mate since dad died the conservation area has helped a lot”

“Nature is good for the mind and to be able to get the stress out bit by bit”

“We all need a small project in nature to keep busy and have a system reboot to get some stress out of us”

“Love this group, look forward to each session, some weeks are hard to get motivated, but once I'm there, everything is fine, and leave recharged. Magical place and people.”



#### Contact

<https://www.facebook.com/CHART.GreenerFutures/>

[greenerfutures@groundwork.org.uk](mailto:greenerfutures@groundwork.org.uk)

**Wave Arts**

**Chess n Chat**

**Overview:**

The Chess 'n Chat group has successfully cultivated a safe and welcoming environment where men gather to engage in friendly conversations while enjoying a game of chess. This unique combination offers a platform for peer support and connection, allowing participants to share experiences and build meaningful connections. The group has experienced growth, reflecting the positive impact it has had on the participants. In recognition of this success, they have exciting plans to expand their sessions and enhance the experience by inviting guest speakers. These initiatives aim to further enrich the group dynamic, providing valuable insights and fostering an even stronger sense of community among its members.



**Feedback:**

“This is a great initiative, I’ve always wanted to join a chess group but felt the other groups were more for professionals, this has a more intimate approach where you can make friends with no judgment of how good of a chess player you are”

“It’s nice to just have a social club just for men – with no expectations of being an intermediate player”



**Contact:**

<https://www.facebook.com/WAVEArtsBexhill/>

[waveartsbexhill@gmail.com](mailto:waveartsbexhill@gmail.com)

## Dark Circles Record Shop

### **Beat Connections**

#### **Overview:**

Beats Connections offers a connection through music, to men, aged between 30 -59, over 6 consecutive weekly sessions. The sessions were held at Dark Circles Record shop along Hastings Seafront. The aim of the initiative was to assist men from Hastings and St. Leonards area who are experiencing issues with confidence, low self-esteem, mental health struggles, stress and anxiety by offering a platform to connect in a safe space with like-minded music fans, and learn a new skill – to DJ - that can be taken on after the project’s conclusion.



#### **Key Successes:**

- Those who attended have built new friendships and socialised outside of the group.
- They utilised a WhatsApp group allowing everyone to communicate between sessions and all attendees participated in sharing music beyond the sessions.
- 2 attendees have started to DJ as a result of these sessions and intend to play at an event in 2024 alongside the DJ who ran the sessions.



#### **Contact:**

[darkcircles.stl@gmail.com](mailto:darkcircles.stl@gmail.com)



## **Key Challenges reported by projects**

### **Attendance & Engagement**

Attendance to the groups occasionally suffered due to a number of challenges faced by the men involved. The struggle with poor mental health and low motivation was a prevalent factor, as these individuals contended with internal battles that often left them not attending or lacking the energy to engage meaningfully. Additionally, initial anxieties and worries about attending these groups created a barrier for attendance and a hesitancy to participate in an environment that required vulnerability and openness. Some men also led chaotic lifestyles stemming from homelessness or addiction problems, making it challenging to routinely attend the wellbeing groups every week. Many of the groups recognised and addressed these complex interplays to foster a more supportive and understanding atmosphere within the group setting, ensuring that those in need could access the help they required in a manner conducive to their unique circumstances. A successful initiative employed by some organisations was the implementation of a buddy system, which involved meeting with men on a one-on-one basis prior to their first session, aiming to effectively alleviate anxieties and nervousness about attending.

Poor weather conditions impacted attendance for outdoor projects, however in many cases it fostered a stronger sense of camaraderie among those who did attend. Overcoming challenges posed by the weather and seasonal conditions, projects adapted to include elements such as maintaining a fire or erecting shelters. Surprisingly, the adversity encountered contributed to an increased sense of achievement among participants.

Attendance from working men was a notable concern for organisations conducting sessions during working hours; however, those offering sessions on weekends or evenings found greater participation from working men, addressing the scheduling challenge and broadening the inclusivity of the initiatives.

### **Lack of Suicide Prevention training**

Another significant challenge arose as group facilitators faced limitations in addressing suicidal thoughts during sessions related to mental health. The complexity of the issue became evident when one group encountered a distressed client contemplating suicide. While the organisations had safeguard procedures and general mental health training in place to handle such situations efficiently, it became apparent that specific suicide prevention training would be invaluable. The facilitators agreed that enhanced training would not only increase their confidence in supporting individuals dealing with suicidal thoughts but also enable them to better engage in honest and open conversations about this critical aspect of mental health.

