



EAST SUSSEX HEALTH AND WELLBEING BOARD

THURSDAY, 26 SEPTEMBER 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
Stephen Lightfoot, NHS Sussex
Dr Stephen Pike, NHS Sussex
Ashley Scarff, NHS Sussex
Mark Stainton, Director of Adult Social Care
Darrell Gale, Director of Public Health
Carolyn Fair, Director of Children's Services
Veronica Kirwan, Healthwatch East Sussex
Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust
Councillor Billie Barnes, Hastings Borough Council
Councillor Paul Davies, Lewes District Council

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Dr Kathy Ballard, Eastbourne Borough Council
Councillor Paul Coleshill, Wealden District Council
Councillor Teresa Killeen MBE, Rother District Council
Becky Shaw, Chief Executive, ESCC
Mark Matthews, East Sussex Fire and Rescue Service
Duncan Kerr, VCSE Alliance
Simon Morris, Sussex Police and Crime Commissioner

AGENDA

1. Minutes of meeting of Health and Wellbeing Board held on 16 July 2024 *(Pages 3 - 10)*
2. Apologies for absence
3. Disclosure by all members present of personal interests in matters on the agenda
4. Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
5. East Sussex Health and Social Care Shared Delivery Plan (SDP) - Integration Programme update *(Pages 11 - 30)*
6. East Sussex Safeguarding Adults Board (SAB) Annual Report 2023-24 *(Pages 31 - 88)*
7. Children and Young Peoples Mental Health Programme - Child and Adolescent Mental Health Services (CAMHS) including Mental Health Support Teams (MHST) in Schools Update *(Pages 89 - 98)*
8. Work programme *(Pages 99 - 100)*

9. Any other items previously notified under agenda item 4

PHILIP BAKER
Deputy Chief Executive
County Hall, St Anne's Crescent
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18 September 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 16 July 2024.

MEMBERS PRESENT Councillor Keith Glazier (Chair)
Councillor John Ungar, Councillor Trevor Webb, Stephen Lightfoot, Amy Galea, Ashley Scarff, Mark Stainton, Darrell Gale, Carolyn Fair, Veronica Kirwan, Councillor Dr Kathy Ballard and Councillor Paul Davies

INVITED OBSERVERS PRESENT Councillor Paul Coleshill, Councillor Teresa Killeen MBE and Becky Shaw

PRESENTING OFFICERS Simon Kiley, Healthwatch East Sussex

1. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 5 MARCH 2024

1.1 The minutes of the meeting held on 5 March 2024 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

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

- Dr Stephen Pike, NHS Sussex
- Joe Chadwick-Bell, East Sussex Healthcare Trust.

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

- Duncan Kerr, VCSE Alliance
- Mark Matthews, East Sussex Fire and Rescue Service
- Simon Morris, Sussex Police and Crime Commissioner

2.3 The following substitutions were made for members of the Board:

- Amy Galea, NHS Sussex substituted for Dr Stephen Pike.

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

3.1 There were none.

4. URGENT ITEMS

4.1 There were no urgent items.

5. NHS SUSSEX SHARED DELIVERY PLAN (SDP) YEAR 2 REFRESH

5.1 The Board considered a report on the Year 2 refresh of the NHS Sussex Shared Delivery Plan (SDP) introduced by Amy Galea, Chief Integration and Primary Care Officer, NHS Sussex. A copy of the Improving Lives Together, Shared Delivery Plan for year 2 is contained in Appendix 1 of the report and Appendix 2 of the report contains a summary of changes to the East Sussex Health and Care Partnership Governance.

5.2 Members of the Board asked what assumptions had been made about funding for the year 2 refresh of the SDP given that there would be a new Government and the pressures on Adult Social Care. Amy Galea responded that the main assumption behind the Integrated Care Strategy (ICS) was that the Health and Care Partnership would utilise the amount of money available across the NHS and local authorities in a joined up way for the best outcomes for residents.

5.3 Stephen Lightfoot, Chair of NHS Sussex commented that the SDP was a Health and Care Shared Delivery Plan which was not just an NHS Sussex plan and also involves the local authorities across Sussex. From an NHS Sussex perspective there is a really strong role for Place and a partnership approach in the delivery of the SDP. He welcomed the changes in governance and the inclusion of the Sussex Housing Partnership linking more closely the issues of housing, health, and wellbeing. He indicated his support and endorsement of the SDP.

5.4 The Chair commented that he was keen to see that the SDP included the health and wellbeing priorities and the progress that has been made in year one. It also showed that the partners are monitoring where they would want to be as part of the implementation of the SDP. Councillor Dr Kathy Ballard commented that she endorsed the Plan and that the focus should be on prevention. She welcomed the progress that has been made and the inclusion of housing in the delivery of the SDP.

5.5 The Board RESOLVED to:

- 1) Endorse the update for year 2 of the 5-year SDP, and provide any further feedback to the NHS Sussex Integrated Care Board (ICB), to strengthen the SDP update and the collaborative arrangements to support delivery;
- 2) Approve the continuation of the East Sussex Health and Wellbeing Board (HWB) population and Place priorities as set out in Appendix 1 (pages 86 – 94) of the report, and;
- 3) Note the changes to the Place partnership governance to support delivery of the HWB priorities.

6. PROPOSALS FOR STRENGTHENING OUR EAST SUSSEX HEALTH AND WELLBEING BOARD

6.1 The Board considered a report on the proposals for strengthening the East Sussex Health and Wellbeing Board, introduced by Mark Stainton, Director of Adult Social Care. The report set out the proposed future role of the Health and Wellbeing Board with a strong focus on Place and joint working to improve the health and wellbeing of the population in East Sussex. The report covers the arrangements that will be put in place to support this, which are outlined in section 2.15 of the report.

6.2 The Chair noted the work that had taken place since the last Board meeting on the proposals and that the Board now had the opportunity to endorse the proposals.

6.3 Councillor Ungar asked if there would be an opportunity for all Board members to be involved in the deep dive discussions of the informal strategy workshop sessions. Mark Stainton confirmed that the sessions would involve all Board members and may also include subject matter experts who could be invited to attend the sessions to provide more information and contribute to the discussion.

6.4 Stephen Lightfoot commented that it would be really helpful to have subject matter experts involved in some of the workshop sessions. He strongly supported the principle of having the informal sessions which provide an opportunity to discuss and debate some of the options to develop the right plans for our population. He also commented that he would like to be able to share this good practice with the other Health and Wellbeing Boards in Sussex. The Chair outlined that the Board would be happy to share the proposals with the other Health and Wellbeing Boards and would welcome any feedback from them on good practice.

6.5 Councillor Dr Kathy Ballard commented that she was excited by the new approach of having informal discussions about the Strategy and getting feedback from the Board members. She asked if all the Board members would be expected to attend the sessions and how the outcomes would be fed back to the Board and incorporated in future work. Mark Stainton outlined that all Board members would be invited to the informal sessions. The product of the deep dive informal Strategy sessions will form part of the standing update item on health and care updates and will be presented to the Health and Wellbeing Board at the following formal Board meetings. The plan is that all the sessions will contribute to the refresh of the Health and Wellbeing Strategy which is due in early 2027. If the Board agrees the proposals, then by 2027 the Board will have covered all the chapters in the Health and Wellbeing Strategy in time for the refresh.

6.6 Mark Stainton clarified that all Board members, including those who are invited observers, would be invited to the informal strategy sessions as the participation of everyone is welcomed. As the sessions are not formal Board meetings, there is more flexibility around who can be invited.

6.7 Councillor Webb asked if it would be possible to consider holding the Health and Wellbeing Board meetings at different locations around the county and have a later start time to encourage more attendance. Mark Stainton responded that it would be logistically difficult to move the location of the formal Health & Wellbeing Board meetings, but it could be something that is considered for the informal strategy sessions, particularly if there is a geographical element to the topic under discussion. Stephen Lightfoot commented that in West Sussex the formal Health & Wellbeing Board meetings are held in Chichester, but they are planning to hold seminars in Crawley and Worthing.

6.8 The Board RESOLVED to:

- 1) Agree the suggested future vision, role and focus of the HWB, as outlined in paragraphs 2.11 – 2.14 of the report; and
- 2) Agree the proposed new way of working, set out in paragraphs 2.15 – 2.17 and Appendix 3 of the report, to strengthen the HWB's statutory role as the key strategic stewardship group for the health and care system in East Sussex.

7. BETTER CARE FUND PLANS 2024/25

7.1 The Board considered a report on the Better Care Fund (BCF) plans for 2024/25. Mark Stainton introduced the report which sets out the plans for year 2 of the BCF funding. The grant conditions remain unaltered and there have been a few minor changes to the funding which are set out in the report and in more detail in Appendix 1 of the report which contains the financial

template. Appendix 2 contains the BCF narrative report which covers the two-year period of the funding. The Board is asked to approve the BCF plans for 2024/25.

7.2 The Chair commented that the report provided evidence that longer-term funding works and that future longer-term funding from Government would be welcomed as this aids the surety and planning of services.

7.3 Ashley Scarff, Director of Joint Commissioning and ICT Development (East Sussex), NHS Sussex commented that the BCF template in Appendix 1 is an NHS England format which works well electronically but some sections can appear small in the printed format. He outlined that the work around demand and capacity planning continues throughout the year to aid modelling and ensure the Plan remains robust. The Discharge Fund element of the Plan will continue to evolve throughout the year, particularly the development of schemes for the winter period.

7.4 Stephen Lightfoot commented that he would like to put on record that NHS Sussex is grateful for the way East Sussex County Council (ESCC) colleagues have collaborated on the BCF. He stated that there are a really good set of initiatives in the Plan and agreed that longer-term funding enables better outcomes to be achieved. He outlined that the NHS Sussex contribution to the BCF is £57.5 million which has been increased by 6% compared with an overall increase of NHS budgets of 1%. This represents an investment in this activity and ensuring that the expenditure has an impact is important. Section 3.8 of the report sets out the four key measures that are mandated to monitor the delivery of the Plan, but it will also be important to look at more local measures, such as those around high intensity services users, carer support and urgent community care response.

7.5 Stephen Lightfoot added that in terms of impact, discharge is an important part of the activity delivered by the BCF funding. For example, in East Sussex Healthcare Trust (ESHT) hospitals the number medically fit to discharge patients as of 30 June 2022 was 115. This rose to 177 as of 30 June 2023 and then to 232 as of 30 June 2024, which represents a 29% increase and reduces the number of beds available. It will be important to use some of the BCF funding investment to reduce the number of patients ready and waiting for discharge from hospital. Going forward it will be important for the partners to achieve as much impact as possible from the BCF funding.

7.6 Mark Stainton agreed with the point made around measures and that it will be important to develop further measures, in addition to the four mandated measures, for the £94 million worth of expenditure. Some measures, such as those around the Disabled Facilities Grant, are reported in other places. ESCC, NHS Sussex and the NHS Trusts also carry out performance monitoring on a regular basis, some of which reflects the activity funded by the BCF. This could be drawn together to produce outturn monitoring information. There has been some very good joint working on discharge, with money ringfenced for discharge schemes across the Sussex health and care system.

7.7 Mark Stainton outlined that there are increasingly high levels of demand being experienced by the health and care system. In East Sussex the demography means that 26% of the population are over 65 years old, which is double the national average, and there has been an increase in the number of people over 85 years old. ESCC works well with ESHT and other partners to facilitate the timely discharge of patients and nobody waits for funding from Adult Social Care to get out of hospital. The position is complex with a number of reasons behind delayed discharges from hospital. Everyone in the system has a role to play in the collaborative work to tackle delayed discharges and only a small proportion in East Sussex are due to people waiting for social care.

7.8 The Chair commented on how much progress there has been in this area of work over the years and the local health and care system partnership is probably as advanced as it could

be. Amy Galea, commented on the amount of learning that has taken place as a system, and the work of the transfer of care hubs has been reviewed recently. All partners have an understanding at a patient level of what is required and what needs to be done to support patient flow through the system.

7.9 The Board RESOLVED to:

- 1) Note the Better Care Fund requirements for 2024-25; and
- 2) Approve the East Sussex Better Care Fund Plans for 2024-25 recognising these represent an update on 2023-25 plans approved by the Board in June 2023.

8. HEALTHWATCH EAST SUSSEX ANNUAL REPORT 2023/24

8.1 The Board considered a report on the Healthwatch East Sussex Annual Report for 2023/24 'The value of listening' which was introduced by Simon Kiley, Head of Evidence & Insight and Veronica Kirwan, Chief Executive Officer, Healthwatch East Sussex. The Board received a short presentation which set out the key highlights and achievements within the Annual Report.

8.2 The Board members commented on the superb work Healthwatch undertakes, which is really useful and valued, especially the advocacy work and making sure peoples' voices are heard and acted on. The report is very positive and complements the range of work across the health and care system.

8.3 Councillor Webb commented on the work that was undertaken with Fishermen's Mission around the new legislative requirements for fishermen to have a medical certificate to state they are medically fit to go to sea. He asked what the coverage was across the fishing communities in East Sussex. Simon Kiley responded that Healthwatch had worked with the Fishermen's Mission and NHS Sussex to ensure as wide a coverage as possible to cover all the fishing communities.

8.4 Mark Stainton acknowledged the vital role that Healthwatch plays in the health and care system. In particular the outcomes from the Listening Tours where recommendations have been included in the work the Council is doing and have been inputted into the work on the Adult Social Care Strategy. The 'enter and view' visits that Healthwatch undertakes provide valuable information and insight on how well services are working. The work with seldom heard groups and ensuring the patient voice is heard, also fits in with the work the People Scrutiny Committee is undertaking on inclusion.

8.5 Councillor Ungar outlined that he had seen at first hand how the work of Healthwatch empowers the community to give their views and engage in a positive way, even if what they are saying may be negative. The Annual Report this year is once again an excellent report.

8.6 Stephen Lighfoot thanked Healthwatch for their Annual Report on behalf of NHS Sussex and outlined that this is for the range of work done and also the way in which it is carried out. The collaborative and constructive approach to all the work undertaken by Healthwatch is very positive and strong. The report is very well presented and has good case studies which illustrate the impact Healthwatch has. It also illustrates the value for money that can be achieved with a relatively modest budget, which perhaps the NHS can learn from.

8.7 The Board RESOLVED to note the Healthwatch East Sussex Annual Report 2023/24.

9. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023/24

9.1 The Board considered the Director of Public Health's Annual Report for 2023/24 'Creativity for Healthier Lives' which was introduced by Darrell Gale, Director of Public Health. He outlined that the Director of Public Health Annual Report is a statutory instrument to put on record the work that is being done on the health and wellbeing of the local population. This is the fourth report in a series of reports that focus on the wider co-determinants of health, and that joy, love and happiness are really important co-determinants of health. The Annual Report is not in its final form due to the delays brought about by the pre-election period for the general election but will be finalised shortly. The report also covers next year's Annual Report which will be focussed on coastal health and the impact of being a coastal county.

9.2 The Board thanked Darrell and the Public Health Team for an excellent and inspiring report. The Board commented that they were very excited by the creative approach to health and noted that projects could be taken into hospitals as well as communities. The projects provide love and joy, and there is no better way than visiting projects to see the impact they have on people's lives.

9.3 Councillor Ungar thanked Darrell for the Annual Report which had enthused him and shows the strength and enthusiasm of the Public Health Team in delivering their work. He outlined the work that the People Scrutiny Committee is undertaking on healthy ageing. The evidence heard as part of the review demonstrates how well Public Health staff are working which also gives a greater presence in communities. The work being undertaken is a proactive way of improving healthy ageing with a modest amount of funding and shows the strength and depth of the work.

9.4 The Chair endorsed the report and the comments made by the other Board members. He thanked Darrell for the report.

9.5 Ashley Scarff welcomed the report and commented that NHS Sussex supports the work of the Public Health Team, particularly the work on the wider determinants of health and the importance of prevention. It also showcases the vital contribution the voluntary sector makes to the health and wellbeing of the local community.

9.6 Darrell Gale thanked the Board for their positive feedback on the Annual Report and the work of the Public Health Team, which illustrates the breadth and depth of work that is undertaken.

9.7 The Board RESOLVED to review and champion the 2023-24 Annual report of the Director of Public Health in East Sussex - Creativity for Healthier Lives, ahead of wider dissemination and publication.

10. WORK PROGRAMME

10.1 The Board considered the work programme. Mark Stainton outlined that there is one change to the work programme for the meeting on 26 September 2024 as the report on the Social and Wellbeing Plan has been withdrawn by NHS colleagues and will be rescheduled for a later date. He added that following the Board's agreement under item 6, the informal 'deep dive' sessions on the Health and Wellbeing Strategy will be scheduled and the venues booked.

10.2 The Board RESOLVED to agree the work programme.

11. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

11.1 There were none.

The meeting ended at 3.45 pm.

Councillor Keith Glazier (Chair)

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Report to: East Sussex Health and Wellbeing Board (HWB)

Date: 26 September 2024

By: Director of Joint Commissioning and Integrated Community Teams Development (East Sussex), NHS Sussex and Director of Adult Social Care and Health, East Sussex County Council

Title: Integration programme update

Purpose of Report: To provide an overview of current progress on the East Sussex priorities in the Sussex Shared Delivery Plan (SDP), and the outcomes of the first informal HWB deep dive session.

Recommendations:

East Sussex Health and Wellbeing Board is recommended to:

1. Note the early in-year progress highlights against the Health and Wellbeing Board Shared Delivery Plan (SDP) objectives for East Sussex in 2024/25 set out in Appendix 1.
 2. Note the steps that have been taken to enact the previously agreed proposals for a new way of working, to further strengthen the HWB's existing statutory role as the key strategic stewardship group for the health and care system in East Sussex, and;
 3. Agree the summary briefing note (Appendix 2) of the first informal HWB deep-dive session, and the suggested initial follow up actions (as set out in the table in paragraph 2.9 of this report), for sharing more widely with organisations and partners.
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1 Background

1.1 The 5-year [Sussex Integrated Care Strategy *Improving Lives Together*](#) was approved by the Sussex Health and Care Assembly in December 2022, and set out our ambition for a healthier future for everyone in Sussex over the next 5 years. A core principle for this joint work is that the primary building blocks are the three "Places" (East Sussex, West Sussex and Brighton and Hove. Place is key to strategic leadership, local commissioning and delivery within the Sussex Integrated Care System (ICS), in order to get the best value out of the full range of collective resources available to meet needs and improve the health, care and wellbeing of populations.

1.2 In keeping with this, the East Sussex Health and Wellbeing Board (HWB) endorsed the Strategy as building on our [East Sussex Health and Wellbeing Strategy *Healthy Lives, Healthy People*](#) (2022 – 2027), and our understanding of our population in East Sussex through our Joint Strategic Needs Assessment(JSNA).

1.3 A single 5-year Shared Delivery Plan (SDP) was subsequently agreed by all partners in June 2023. This covers the delivery plan for the *Improving Lives Together* strategy and each of the three Health and Wellbeing Board strategies in Sussex, alongside the local NHS response to the annual national NHS priorities and operational planning guidance. It covers areas for immediate, continuous and long-term improvement, as well as shared priorities specific to each of the three Health and Wellbeing Boards in Sussex and their populations.

1.4 An annual update of the SDP took place earlier this year which covered refreshed and new deliverables in 2024/25. This was endorsed at the HWB meeting on 16 July 2024, and the meeting of the East Sussex County Council (ESCC) Leader and Lead Member for

Strategic Management and Economic Development on 19 July 2024. This report provides an update on the progress made with the in-year delivery of the eight East Sussex HWB deliverables in the SDP. It provides an overview across all eight, and a focus on the specific work that has taken place on our shared objective to strengthen the HWB's role as the strategic stewardship body for our health and care system in East Sussex.

2. Supporting information

East Sussex HWB SDP year 2 deliverables

2.1 As reported at the last meeting, our SDP deliverables in 2024/25 reflect a continuation of previously stated plans, with some further refinements and additions to reflect the status and expectations for year 2, and any other changes after the progress made in year 1 (2023/24). In summary the East Sussex deliverables can be broken down as follows:

- **Health outcomes improvement** – our collaboration on prevention and early intervention focussing on the conditions that are significantly impacting on healthy life expectancy in our population, which are amenable to prevention action across the whole life course; cardiovascular disease (CVD); chronic respiratory disease (CRD); healthy ageing and frailty; and mental health.
- **Children and young people** – enhancing support to families to enable the best start in life, including an integrated pre- and post- natal offer and implementation of the early intervention partnership strategy.
- **Mental Health** – enabling integrated community-based care and a wider range of earlier mental health support for adults of all ages and people with dementia through implementing Neighbourhood Mental Health Teams (NMHTs), and improved access and outcomes for supported accommodation.
- **Community** - implementing Integrated Community Teams (ICTs) to deliver integrated, proactive care for vulnerable and frail older people with complex needs, and improving health and wellbeing through a strength-based approach with communities and deeper collaboration on prevention.
- **Housing** – developing a partnership housing vision and strategy, including a strong focus on health, housing and care, to complement the existing borough and district housing authority strategies.

2.2 Each of the above are local joint change programmes led by an East Sussex oversight or partnership board. There are a further two East Sussex HWB SDP deliverables that are led and reported through pan-Sussex governance for planned care and hospital discharge improvement, for implementation in the East Sussex context:

- We will implement the (previously agreed) improvements to cardiology and ophthalmology through reconfigured acute hospital services.
- We will further develop and implement efficient hospital discharge processes, supported by digital automation, with a long-term funding plan for discharge capacity. We will embed efficiency and process learning from transformation programmes into 'business as usual'.

2.3 Programme boards have set in year milestones to deliver the local SDP deliverables. Key performance indicators are also being finalised to help understand the contribution and impacts in the context of our HWB Strategy's overall aims of improving population health and the quality and experience of care, and transforming services for sustainability. Work is also in train to link up with reporting of the wider SDP to the NHS Sussex Integrated Care Board (ICB) so that we can do this through a single process.

2.4 The full set of East Sussex HWB SDP deliverables and a high-level summary of early progress is contained in **Appendix 1**. Progress is on track against plans across the majority of our objectives, with the exception of hospital discharge where we are seeing an increase in the number of patients who no longer meet the Criteria to Reside (NCTR) in an acute hospital bed, and the complexity of onward care needs. Collaborative plans are seeking to address this, including modelling to inform the capacity requirements for the system going forward, and the best use of discharge funding.