### **Promotion**

Some projects faced challenges in effectively promoting their sessions to reach their target group of men. These hurdles included limitations in branding effectiveness, time constraints for promotional activities, and a relatively small number of network connections. However, several groups managed to overcome these obstacles by strategically leveraging links with GPs, their network of social prescribers, and collaborations with other organisations. In addition, these successful initiatives invested in strong branding that specifically appealed to men, enhancing their outreach and engagement efforts within the target demographic.

### Summary of challenges and useful recommendations

Challenge	What worked well
Poor mental health and low motivation	<ul style="list-style-type: none"> <li>• WhatsApp group / online group for peer support</li> <li>• Follow up and check in with individuals</li> <li>• Setting personal goals to achieve</li> <li>• Positive reflections on personal growth</li> <li>• Informal and low-pressure sessions</li> </ul>
Attendance Anxiety	<ul style="list-style-type: none"> <li>• Offering a buddy service and meet with men 1:1 prior to the session</li> <li>• Speaking to men on the telephone prior to session</li> <li>• Clear session information of times and locations</li> <li>• Share common FAQs with answers on Website / group page</li> <li>• Share activity feedback and photos to manage expectations</li> <li>• Invite potential attendees to join community online group / WhatsApp group to establish connections prior to attending</li> </ul>
Chaotic Lifestyle	<ul style="list-style-type: none"> <li>• Regular sessions to encourage routine</li> <li>• Additional drop-in sessions to allow for flexibility</li> <li>• Accessible locations</li> <li>• Peer-support initiatives</li> <li>• Regular follow-ups and feedback to improve service</li> </ul>
Poor weather	<ul style="list-style-type: none"> <li>• Avoid cancellation (where possible) and encourage attendance and promote camaraderie and achievement</li> <li>• Encourage team working to achieve a goal</li> </ul>
Attracting working men	<ul style="list-style-type: none"> <li>• Accessible session times (evenings and weekends)</li> <li>• Work with employers to advertise to male dominated workforces</li> </ul>
Suicide Prevention Training	<ul style="list-style-type: none"> <li>• Ensure a facilitator is confident in suicide prevention and having discussion about suicide</li> <li>• Attend a Suicide Prevention Training course</li> </ul>
Promotion & reaching target group	<ul style="list-style-type: none"> <li>• Strong branding that attracts target audience</li> <li>• Marketing strategy that utilises strong community network</li> <li>• Use of informal language in promotion that is not centred around mental health</li> <li>• Utilising videos and photos to promote sessions that show men what to expect</li> <li>• Utilising feedback from men that promotes a narrative of supporting wellbeing, building friendships and trying something new.</li> <li>• Working with GPs to refer men seeking support for their mental health</li> </ul>

## **Appendix 1**

### **Men's Mental Health Project in Hastings Community Development Fund 2021-3**

(pages 1-36)

#### **Conclusion**

In conclusion, the Community Development Fund has proven instrumental in creating a multitude of opportunities for local men to enhance their wellbeing, overcome isolation, build communities and learn new skills. The reported successes from various projects highlight the profound positive impact on the mental health of many individuals. Additionally, the fund has facilitated the establishment of a network of community projects, that has encouraged collaboration and information-sharing among the various initiatives. Despite initially relying on a limited funding pool, many of these projects have evolved into sustainable endeavours that will continue their growth even beyond the project's conclusion.

Looking forward, the projects have received guidance on securing future funding and support, addressing a common concern among groups that often find themselves dependent on grant cycles. Emphasising the importance of sustainability, education on grant application processes, and investments in community initiatives can significantly amplify the positive impacts these groups bring. By equipping them with the knowledge and resources for long-term success and sustainability, we can ensure that these projects continue to be powerful catalysts for positive change, fostering wellbeing, connection, and personal development within our community.

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**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 5 March 2024

**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 joint programme delivery, as it relates to the agreed Health and Wellbeing Board priorities for the population of East Sussex.

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## RECOMMENDATIONS:

East Sussex Health and Wellbeing Board (HWB) is recommended to:

- 1) Note the content of the progress report and the forthcoming changes to aspects of our partnership working within our Sussex Integrated Care System (ICS), and;
  - The proposed review to ensure our HWB is empowered to undertake its leadership role across the broader range of stakeholders working together at Place, and;
  - That further reports that will be brought to the July meeting of the HWB on delivery plans for 2024/25 and the outcomes of the review.