HWB system stewardship role

2.5 A final key East Sussex HWB deliverable in the joint Shared Delivery Plan (SDP) year 2 refresh is as follows:

“We will strengthen the focus and role of the Health and Wellbeing Board and the East Sussex Health and Care Partnership by strategically aligning partnerships and working to support our shared priorities for delivering a joined-up offer for health, care and wellbeing, including prevention, across NHS, local government and VCSE sector services for our population.

We will develop proposals for the Health and Wellbeing Board (HWB) to phase in during 2024/25, focussed on the Joint Strategic Needs Assessments (JSNAs) and needs and assets in East Sussex”.

2.6 This has progressed in keeping with the proposals that were agreed at the meeting of the HWB on 16 July 2024. A programme of 7 informal ‘deep-dive’ sessions has now been planned, at quarterly intervals prior to the formal HWB meetings up until February 2026. These are structured around the JSNA priority themes, according to the timetable set out below.

	Date	Informal HWB deep dive session topic
1	5 September 2024	Scene-setting session
2	14 November 2024	Improving Healthy Life Expectancy - extending years in good health by enabling healthy behaviours and reducing risk and impact of chronic disease and ill-health
3	6 February 2025	Building blocks of good health – decent home, education and employment, alongside good social connections and community
4	19 June 2025	Importance of the life course approach – a good start in life, living well, ageing well, and a good end to life
5	4 September 2025	<ul style="list-style-type: none"> • Reducing Health Inequalities – underpinning everything we do. Gaps are always changing and not always in the direction we want them to • Annual review - East Sussex HWB Shared Outcomes Framework measures
6	13 November 2025	Mental Health and Wellbeing - focusing on prevention and early support
7	12 February 2026	HWB strategy refresh approach - reviewing outputs and progress from the previous five sessions, and agreeing the broad structure to refresh the Strategy

2.7 The first session took place on 5 September 2024 in Battle. This served as a scene-setting exercise which explored the long-term health outlook for East Sussex, and how the HWB’s Joint Strategic Needs Assessment (JSNA) helps us to understand what can be done in the more immediate time frame to help with the risks and challenges to population health. The session also underlined the role of our SDP plans in the immediate timeframe, and our shared ambition for Integrated Community Teams (ICTs), in helping us respond to this long-term outlook through enabling deeper operational collaboration in our communities and neighbourhoods.

2.8 The HWB explored what strategic stewardship means in our current context, including the backdrop of increasing financial challenges, and what would be needed (or need to be unblocked) to go further with our key ambitions of:

- A proactive collaborative approach
- Ownership of shared priorities at Place
- Trusted relationships and shared values
- Deeper operational collaboration in the borough and district geographies

2.9 A draft summary briefing capturing the outcomes and next steps from the session is included in **Appendix 2**. Some initial actions have been identified to help make progress and these are set out in the table below. Suggestions were also made to further shape and get the most out of the next informal sessions.

Action to strengthen strategic stewardship	Supports
<ul style="list-style-type: none"> • Work with our communications leads to craft a simple, compelling, shared narrative for collaboration in our current context, including our financial challenges. Use this to explain and promote the strategic stewardship role of the HWB with our organisations, partners and stakeholders. 	<ul style="list-style-type: none"> • A proactive collaborative approach • Trusted relationships and shared values • Ownership of shared priorities at Place
<ul style="list-style-type: none"> • Explore the creation of a shared values statement that underpins our collaboration, to help us navigate challenging conversations and decision-making as a HWB in the future. 	<ul style="list-style-type: none"> • Trusted relationships and shared values
<ul style="list-style-type: none"> • Use our existing shared health and care partnership governance to help create effective open and honest feedback and escalation routes, starting with the East Sussex Health and Care Partnership Executive Board. 	<ul style="list-style-type: none"> • A proactive collaborative approach • Ownership of shared priorities at Place • Trusted relationships and shared values
<ul style="list-style-type: none"> • Continue to raise awareness about the ambition for ICTs more widely across our organisations. 	<ul style="list-style-type: none"> • Ownership of shared priorities at Place • Deeper operational collaboration in the borough and district geographies and communities
<ul style="list-style-type: none"> • Develop a regular short briefing note from these deep dive meetings to help HWB members share key messages within organisations, partners and stakeholders. 	<ul style="list-style-type: none"> • A proactive collaborative approach • Ownership of shared priorities at Place

3. Conclusion and reasons for recommendations

3.1 As set out in Appendix 1, joint work has taken place to make early progress in line with plans to help deliver the HWB SDP objectives that were agreed for year 2 at the July HWB meeting. This is part of the wider work that is taking place across Sussex to deliver the SDP.

3.2 The HWB has also taken initial steps with its commitment to strengthen the strategic stewardship of our system and increase our mutual accountability and shared resilience across our Place, particularly in light of our challenging financial context. This will be critical to helping our organisations respond collaboratively and sustainably to the health needs faced by our population in the coming months and years, building on the strengths we have in East Sussex.

3.3 A key next step will be to ensure all partners across the NHS, Councils and VCSE partners are able to engage effectively in this refreshed stewardship approach, to ensure that we can use the collective resources we have available to get the best outcomes for our population. This will include making sure our delivery plans, including those in the SDP, align and connect to get the maximum potential benefits for our organisations and population over the short and long term.

ASHLEY SCARFF

**Director of Joint Commissioning and Integrated Community Teams Development
(East Sussex), NHS Sussex**

MARK STANTON

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

Contact Officer

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Appendix 1: East Sussex HWB SDP year 2 deliverables: progress update September 2024

Appendix 2: HWB deep dive session 1 - summary briefing note

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Appendix 1

East Sussex Health and Wellbeing Board Shared Delivery Plan (SDP) year 2 deliverables: progress summary September 2024

This report provides a summary of early progress across the eight deliverables for year 2 (2024/25) in the SDP that are specific to the East Sussex Health and Wellbeing Board (HWB). Along with the progress commentary for each deliverable, a rating has been given about progress status relative to expectations. Many deliverables are a continuation of shared priorities for transformational change over the medium term, building on the activity and progress in year 1 (2023/24). The rating is as follows:



Green: progressing well against delivery objectives and on track



Amber: plans are progressing but are subject to risk or additional pressure which may impede overall achievement of the objective and/or measurable improvements



Red: progress is challenging and a review of in-year objectives for 2024/25 may be required

No.	Deliverable	Date	What we will achieve	RAG
1	We will commence implementation of the approved whole system action plans on cardiovascular disease (CVD), Chronic Respiratory Disease (CRD), healthy ageing and frailty and mental health prevention, and monitor progress on a quarterly basis through the Health Outcomes Improvement Oversight Board, with a deep dive into one priority area each quarter.	March 2025	Improved outcomes for the population	G
1(a)	<p>Progress summary</p> <p>As part of agreed actions focussed on CVD prevention data packs on hypertension and lipids (cholesterol) have been produced to improve understanding of the numbers to meet the national guidance and targets, for sharing with Primary Care Practices. A new 6-month respiratory clinic pilot within substance misuse clinics located in Hastings and Eastbourne to support clients with respiratory issues. A framework has been developed to better understand and prioritise opportunities for promoting good public mental health and preventing mental health difficulties, from a whole life course perspective. This will be piloted in the Autumn to map evidence and good practice against the current service offers, initially focussing on trauma. Initial collaborative improvement work on healthy ageing is focussed on the falls prevention pathway and frailty ahead of the winter season.</p>			
2	We will implement the improvements to cardiology and ophthalmology through reconfigured acute hospital services.	March 2025	Agreed transformation plans fully March 2025 implemented improving efficiency and outcomes for local people.	G

2(a)	<p>Progress summary</p> <p>The Programme Board continues to meet to provide assurance around the delivery of the cardiology and ophthalmology programmes. Both programmes continue to progress and meet timeframes for delivery.</p> <p>A package of measures has been put in place to assist those patients who travel further for treatment. Further risks will continue to be monitored by the oversight board, along with the effectiveness of agreed mitigations.</p>			
3	<p>We will strengthen the focus and role of the Health and Wellbeing Board and the East Sussex Health and Care Partnership by strategically aligning partnerships and working to support our shared priorities for delivering a joined-up offer for health, care and wellbeing, including prevention, across NHS, local government and VCSE sector services for our population.</p> <p>We will develop proposals for the Health and Wellbeing Board (HWB) to phase in during 2024/25, focussed on the Joint Strategic Needs Assessments (JSNAs) and needs and assets in East Sussex</p>	March 2025	A clear focus and approach across all partners.	G
3(a)	<p>Progress summary</p> <p>The HWB agreed proposals in July 2024 to strengthen its strategic system stewardship role across the following key areas:</p> <ul style="list-style-type: none"> Improving population health and the specific challenges of the county using an evidence-based approach, focussed on the JSNA priorities for our system Implementing models of care that are proactive and person-centred and emphasis prevention and early intervention Ensuring we are getting the most benefit out of Integrated Community Teams as a key means to deliver an integrated offer of health, care and wellbeing at a local level <p>A programme of informal deep-dive sessions has now been scheduled based on the priority themes of our East Sussex JSNA, and a clear focus on the objectives above. A first scene-setting session was held on 5 September 2024 which included exploration of the long-term health of our population, and how are local understanding of needs and plans come together, to consider how the HWB can go further with its strategic stewardship role in our current context.</p>			
4	We will enhance support to families to enable the best start in life including delivery of an integrated pre- and post-natal offer, and implementation of the Early Intervention Partnership Strategy.	March 2025	Improved experience and increased opportunities to support our most vulnerable families.	G

4(a)	<p>Progress summary</p> <p>Collaborative work has taken place to progress enhanced support to children and young people and families across a number of priority areas:</p> <ul style="list-style-type: none"> • We have enhanced our support for perinatal mental health and infant parent relationships through an increase in Emotional Wellbeing support contacts. Parents in Mind peer support programme for fathers is growing with the addition of two new male practitioners. Universal antenatal education has expanded, and the Screening and Triage Parent Infant Mental Health team is also growing. We are moving forward with the next phase of Infant Mental Health training. • The Supporting Families transformation programme has now been integrated into our Early Help system to support implementation of the Early Intervention Strategy through expanding our partnership with VCSE organisations. The potential for shared assessments is currently being explored which could support a whole system approach and benefits. • To support better communication and information, over 190 services and online sources of information, advice and guidance (IAG) support about support with mental health and emotional wellbeing (MHEW) for children, young, people and families, have been mapped and added as a new search filter to the East Sussex 1Space directory. User testing of 1Space and the ESCC webpage on mental health support for young people will take place in October and November. Further work is also taking place to support early years professionals to feel better equipped to meet the MHEW needs of children and their families. • The development of a draft Pan-Sussex health plan for Sussex children in care and care leavers has been progressed and shared with all three local authorities in Sussex to enable children and young people to give their view alongside other local stakeholders. The plan covers priorities identified by children and young people and their carers, for access to and support with dental care, mental health and Neurodiversity assessments. • A new project has been started aimed at delivering inclusion of Neurodiversity in schools. Health and education specialists and expert parent carers will go into mainstream primary settings to help shape whole school SEND provision, provide early interventions at a school level, upskill school staff, and support the strengthening of partnerships between schools and parent carers. The project will be delivered between September 2024 to March 2025. • Feedback from children, young people and families across a number of partner organisations has been collected and reviewed to help understand how the views and experiences of children and families has informed and impacted service developments, and ensure clear feedback through a future annual report process. 			
5	We will implement integrated delivery of community mental health services and a wider range of earlier mental health support for adults of all ages and people with dementia, through the evolution of Neighbourhood Mental Health Teams (NMHTs) in line with the Sussex-wide approach, and improved access and outcomes in supported accommodation.	March 2025	Reduced reliance on specialist services and improved population health and wellbeing.	G

5(a)	<p>Progress summary Options for Neighbourhood Mental Health Team footprints have been appraised and agreed, and these align with Integrated Community Team footprints in our five borough and districts. The initial NMHT core team make up has been agreed for first phase implementation in October 2024. This is supported by a staff communications plan and a survey to understand experiences of accessing community mental health services, as well as designing a community services demand and utilisation dashboard to build awareness across the system around shared demand and capacity.</p> <p>Linked but separate work to strengthen integrated working practices across mental health, adult social care and housing services is progressing. New multi-agency communities of practice have been established and an audit of current supply and demand across mental health supported housing pathways has also been completed.</p>			
6	We will continue to develop our neighbourhood delivery model through the evolution and implementation of our five Integrated Community Teams (ICTs) across East Sussex. In line with the ICTs across Sussex, this will focus on providing proactive, joined up care for the most complex and vulnerable people alongside approaches to improving the health and wellbeing of our communities through an asset-based approach.	March 2025	In year plan delivered.	G
6(a)	<p>Progress summary Through collaboration at a pan-Sussex level a description has been developed of the consistent ICT core offer across all sixteen footprints in Sussex, complemented by a flexible local offer based on specific needs, challenges and strengths in each footprint, and ICT Profiles data packs have been produced to support this. In East Sussex teams, services, community assets and leadership infrastructure have now been mapped for all five ICT footprints. This includes leads from primary care, community healthcare, social care, mental health, children's services, housing and homelessness services, and nominated leads for the voluntary and community sector.</p> <p>Two development sessions have been held in each ICT footprint to start to identify, and plan, collaborative action, and relevant tests of change to further integrate service delivery which will start in the latter half of 2024/25. This will be informed by the evaluation of the Hastings Universal Healthcare programme. This is initially focussed on proactive care of frail and older people with complex needs and a wider prevention and wellbeing offer, and includes planning for networking and learning events across our 5 ICT footprints ahead of winter. A survey has also been undertaken to get a snapshot of multi-disciplinary team activity in relation to vulnerable older and frail people in primary care settings, and the findings will be used to inform new ways of working.</p>			
7	We will further develop and implement efficient hospital discharge processes, supported by digital automation, with a long-term funding plan for discharge capacity. We will embed efficiency and process learning from transformation programmes into 'business as usual'.	March 2025	More people will be able to be discharged safely to a community setting.	A
7(a)	<p>Progress summary</p>			

	<p>The national Government Discharge Fund Grant allocations for 2024/25 were agreed for Q1 2024/25 and rolled forwards for the remainder of the financial year. This has focussed on improving discharge to someone's own home, alongside increased therapy and assessment provision and associated plans to reduce the use of bedded discharge pathways to build additional adult social care and community-based reablement capacity to reduce hospital discharge delays by delivering sustainable improvements to services.</p> <p>In the context of increases in the numbers and complexity of people's onward care needs, collaborative work has continued on our Discharge Transformation work. Six areas of work have been identified to address the increase in the number of patients who no longer meet the Criteria to Reside in an acute hospital bed. Demand and capacity modelling will also be undertaken to inform the capacity requirements for the system going forward and the best use of discharge funding.</p>			
8	We will develop and agree a partnership Housing Strategy to set out a shared vision for housing sector in East Sussex, including a strong focus on health, housing and care, and provide the strategic partnership framework to complement the borough and district housing authority strategies.	March 2025	A clear ambition for all partners.	G
8(a)	<p>Progress summary</p> <p>Data and insights from across the sector have been used to support the Housing Strategy development. This includes the earlier Annual Report by the East Sussex Director of Public Health on health and housing, as well as broader population trends and the area profiles developed for the integrated community teams. This will continue to be refined in the Autumn ahead of presentation to the HWB. Key areas of work underway, which will also contribute to the Strategy include:</p> <ul style="list-style-type: none"> • Partners across housing, health, mental health, social care and substance dependency services have been working to create a multi-disciplinary approach to supporting people with 'multiple and compound needs'¹ across the county, and avoid the risk of gaps in provision and further increases in demand for statutory services due to programme funding ending in March 2025. The following priorities have been agreed for our ongoing approach: <ul style="list-style-type: none"> ○ Settled and stable housing for people with multiple compound needs ○ Team around the person approach, with lead professional ○ Multi-disciplinary working and a focus on prevention ○ Using data to improve outcomes ○ Completion of a healthcare needs assessment to better understand the number and profile of people with multiple compound needs in East Sussex by the end of 2024. ○ Learning and good practice from the existing programmes will also be incorporated within the partnership housing strategy. 			

¹ Multiple Compound Needs (MCN) relates to the experience of having several support needs linked to social exclusion and disadvantage, and the multiplying effects of these needs in combination i.e. housing, substance misuse, mental health issues, engagement with the criminal justice system (specifically probation) and experience of domestic abuse

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| | <ul style="list-style-type: none">• Collaboration between housing and health to support the identification of people in housing need in hospital settings. This also includes supporting joint training opportunities with housing teams in each area and the newly appointed discharge co-ordinators, as well as improved discharged coding.• A joint project to map assets across the public sector which may be suitable for housing and accommodation development in the future. The initial findings have been shared and the next steps are to develop a pipeline of future developments. The group will also consider opportunities to develop accommodation solutions for individuals with additional health and care needs. |
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DRAFT East Sussex Health and Wellbeing Board Deep Dive Sessions Briefing Note

Session #1: Scene-setting

1. Background

A key East Sussex Health and Wellbeing Board (HWB) deliverable in the joint Shared Delivery Plan (SDP) year 2 (24/25) refresh is as follows:

“We will strengthen the focus and role of the Health and Wellbeing Board and the East Sussex Health and Care Partnership by strategically aligning partnerships and working to support our shared priorities for delivering a joined-up offer for health, care and wellbeing, including prevention, across NHS, local government and VCSE sector services for our population.

We will develop proposals for the Health and Wellbeing Board (HWB) to phase in during 2024/25, focussed on the Joint Strategic Needs Assessments (JSNAs) and needs and assets in East Sussex”.

It has been agreed to hold a programme of 7 informal ‘deep-dive’ sessions at quarterly intervals prior to the formal HWB meetings up until February 2026, structured around the priority themes in the East Sussex JSNA. This briefing note sets out the outcomes and key messages from the first session which took place on 5 September 2024 in Battle.

2. Briefing note

2.1 Session 1: scene-setting

Voting members and non-voting members with speaking rights on the HWB were invited to the first session, which served as a scene-setting exercise and explored:

- The long-term health outlook for East Sussex
- How we can use our HWB’s Joint Strategic Needs Assessment (JSNA) and Shared Delivery Plan to help guide the action we can take in more immediate time frames to help with the risks and challenges. This includes the shared ambition for Integrated Community Teams (ICTs) as a critical enabler to delivering our plans in our communities and neighbourhoods.

- The foundations we have for strategic stewardship across East Sussex and how we can build on this to go further for our population.

2.2 Understanding our long-term health outlook

The long term future outlook about health in the South East of England¹ was considered to understand where East Sussex sits, and is at the forefront of specific challenges, risks and opportunities. A summary of the key messages include:

- Over the next 20 years, the South East population will grow by 6% (~0.5m people) and age, with the proportion of people aged 75+ increasing from 10% to 15% (~0.5m more people).
- People are spending more of their lives in poor health as healthy life expectancy fails to keep pace with life expectancy. Coastal areas and more deprived areas with large ethnic minority populations have a particularly high burden of disease.
- The biggest increases in demand for healthcare will be for conditions like chronic pain, diabetes, anxiety or depression and the prevalence of multiple long-term conditions will grow as the population ages.
- Demand for services (including primary and secondary care, children's and adults social care) will increase significantly meaning new models are needed including joint working between the NHS and local government.
- Opportunities for the NHS to meet these challenges include:
 - Focusing on prevention to manage unsustainable pressures on treatment services and;
 - Shifting resources to primary and community care
- Opportunities for local authorities include:
 - Mitigating the impacts of climate change and ensuring residents have clear air and water;
 - Building healthy places physically and socially, and;
 - Supporting young people and their families through early intervention.

2.3 System, Place and Stewardship

The significant foundations we have to build on as a HWB that will help us rise to the above challenges collectively were acknowledged:

- Our overarching HWB Strategy and vision, aligned to the Sussex Assembly Strategy *Improving Lives Together*, and a supporting Shared Delivery Plan.
- Agreement to meet informally as a HWB with three key areas of focus
 - JSNA priorities
 - Models of care that emphasis prevention, early intervention and proactive care

¹ 'Tomorrow's Region: the long-term outlook for the health of the South East Region', Office for Health Improvement and Disparities (OHID) and NHS England South East, July 2024

- Getting the most out of Integrated Community Teams as a key shared enabler.
- Our live JSNA process and strong approach to evidence-driven decisions.
- Strong and trusted working relationships that have been built up over many years.
- Well established inclusive governance to support joint planning and delivery – the East Sussex Health and Care Partnership.
- An agreed Shared Outcomes Framework, based on what local people have told us is important, covering improving population health and the quality and experience of care as well as transformation of services for sustainability.

To go further, a successful high-functioning HWB in East Sussex would have the following characteristics:

- **Proactive and collaborative approach** to agreeing, driving and delivering a realistic number of shared priorities at Place
- **Strategic prioritisation** to tackle variations, and opportunities to provide services to achieve joint objectives and tackle inequalities, efficiently and effectively for the population
- **Deeper relational leadership** and shared values and behaviours across organisational and professional boundaries
- **Mutual accountability** for partnership governance arrangements, and how well this supports strengthened operational collaboration across our teams (including primary care, community health, social care, mental health, housing and VCSE services)
- A more **community based, relational and transformational approach** to ultimately contribute to the refresh of the rolling HWB Strategy (due 2025 – 2027), aligned to the wider Assembly, ICB and Local Authority strategies

The session considered what is needed, or needs to be unblocked, to achieve the following ambitions and ingredients for success:

1. A proactive collaborative approach
2. Ownership of shared priorities at Place
3. Trusted relationships and shared values
4. Deeper operational collaboration in the borough and district geographies and communities

A summary of the themes from the discussion is set out in the table below:

A proactive collaborative approach
<ul style="list-style-type: none"> • A shared language to describe the aims and intentions of working together in neighbourhoods. This should be simple and clear with a compelling narrative that sets out the case for collaboration, so that the ambitions and the contribution made to delivering them can be owned by everyone.

- Better understanding and clarity about individual roles and responsibilities on the HWB, including feedback routes, to support clear decision-making and agreement about joint action.
- Striking a balance between the joint action needed to deliver more urgent improvements and long-term ambitions for sustainable services, with a clear thread between the two.
- Not being afraid to 'not know' the answers, and being open to having difficult conversations to help establish a constructive way forward.
- Clear and ongoing feedback loops when we try new actions together, and be prepared to change and adapt if things aren't working as expected.
- Recognition of the barriers between organisations, particularly financial barriers, and work to overcome them.