---

## 1. Background

1.1 The NHS, County Council and Voluntary, Community and Social Enterprise (VCSE) sector and other partners in East Sussex and Sussex, agreed and endorsed the [Sussex Integrated Care Strategy](#) Improving Lives Together in December 2022, and subsequently finalised a Shared Delivery Plan (SDP) in June 2023. Information about both the Strategy and the SDP is brought together here: [Our plan for our population](#).

1.2 The pan-Sussex Strategy and SDP set out our shared 5-year ambition for a healthier future for everyone in Sussex over the next five years. They are both built on the understanding of population health and care needs in East Sussex, as set out in our [Joint Strategic Needs Assessment](#) (JSNA), and other intelligence and evidence, and the overarching strategy for improving population health and integrated care as set out in our [East Sussex Health and Wellbeing Strategy](#) *Healthy Lives, Healthy People* (2022 – 2027).

1.3 The Sussex SDP covers areas for improvement over the immediate, continuous and long term, as well as shared priorities specific to each of the three Health and Wellbeing Boards and their populations in Sussex. In light of this, joint work takes place between the local NHS, County Council and other partners on a pan-Sussex and Place (East Sussex) level. This contributes to a range of service improvement objectives for the benefit of the East Sussex population.

1.4 This report brings an update on our integration programme focussed on three areas:

- Progress across our eight HWB objectives in 2023/24
- Progress with the key strategic shared priority of developing a joined-up approach in communities, known as 'Integrated Community Teams', which requires a joint approach at both a pan-Sussex and Place level within our Sussex ICS.
- The scoping of our proposals to strengthen the Health and Wellbeing Board's (HWB) role and vision, including how the integrated offer of health, care and wellbeing for the

population of East Sussex can best be delivered by our Place Health and Care Partnership as we move into 2024/25.

## **2 Supporting information**

### ***East Sussex SDP programme progress***

2.1 Delivery Area 4 in the SDP [Our plan for our population](#) builds on our [East Sussex Health and Wellbeing Strategy Healthy Lives, Healthy People \(2022 – 2027\)](#), and sets out eight key milestones in 2023/24 related to our shared priority programmes and projects for our East Sussex population including:

- Children and young people
- Mental health
- Community, including a new joined-up community approach through the development of Integrated Community Teams (ICTs)
- Health outcomes improvement
- Pan-Sussex work on social and economic wellbeing

2.2 As indicated at the HWB meeting on 12 December 2023, a review of progress against the eight milestones for 2023/24 is being undertaken ahead of year-end, to inform our shared priorities and refresh of milestones for 2024/25 (year 2 of the 5-year SDP). A summary will be published as a separate supplement to this report, to ensure it contains the most up to date account of progress across 2023/24.

2.3 Alongside this we have also started the process of refreshing plans for 2024/25. Plans for 2024/25 will largely be a continuation of shared priorities for transformational change over the medium term, building on the activity and progress in 2023/24. Plans will be further tested and finalised in the next phase of strategic partnership and programme oversight board meetings in March and April. A set of appropriate measures to monitor progress and impacts will also be developed, aligned to the stage of programme delivery. The finalised East Sussex HWB SDP plans for 2024/25 will be brought to the HWB meeting on the 16 July 2024.

### ***Developing Integrated Community Teams***

2.4 As reported previously at HWB meetings, partners have agreed to develop Integrated Community Teams (ICTs) to support delivery of a range of strategic objectives within our HWB Strategy and the Sussex Integrated Care Strategy. This is captured as a **long term** improvement priority within the Sussex ICS Shared Delivery Plan (SDP), and there are links across a range of community-facing plans and activity.

2.5 In summary, the purpose of ICTs will be to strengthen the way we collectively deliver an integrated offer of health, care and wellbeing in our communities and neighbourhoods, and improve outcomes across different needs in our population. Within this there are no changes to the statutory roles and responsibilities that individual organisations have for services and budgets in our communities.

2.6 ICTs are, however, an important partnership development to enhance how delivery is managed, coordinated and supported collectively within our communities, across key priority programmes, governance and resources. This will be underpinned by deeper shared understanding of local communities, based on intelligence, insight and evidence about what works. As such, the HWB is well-placed to oversee the strategic implementation of ICTs across the full range of activity that will improve outcomes in communities in East Sussex.

2.7 The successful implementation of ICTs requires an integrated approach across multiple partners, which will require oversight and stewardship at both System and Place level within our Sussex ICS. The overarching approach to ICTs in Sussex is led through the pan-Sussex ICT Delivery Board, to ensure consistency across our Integrated Care System (ICS). The East



Sussex Community Oversight Board (COB), chaired by the Director of Adult Social Care & Health and reporting into our East Sussex Health and Care Partnership and HWB, is responsible for leading implementation tailored to our East Sussex population and context, alongside the similar oversight groups for the populations in West Sussex and Brighton & Hove.