Ownership of shared priorities at Place

- The HWB to act as a 'convenor' to bring multiple parties together to work on a specific issue or problem.
- Be clear as a HWB what the 'core' ICT offer is that we're stewarding delivery of in our local communities, and how that reads across and aligns with the JSNA.
- Use the informal sessions as the basis for engagement and feedback loops about delivering *Improving Lives Together* and ICTs, and ensuring representation is at the right level to deliver organisational ownership.
- Establish a clear understanding of what needs to happen in the short, medium and long term to deliver outcomes and long-term goals, and the common thread between all three.
- Be careful to understand cause and effect to avoid unintended consequences.
- Share failures as well as successes, and the learning from both.
- Build in the voice of people in our communities and the existing shared insight we have, and make sure joint action is reconciled with that.
- Keep coming back to prevention as a core outcome in everything we do.

Trusted relationships and shared values

- Make sure trust is built in at all the layers of our system, both horizontally and vertically within our governance, with robust, honest and accessible processes for escalation, built on continuous feedback loops and openness.
- Continue to keep learning about the different roles and pressures being experienced across our system, be open about our differences and the changes we can make to support shared resilience.
- Define our shared values and how we conduct ourselves, to build and shape strong cultural alignment across our system about how we work together, and the principles and behaviours that underpin our partnership working.
- Agree to disagree at times, but always do the work to try and identify common ground, acknowledging this will be messy sometimes and we will need to be honest about the need to ration resources.

- Share decision-making where appropriate, driven by shared values and understanding and clarity about what all partners are bringing to the table, and what burdens are being carried.

Deeper operational collaboration in the borough and district geographies and communities

- Establish a clear line of sight from the Southeast regional population challenges, through to the East Sussex JSNA and ICT population profiles and how this informs shared priorities in communities.
- Operational collaboration in local geographies should be driven by the ICT population profiles and what local voices and staff are telling us.
- Communicate about the insight and link this back through openness, understanding of roles and lines of escalation.
- Focus integrated action where it is most useful and practical and always be aware that there is very little that can be set out along neat geographical boundaries, particularly in terms of how people live and access services and support, so flexibility will be important.
- Clarity about how the seven cross-cutting areas of delivery in the SDP relate to the ICT population profiles and ensure a simple read across to the JSNA, as well as alignment with Borough and District Council plans.
- Give permission to act at all levels, alongside articulating what ‘good’ looks like and why.

2.4 Initial actions

In addition to informing the focus and tone of the future informal HWB sessions, some actions will be explored to help make a start with progressing these suggestions for our HWB:

Action to strengthen strategic stewardship	Supports
<ul style="list-style-type: none"> • Work with our communications leads to craft a simple, compelling, shared narrative for collaboration in our current context, including our financial challenges. Use this to explain and promote the strategic stewardship role of the HWB with our organisations, partners and stakeholders. 	<ul style="list-style-type: none"> • A proactive collaborative approach • Trusted relationships and shared values • Ownership of shared priorities at Place
<ul style="list-style-type: none"> • Explore the creation of a shared values statement that underpins our collaboration, to help us navigate challenging conversations and decision-making as a HWB in the future. 	<ul style="list-style-type: none"> • Trusted relationships and shared values
<ul style="list-style-type: none"> • Use our existing shared health and care partnership governance to help create 	<ul style="list-style-type: none"> • A proactive collaborative approach • Ownership of shared priorities at Place

effective open and honest feedback and escalation routes, starting with the East Sussex Health and Care Partnership Executive Board.	<ul style="list-style-type: none"> Trusted relationships and shared values
<ul style="list-style-type: none"> Continue to raise awareness about the ambition for ICTs more widely across our organisations. 	<ul style="list-style-type: none"> Ownership of shared priorities at Place Deeper operational collaboration in the borough and district geographies and communities
<ul style="list-style-type: none"> Develop a regular short briefing note from these deep dive meetings to help HWB members share key messages within organisations, partners and stakeholders. 	<ul style="list-style-type: none"> A proactive collaborative approach Ownership of shared priorities at Place

2.5 Planning for the next session

The informal HWB deep dive sessions are built around the JSNA priority themes, following a similar format for each:

- A **description** of the priority, what it is and why it is important
- **How** is East Sussex doing; an exploration of the data and performance
- **What should** East Sussex be doing; the evidence base and what 'good' looks like
- **What is** East Sussex doing; our current strategies, plans and services
- **What else** could East Sussex be doing; collective whole system action planning to enable improvement.

This last aspect will aim to stress-test the alignment of our plans and amplify further opportunities for prevention, early intervention and integrated care. For example, our existing SDP plans and the implementation of our Integrated Community Teams model in East Sussex, and the role that they could be expected to play to support delivery of shared priorities in the future.

The following suggestions were made to get the most out of the next informal deep dive sessions:

- Explore ways to include wider representation, in particular where this is specific to key topics e.g. from NHS providers of primary care and SCFT and SPFT, VCSE Alliance and Borough and District leads to support existing representatives, as well as nominations of deputies when people can't attend to ensure we get the full breadth of our system participating.
- Use the system stewardship role of the HWB and these topics as an opportunity to help us navigate and engage about the financial challenges that all our organisations are facing and the difficult decisions ahead, as well as aspects of national change as they impact on East Sussex, to support our resilience as a system.
- Format: keep to a good balance of up-front presentation and opportunities for informed discussion.

- Data: where possible include how East Sussex is doing compared to similar areas both within Sussex and more widely in England, and the ways other areas are tackling similar challenges to see if there is anything we can learn.

2.6 Next steps

Planning will take place for the next session on the JSNA topic of Improving Health Life Expectancy, taking the above suggestions into account. We will also return to the actions identified from the discussion about developing the HWB's strategic stewardship role. It was agreed to share this information briefing with colleagues in organisations, partners and stakeholders to facilitate wider understanding of how our HWB stewardship role is developing.

For more information please contact:

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Report to: East Sussex Health and Wellbeing Board

Date: 26 September 2024

By: Seona Douglas Independent Chair East Sussex Safeguarding Adults Board

Title: East Sussex Safeguarding Adults Board Annual Report 2023-24

Purpose of Report: To present the annual report detailing how effective the work of the Safeguarding Adults Board (SAB) has been as required by The Care Act 2014.

Recommendations:

East Sussex Health and Wellbeing Board is recommended to:

1. Consider and comment on the report.
-

1. Background

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

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

2. Supporting information

2.1. The format of the report is structured against the SAB priorities as set out in the Strategic Plan 2021–24. The data section (Appendix 1) includes contributions from a number of partner agencies in addition to the core data from the local authority (see Appendix 2 – SAB Annual Report 2023-24). A copy of the Safeguarding Adults Board Annual Report 2023-24 is contained in Appendix 2 and a copy of the SAB membership is in Appendix 3.

2.2. [The Strategic Plan for 2024-27](#) has been recently published and next year's annual report 2024-25 will be structured against these new SAB priorities.

2.3. Seona Douglas was appointed as the SAB Independent Chair in November 2023 following a six-month period of acting as interim Independent Chair. A number of staff changes have also taken place within the SAB business support area including the permanent appointment of a Board Support Coordinator, funded jointly by Adult Social Care (ASC) and a newly appointed SAB administrator.

2.4. Safeguarding Adult Review (SAR) referral activity during 2023/24 decreased by 64%.

- Five SARs were published in 2023/24 relating to six adults: SARs Charlie, Donna, Finley, Hannah and Gwen and Ian.
- A total of 35 recommendations and associated actions in relation to SARs: Charlie, Donna, Finley, Hannah, the Thematic Review and SAR Gwen and Ian were incorporated into the SAR Action Plan in 2023/24 and the recommendations developed in partnership with SAB partner agencies.
- It should be noted that SAR's commissioned in one year may not be completed until subsequent years.

2.5. Highlights in the report under the SAB five strategic themes are as follows:

Strategic Theme 1:

Accountability and leadership

- A recommendation from the Thematic Safeguarding Adult Review (SAR) and SAR Charlie (published in 2022 and 2023 respectively) related to transitional safeguarding processes.
- A transitions task and finish group was established in January 2023 by the East Sussex Safeguarding Adults Board (ESSAB) and East Sussex Children's Safeguarding Partnership (ESSCP) and chaired by the Head of Safeguarding for the Sussex NHS Integrated Care Board. The work of the task and finish group was concluded in January 2024 with the production of the [East Sussex Multi-Agency Transition to Adulthood Protocol](#).
The protocol sets out a commitment, from the partner agencies of the ESSAB and the ESSCP, that a young person's transition experience is a positive, coordinated, and supportive one jointly owned by all partner organisations.
- A review of the [Multi-Agency Risk Management Protocol](#) (MARM) took place in 2023/24. The review also considered a recommendation from SAR Donna to review multi-agency risk assessment processes. The review was led by the Head of Safeguarding & Quality for ASCH, with involvement from multi-agency SAB partners. The review resulted in a number of recommendations which were agreed by the SAB and have been implemented as follows:
 - **Refreshed and targeted communications** have been circulated to referring agencies outlining the purpose of the MARM and what it aims to achieve, the importance of completing other available processes before a referral is made and benefits of a trauma informed approach.
 - **MARM referral data will be fed into the SAB dashboard on a quarterly basis:** to aid future monitoring and evaluation. This will include discussions on where under-represented groups may be identified in the referral data.
 - **The MARM review group have developed a standardised [multi-agency risk assessment](#)** which has been incorporated within the MARM referral form to improve consistency in referrals.
- In preparation for a **CQC assessment** a Local Government Association (LGA) Peer review of Adult Social Care and Health (ASCH) was undertaken in February 2024, including arrangements with the SAB. LGA peer reviews are assessments conducted by local government professionals to evaluate the performance of other councils. These reviews aim to provide constructive feedback and support improvements that will benefit local staff, residents, and businesses.

The CQC assessment will look at how local authorities meet their duties under Part 1 of the Care Act (2014) and how the local authority ensures safety within the system which includes safeguarding.

Feedback indicated the SAB is excellent in terms of its plan and engagement from multi-agency partners.

- **Bi-Annual SAB Self-Assessment 2023** - the purpose of the bi-annual Safeguarding Adults Self-Assessment process is to provide the SAB with assurance in relation to safeguarding activity taking place across the partnership. A pan-Sussex approach was taken with a self-assessment [tool](#) jointly developed by all three Sussex SABs to

reduce unnecessary duplication for pan-Sussex organisations and to enable consistency in identifying areas of focus.

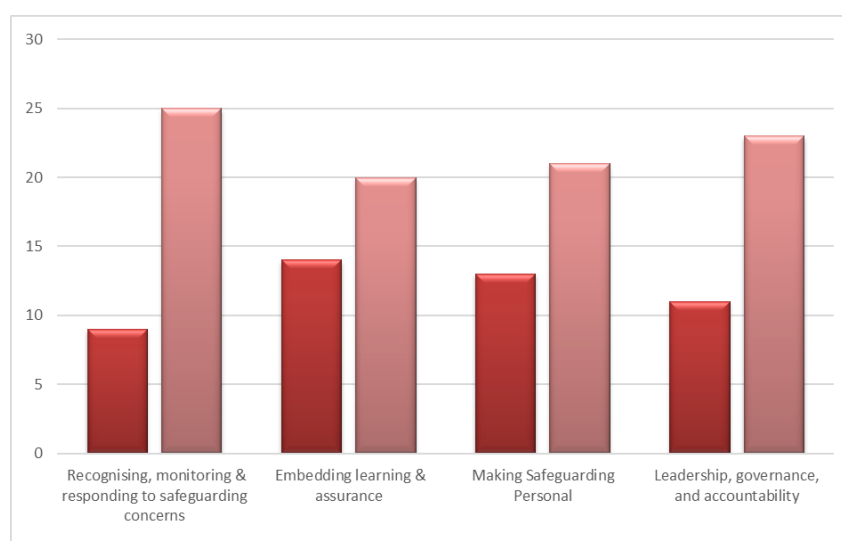
There were 12 questions in total covering four safeguarding areas as follows:

1. Recognising, monitoring & responding to safeguarding concerns
2. Embedding learning and assurance
3. Making Safeguarding Personal
4. Leadership, governance, and accountability

Each agency provided a rating based on their own assessment on the evidence and examples they provide on whether they had achieved the following ratings:

Fully achieved with robust evidence for this and continual development.

Partially achieved with some actions in progress but with more to do/areas to improve.



Strategic Theme 2:

Safeguarding Policies and Procedures

- To raise awareness of safeguarding policies and procedures relating to specific local themes the SAB developed a number of learning briefings and resources and reviewed a number of guidance documents this year. These included :
 - Learning Briefings for 5 published SARs
 - The Brighton & Hove and East Sussex Safeguarding Adults Boards worked with a range of partner agencies to develop an updated and expanded [Multi-Agency Responding to Hoarding Behaviour Framework](#) that replaces the previous multi-agency Hoarding Framework.
- A number of documents were reviewed in 2023/24 to ensure they reflected new legislation, national guidance, and local learning from SARs – these are detailed in Appendix 2 (Annual Report pages 14 and 15).
- The **Sussex Safeguarding Policy and Procedures Review Group** has responsibility for the Sussex Safeguarding Adult Policy and Procedures (which are

held by the three local authorities as the statutory leads for adult safeguarding) and the development and implementation of changes to these.

In 2023 the three SABs and local authorities agreed the development of a new [Sussex Safeguarding Adults Policy and Procedures website](#). The new website which was launched this year is easy to navigate and digest, is accessible, has cost saving benefits and promotes a unified approach to safeguarding adults across Sussex.

A number of the sections in the Policy and Procedures have been refreshed and updated including the development of new sections on multi-agency working, trauma informed practice, care and approaches in adult safeguarding and multiple compound needs.

Strategic Theme 3:

Performance, Quality and Audit, and Organisational Learning

- One of the objectives of the Performance, Quality and Audit (PQA) subgroup is to establish systems for monitoring, reporting, and evaluating performance across organisations with regards to adult safeguarding, linking annual reporting to improvement planning and a measurable work programme.

A **new SAB Multi-Agency Data Dashboard** has been developed to routinely collect safeguarding data across agencies and display this data in an effective and accessible dashboard to help steer the work of the group and support safeguarding assurance to the SAB.

The dashboard will evidence the progress being made against specific safeguarding indicators, identifies emerging trends, and extracts actionable insights to assess the performance of our safeguarding approaches. Indicators will continue to be developed further with partners in 2024/25.

- Two audits were undertaken in 2023/24 in relation to two recommendations in SAR Charlie as follows:

1. **The East Sussex Safeguarding Children's Partnership (ESSCP) should consider how best to undertake a multi-agency audit of selected young people aged between 16 and 18 subject to child protection plans in the last two years to assure themselves that effective safeguarding arrangements were in place.**

In February 2024, a 'deep dive' was undertaken, involving front line professionals working with the child and family, of two recent cases where a 16–18-year-old had a child protection plan. In both cases, the ESSCP felt that the child protection plan was appropriate, robust, and supported the family to reduce risk.

The audit identified strong social work, and multi-agency, practice in both of these cases.

The audit also explored the challenges to safeguarding vulnerable young adults and identified areas for multi-agency learning as transition is a joint ESSCP and SAB responsibility as highlighted in the Annual Report

2. **ESSAB and Brighton and Hove SAB (BHSAB) should assure themselves through shared multi-agency audit that adults moving between borders in Sussex and local authorities are supported and safeguarded with clarity of case responsibility and accountability.**

The multi-agency audit group consisted of 8 agencies all of whom had identified an adult in receipt of support to meet their assessed need who had experienced or had

been at risk of abuse or neglect and moved from Brighton & Hove or East Sussex to another Local Authority (LA) area.

The audit explored local guidance and identified a step-by-step guide would be beneficial for practitioners which sets out the differing aspects of need and circumstances when someone is transferring or moving from one area to another. There was an improved understanding that Local Authorities have very limited, available social housing stock and this stock is even more limited when agencies are looking to provide accommodation for adults with additional needs.

Strategic Theme 4:

Prevention, Engagement and Making Safeguarding Personal

- The SAB continue to develop approaches to safeguarding which recognise the value of prevention and early intervention. The SAB is a supporter and contributor to the NHS Sussex Fortnight which consists of a fortnight of multi-agency learning events held in November each year. Sessions cover a wide range of topics including learning from statutory reviews, exploitation, domestic abuse, and trauma informed care.

A **Working with self-neglect - focus on responding to Hoarding Behaviour** session was delivered jointly, by the East Sussex and Brighton and Hove Safeguarding Adults Boards and supported by Sussex Partnership Foundation Trust and East Sussex Fire and Rescue Service. This was the best attended session of the fortnight.

Of those who attended and provided feedback 100% reported that the session was relevant and useful to their work.

- Through the **SAB Safeguarding Community Network**, focussed discussions take place regularly on particular safeguarding themes which community groups have requested in order to be more aware of and which would improve their confidence in recognising and responding to concerns. Topics covered this year are detailed in Appendix 2 (Annual Report on pages 19 and 20).
- An **Easy Read Safeguarding Leaflet** was developed and published in collaboration with the ASC Adult Learning Disabilities Team and the Involvement Matters Team (IMT) [easy read guide](#).

Strategic Theme 5:

Integration, and Training and workforce development

- The SAB Training and Workforce Development (TWD) subgroup supports the strategic objective of ensuring the workforce is equipped to support adults effectively where abuse and neglect takes place. The current East Sussex SAB training programme includes the following courses:
 - Self-neglect
 - Modern Slavery and Human Trafficking
 - Mental Capacity Act 2005: A Multi-agency Approach to Complex Cases
 - Adopting a Whole Family Approach to Domestic Abuse
 - Coercion and Control
- In partnership with the Safer Communities Substance Misuse Team, the SAB hosted two virtual workshops facilitated by Alcohol Change: **Safeguarding Vulnerable Dependent Drinkers**.

These workshops were commissioned as a result of recommendations from two Safeguarding Adult Reviews (Hannah and Donna) published in 2023.

Both reviews identified the need to promote an understanding amongst practitioners of the relationship and interplay between alcohol misuse and self-neglect and when and how safeguarding referrals and enquiries related to alcohol use and self-neglect should be instigated and that staff who work with chronic, highly vulnerable, dependent drinkers have relevant training on the use of legal frameworks.

Practitioners who attended the sessions reported a 100% satisfaction rate with the workshops.

3. Conclusion and recommendations

3.1 The key priority areas identified for the SAB in 2023 – 24: embedding the Mental Capacity Act into practice, safeguarding transitions for young people at risk and supporting adults who face multiple disadvantage, continue to be areas of support and operational practice development by SAB partners and continue to be embedded within safeguarding practice.

3.2 Priority areas for the SAB over the next 3 years (2024-27) include:

- **Self-Neglect** - Improve and develop effective multi-agency working and practice with adults who self-neglect and develop a shared understanding, and early recognition of the issues involved in working with adults who self-neglect with a focus on *substance misuse, mental capacity, exploitation, and multiple compound needs*.
- **Prevention and Early Intervention** - Ensure unpaid carers who take on adult caring responsibilities have an understanding and awareness of adult safeguarding and what support they can access for the person they are caring for as well as for themselves. Promote and raise awareness of the important role unpaid carers have in preventing neglect, abuse, or harm and ensuring carers know how to raise and report safeguarding concerns.
- **Safeguarding and Homelessness**- Promote positive practice with professionals working at the interface of homelessness and adult safeguarding and ensure professionals use trauma informed approaches and consider local multi-agency risk management pathways and legal frameworks to identify what action is needed to reduce or remove potential risk.

3.3 The SAB will progress work in relation to any newly commissioned SARs in 2024/25 and seek assurance to ensure that the learning and recommendations from previous SARs continue to be embedded in practice.

Seona Douglas

Independent Chair East Sussex Safeguarding Adults Board

Contact Officer: Lucy Spencer, Safeguarding Adults Board Development Manager

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Email: Lucy.spencer@eastsussex.gov.uk

Appendix 1 – SAB Partnership Safeguarding Information & Data

Appendix 2 – SAB Annual Report 2023-24

Appendix 3 – SAB Membership

Partnership Safeguarding Information & Data

Adult Social Care and Health

The Care Act 2014 sets out statutory duties and responsibilities for safeguarding adults including the requirement to undertake enquiries under section 42 of the Act. Below is a summary of key safeguarding activity during 2023/24 for both concerns raised, and enquiries undertaken by Adult Social Care and Health (ASCH) in East Sussex County Council.



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

The total number of safeguarding concerns received in 2023/24 was **5,408, an increase of 5.1%** compared to 5,145 in 2022/23.



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

The total number of safeguarding enquiries (S42 and Other) that commenced in 2023/24 was **2,969, an increase of 7.2%** compared to 2,770 enquiries in 2022/23.

The table below illustrates the number of concerns raised in the year and enquiries started 2017/18 to 2023/24.

Year	Total Concerns	Concerns not progressed to enquiry	Enquiries started (S42 and Other)
2017/18	4873	3309	1546
2018/19	4841	3711	1119
2019/20	4465	2433	2021
2020/21	4931	2910	2002
2021/22	5820	3397	2419
2022/23	5145	2353	2770
2023/24	5408	2437	2969

Type and location of risk reported nationally in 2023/24¹ in completed section 42 enquiries.

East Sussex data in 2023/24 is similar to the national data from 2022/23.

The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 34% of risks (32% nationally in 2023/24) and the most common location of the risk was the person's own home at 43% (compared to 47% nationally in 2023/24).

Outcomes for completed Safeguarding Enquiries (S42 and Other)

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

	Fully achieved	Partially achieved	Not achieved
2022/23	47%	47%	6%
2023/24	53%	42%	5%

Making Safeguarding Personal – outcomes for completed S42 enquiries.

- The total outcomes fully or partially achieved has increased to 95% in 23/24, from 94% in 22/23.
- Of those cases over 80% (1783) were asked and outcomes were expressed.
- 54% of outcomes were fully achieved, 41% partially achieved and 5% not achieved (2 cases did not have outcomes achieved recorded).
- There will be cases where outcomes will not have been achieved - where desired outcomes are beyond the remit and control of the enquiry, or where the situation has changed from the initial desired outcomes that were recorded.