2.8 In addition to the agreement of the 16 ICT footprints in Sussex, 5 in East Sussex which are coterminous with borough and district boundaries and other progress previously shared with the HWB at the meetings on 28 September 2023, and 12 December 2023, in summary early the initial phase of ICT development has focussed on the following:

- Public health and business intelligence leads across the three Local Authorities and NHS Sussex have collaborated to develop intelligence profiles for each of the 16 ICT footprints. These have now been finalised and the profiles for the five East Sussex ICT footprints are published on our East Sussex Joint Strategic Needs Assessment (JSNA) website [ICT Profiles | \(eastsussexjsna.org.uk\)](https://www.eastsussexjsna.org.uk). They consist of an initial understanding of population health and service needs in each ICT footprint, and will serve as a tool to support local discussions about priorities and focus as the ICTs develop.
- Themed insight packs have also been developed covering a number of topics that will be of interest to ICTs and their populations, for example rurality and carers, based on existing local information and good practice.
- Designing a pilot community panel model to support ICTs. The pilot will aim to set up a panel to coincide with ICT development in Hastings, to enable an evaluation of this way of working.
- Agreeing the potential areas of focus for the ICT in Hastings as our community frontrunner, and aligning and nominating frontline service and team leads who will part of the first ICT development session on 21 March 2024.
- Designing the first session which will be aimed at exploring the functions of ICTs in more detail, and specifically shared objectives in the context of Hastings, for example how it could help with resilience, leadership and understanding the local challenges and strengths where the ICT approach can add value. In line with our plans, the session will build on learning from the Universal Healthcare programme, and other local projects as well as the outcomes of the initial Hastings leadership session held on 20 November 2023.
- An alignment exercise is also taking place currently to nominate frontline service and team leads for the four other East Sussex ICT footprints, to support similar ICT development sessions in Quarter 1 of 2024/25 using the Hastings session as the blueprint.
- Starting with Hastings, consideration is also being given to how the intelligence profiles will be actively used as part of the broader development of ICTs, alongside the methods and approach to support local community engagement.

2.9 In addition, a broader process of programme discovery and scoping has also been managed by the East Sussex Community Oversight Board, to ensure the following factors shape and inform our next steps for ICTs and progress builds appropriately on what is already in place:

- Legacy learning from our previous development of health and social care integration in East Sussex, in particular multi-disciplinary team working and person-centred care coordination across health and social care, for people with multiple long-term conditions and complex care needs.
- Similarly, our broader programmes and investment supporting local community networks, social prescribing, and asset-based community development focussed on deprived wards in East Sussex, are also recognised as being instrumental to ICT development. These have been reviewed by the Community Oversight Board to identify connections and opportunities to add value as part of our local ICT implementation.

- Programme resources have been identified and aligned, and general awareness raising about the concept of ICTs and the opportunities they bring has also taken place with relevant staff and partnership forums. Recently this has included the East Sussex Primary Care Providers Leadership Group, East Sussex Organisational Development Practitioners Network, Adult Social Care Operational Managers Forum and East Sussex Early Intervention Partnership Board for children and young people.

2.10 A key piece of current collaborative work is the draft pan-Sussex ICT 'core offer', which will be finalised by the end of March 2024. This will describe the overarching principles, functions, outcomes and model that will underpin the core offer that will be common to all ICTs in Sussex, and the way we will work together to deliver this in 2024/25.

2.11 Once the draft ICT core offer has been finalised in March 2024 by the Sussex ICT Delivery Board, an important next step will be agreement through individual organisational and Place-based governance processes respectively. In light of this, a further report will be brought to the July meeting of the HWB, to support oversight and endorsement of the core offer.

### ***Strengthening our strategic collaboration across health, care and wellbeing***

2.12 The work to develop ICTs and health and care integration more broadly is taking place in a changing policy landscape, as well as increasing levels of demand for services and financial pressures on all parts of our health and care system. In addition, there are changes being proposed to some of our Integrated Care System (ICS) working arrangements which are intended to help with the challenges faced collectively by our system. These include:

- A new operating model in 2024/25 to carry out NHS Sussex ICB core functions as a strategic commissioning organisation, in keeping with the request by NHS England (NHSE) that all ICBs in England make 30% savings from their Running Cost Allowance (management and back-office roles).
- Plans to establish a new committee in common between the NHS ICB and NHS providers to focus on increasing productivity and efficiency, and the overall sustainability of healthcare services in Sussex.
- Developing two pan-Sussex NHS provider collaboratives to better enable improvements to healthcare services, supported by the outcomes-based strategic commissioning role of the ICB.