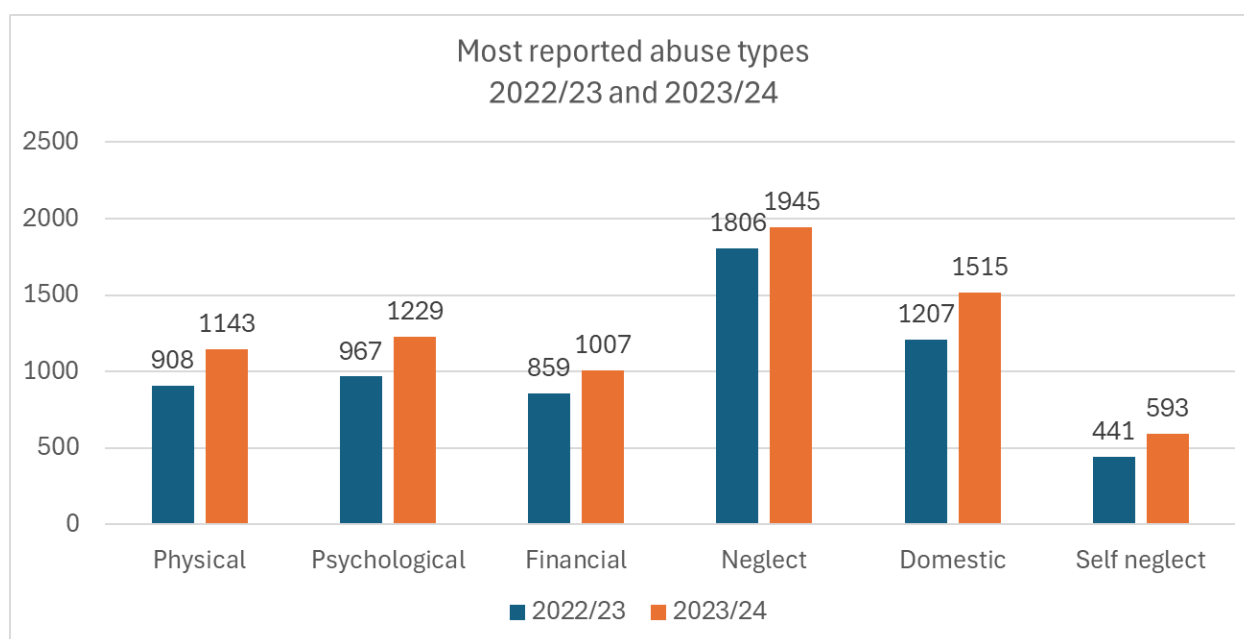
¹ [Safeguarding Adults, England, 2022-23 - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

Mental capacity for completed Safeguarding Enquiries (S42 and Other)

	Adult has capacity	Adult lacks capacity	Not Known
2022/23	71%	28%*	1%
2023/24	70%	29%*	2%

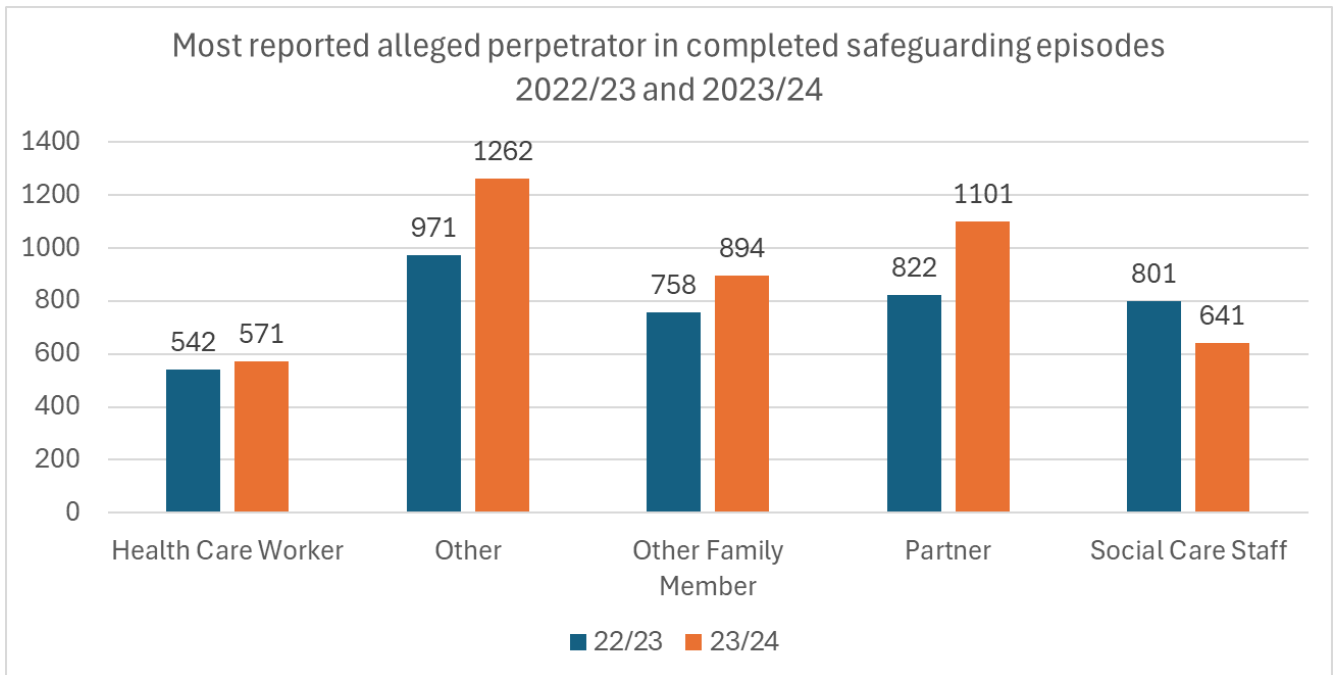
Of the adults who lacked capacity, 98% were supported by an advocate in both 2022/23 and 2023/24.

Most reported abuse types by completed safeguarding episode.



- The most reported abuse types in 2023/24 remain the same as 2022/23. All abuse types have increased this financial year.
- The most significant changes in these abuse types are physical abuse with a 26% increase, psychological with a 27% increase and domestic with a 26% increase.

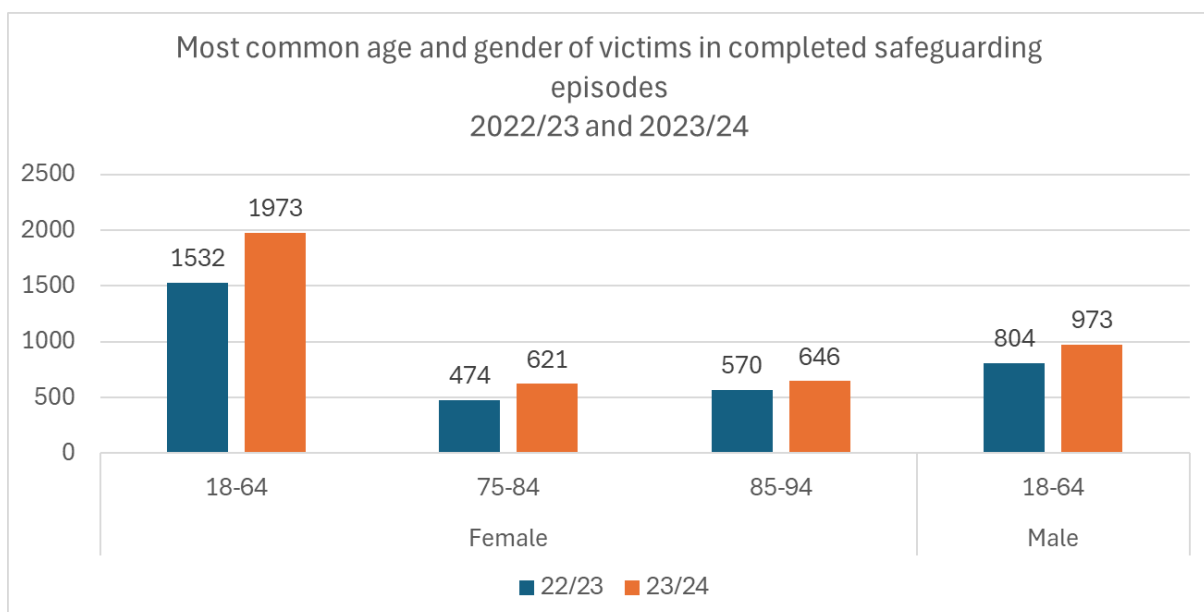
Most common locations of abuse in completed safeguarding episodes.



- The most common reported location of abuse in completed safeguarding episodes is in the adult at risk’s own home (2925). This has increased by 15% compared to last year’s figures (2537).
- The second most common location continues to be Care Homes. This has increased this year from 1124 to 1236, an increase of 15%.

Most common age and gender of victims in completed safeguarding episodes.

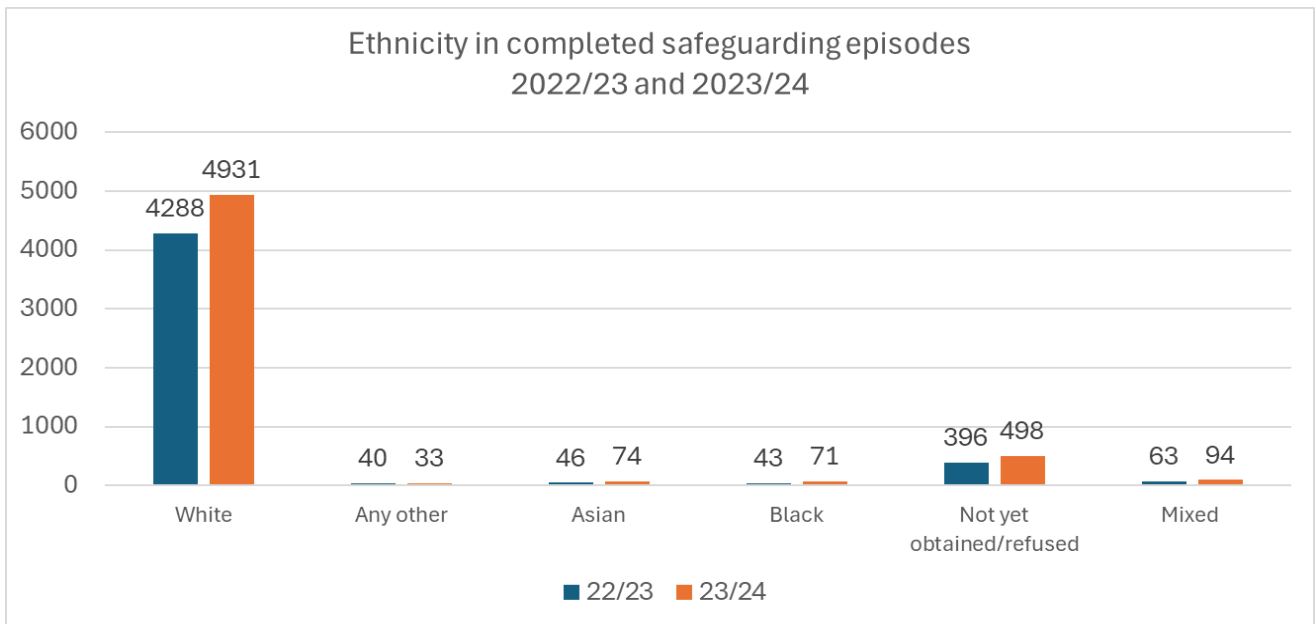
Alleged perpetrator type in completed safeguarding episodes.



Safeguarding episodes by ethnicity

The table below shows a breakdown of the ethnicity categories in completed safeguarding episodes.