2.13 Although these changes are primarily NHS focussed and some are still at a nascent stage, there are likely to be some adjustments needed in the role and focus of our East Sussex Health and Care Partnership and the way it operates.

2.14 As signalled at the meeting of the HWB in December, we have started to shape next steps aimed at strengthening our HWB's unique role in overseeing our mutual accountability and collaboration, for the benefit of the East Sussex population within the Sussex ICS. This functions across the full range of NHS, social care, mental health, public health, voluntary sector, housing, and wider services across local government and other organisations that determine health. The review will need to take into account the existing statutory role of the HWB, and previous agreements about the role of Place in our Sussex Integrated Care System. Progress has been made in the following ways:

- Agreement with Borough and District Council Housing leads to fully embed the new East Sussex Housing Strategic Partnership Board and shared delivery programme within our East Sussex Health and Care Partnership reporting governance. This will start from March 2024, and will strengthen our focus on integrated approaches to health, housing and care.
- Production of an initial scoping paper to enable our East Sussex Health and Care Partnership Board to have a full discussion about our focus and priorities going forward, as well as other key partnerships and organisations, at both an East Sussex and Sussex system level.

2.15 As acknowledged above, the new working arrangements for local NHS organisations are currently evolving, and it will be important to take them into account as the detail emerges. In addition, we will explore our current understanding of best practice for HWBs and Place partnerships, national guidance and expectations, as well as any helpful feedback arising from the forthcoming Local Government Association (LGA) Adult Social Care (ASC) Peer Challenge that is due to take place at the end of February 2024. The scope and approach will be further tested across our Place partnership and ICS leadership, so that detailed proposals can be developed for the HWB to consider at the next meeting in July, and phase in during 2024/25. Overall, this will encompass three key elements:

- Our implementation of ICTs as a new way of working to integrate an agreed core model to better support our communities.
- Our strategic approach to joint planning and commissioning for our shared priorities across our collective resources
- How mutual accountability and system leadership should operate across the full range of partners and stakeholders in our place-based partnership governance.

### **3. Conclusion and reasons for recommendations**

3.1 Progress has been made to deliver our objectives across our HWB Strategy SDP priorities in 2023/24, for children and young people, mental health, community and improving population health outcomes. This is shaping the ongoing critical milestones for 2024/25 that will be a focus for our shared work to improve health and integrated care for the population of East Sussex.

3.2 Within this, the development of ICTs represents a key opportunity to further develop and transform to a more locally coordinated approach to planning and delivering in, and with, our local communities, based on their needs, strengths and collective assets. This will strengthen our ability to deliver an integrated offer of health, social care and wellbeing, that is integral to our longstanding commitment to improve outcomes for our population.

3.3 Progress has been made to articulate a shared understanding for all partners in Sussex about ICTs, and scope how ICTs can build on our existing progress with integrated care in East Sussex. This includes delivering the key milestones and tasks set out in the SDP that will pave the way to the next phase of implementation.

3.4 In our changing strategic context, a review is proposed of the vision and role of the HWB in helping support the strategic collaboration required at Place level to enable an ongoing focus on local needs and priorities, and get the best value out of the full range of collective resources we have available. This will be based on the understanding brought together in our population JSNA, and the role and contribution of all our stakeholders working in partnership across East Sussex.

**JESSICA BRITTON**

**Executive Managing Director, East Sussex, NHS Sussex**

**MARK STANTON**

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

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## East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
<b>16 July 2024</b>	East Sussex Health and Social Care Shared Delivery Plan (SDP) 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
	Mental Health Teams in Schools and stock take of Specialist CAMHS Service
<b>26 September 2024</b>	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2023-24
<b>10 December 2024</b>	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	East Sussex Safeguarding Children Partnership (ESSCP) Annual Report 2023-24
	Joint Strategic Needs Assessment (JSNA) Update report
<b>04 March 2025</b>	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
<b>TBC</b>	NHS Health and Care Act (item from Cabinet agreeing MOU and formal participation in ICB).
<b>TBC</b>	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership.
<b>TBC</b>	Children and Young People's Mental Health programme.

# East Sussex Health and Wellbeing Board Work Programme