- Adults of white origin continue to be the largest group, accounting for 86% of all completed safeguarding episodes in 2023/24 which is a slight decrease from 88% in 2022/23.
- The second largest group is Mixed that has increased from 63 in 2022/23 to 94 in 2023/24.





Sussex Police

The table below shows the number of Crimes per Category of Abuse Risk reported between 1st January 2023 to 1st January 2024).

Physical	741
Institutional	2
Neglect	37
Discriminatory	12
Psychological	221
Sexual	320
Financial	55



Operation Signature² is the force campaign to identify and support vulnerable victims of fraud. The campaign aims to combat fraud and scams with a particular focus on protecting the more vulnerable and elderly.

- In 2023/24 Operation Signature supported 623 victims in East Sussex who were either standard, medium, or high-risk victims of fraud and scams.
- Across East Sussex vulnerable people have been targeted by scammers who have stolen £568.60K through courier fraud.
- The majority of the 266 reports of courier fraud in East Sussex reported to Op Signature have been targeted at women aged 75yrs or over. Of those cases 91 suffered a financial loss, leading to the fraudsters walking away with £414.13K.
- East Sussex residents lost £869.41K to dating scams in 2023.

² <https://www.sussex.police.uk/advice/advice-and-information/wsi/watch-schemes-initiatives/os/operation-signature/>

How Sussex Police tackle fraud.

Sussex Police have prevented 2.5 million pounds falling into the hands of criminals this year through their banking protocol.

Sussex Police marked World Braille Day on 4 January with the release of a braille version of **The Little Book of Scams** is the first edition nationally to be converted to braille.

You can hear more about how police are tackling fraud through this short Interview with Sussex Police's Financial Abuse Safeguarding Officer: **How Sussex Police tackle fraud - interview with Sussex Police's Financial Abuse Safeguarding Officer**

Domestic Abuse, Stalking and Harassment and Honour-based violence.

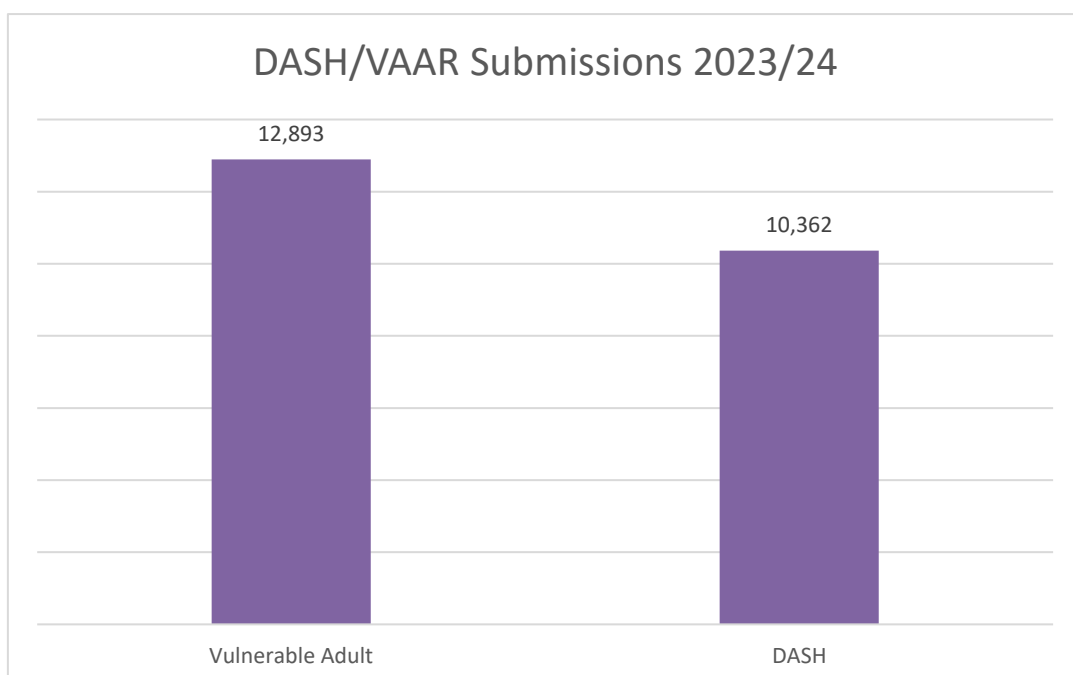


Risk forms (DASH) are for use by specialist domestic abuse and other non-police agencies for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed.



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

Submissions for both the VAAR and DASH have increased over the past 12 months. In 2022/23 VAAR submissions were 10,214 and DASH forms 9,455.



Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust (SPFT) records safeguarding incidents within its incident recording system. This provides a central database for the storage and analysis of the Trust's safeguarding data.

The table below shows the number of safeguarding adult incidents that were raised by SPFT teams working in East Sussex in 2023/24. Numbers were in line with the previous year however there was an increased recording of domestic abuse but is believed to be due to increased awareness and identification of domestic abuse rather than a proportionate increase in the levels of domestic abuse.

Adult Safeguarding Concern Incident Numbers 2023/24

Categories of Abuse	Number
Physical	73
Sexual	37
Financial	32
Discriminatory	3
Domestic	59
Psychological/emotional	46
Neglect & acts of omission	59
Self-neglect	26
Organisational	6
Modern slavery	0
Total	341

Section 42 Enquiries

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

Safeguarding Adult Reviews

SPFT safeguarding enquiry information recorded forty-seven Section 42 enquiries within East Sussex where the Trust was named as the cause of risk. The majority of these enquiries were linked to inpatient mental health settings where patients at risk of harm to themselves or others are together in a confined space. The most common category of abuse for these enquiries was neglect / acts of omission.

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

Safeguarding Adult Reviews

SPFT was integral to three East Sussex Safeguarding Adult Reviews which were published in the last year. These were:

- **SAR Charlie**- SPFT is working to address recommendations linked to safe transfer of care for young people moving between local authority areas, child, and adult services and where there are concerns about hospital discharge.
- **SAR Finley** - SPFT is working to address recommendations to improve dual diagnosis assessment, support planning, and ensure mental capacity considerations are fully considered in these situations.
- **SAR Gwen & Ian** - SPFT has made changes to its processes where people with dementia require referral to adult social care.

Safeguarding Initiatives & Projects

- **Domestic Abuse** - The Trust implemented new domestic abuse training in December 2023. The training was developed in conjunction with Safelives³ and addresses recommendations from safeguarding adult and domestic homicide reviews. The new training includes an increased focus on the importance of routine enquiry of domestic abuse as part of patient assessments.
- **Digital Device and Internet Access Policy for Service Users in Inpatient Settings** - Safeguarding service staff with Prevent⁴ responsibilities have contributed to the development of this policy which will be published in 2024/25. The Trust has recognised the risks to patients' mental health and their susceptibility to radicalisation through the internet when acutely unwell within inpatient settings.
- **Quality Reviews** - The Trust Safeguarding Adult Team is now an integrated member of its internal services' quality review process. In the last year it has contributed to quality reviews of community and inpatient services. These have provided opportunities to promote the pan Sussex *Safeguarding Adults Thresholds: Guidance for Professionals*. This SAB document is key to guiding staff about when to contact the local authority with safeguarding concerns.
- **SPFT Safeguarding Service**- SPFT's Safeguarding Service is fully staffed and allows the Trust to deliver its safeguarding adult training in line with NHS requirements. It also enables the Trust to support its frontline services to respond to safeguarding concerns and enquiries, and to play its part in the work of the Sussex Safeguarding Adult Board. The challenge for the Trust is delivering core services at a time of increasing demand and continuing pressure on health and social care resources.

³ [SafeLives - Ending domestic abuse](#)

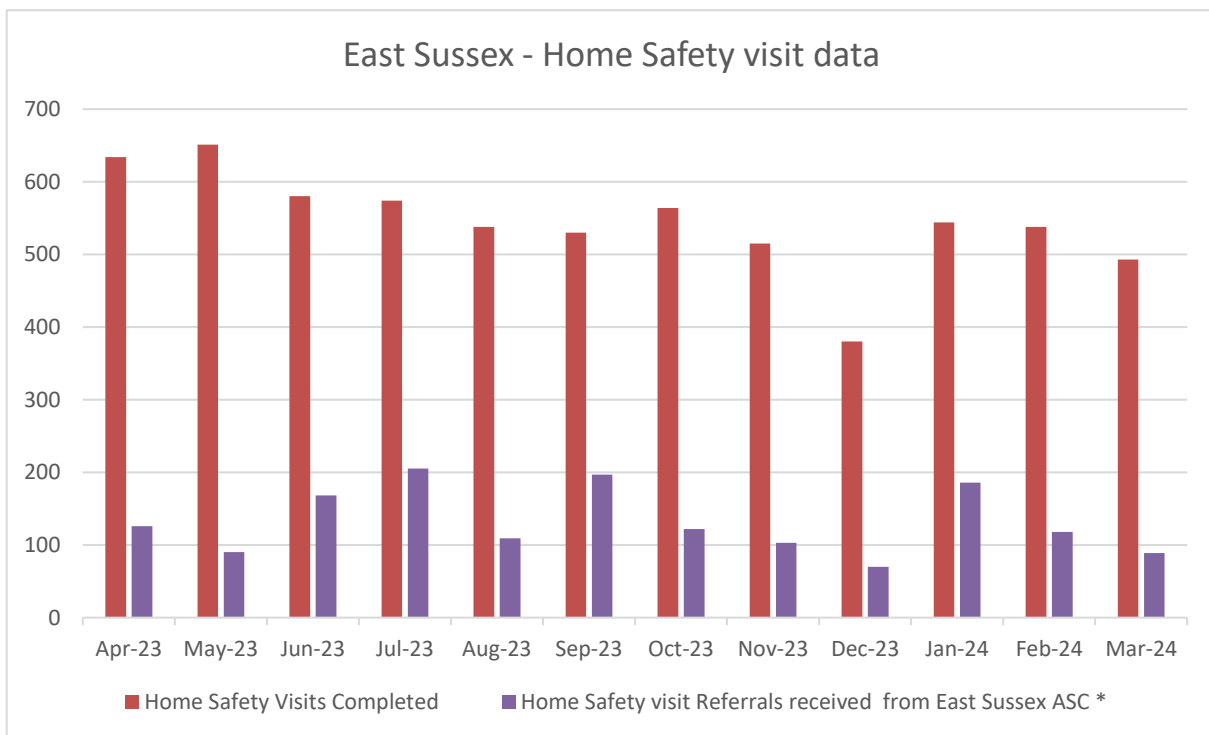
⁴ [Prevent duty guidance: England and Wales \(2023\) - GOV.UK \(www.gov.uk\)](#)

East Sussex Fire and Rescue Service

Home Safety Visits

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

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



- In 2023/24 over 6,000 home safety visits were completed in East Sussex

Coming to Notice (CTN) forms

- 418 CTN forms were submitted in 2023/24 in relation to safeguarding concerns.
- Hoarding represented 25% of all concerns.
- Additional support represented 19% of all concerns.



There were 2827 cases (As of the 31st of May 2024) managed by the Brighton and East Sussex Probation Delivery Unit.

In 2023/24, there have been increases in safeguarding enquiry requests and responses, as well as an increase in the number of police intelligence requests, with a small decrease in the number of police intelligence responses.

- The percentage of cases with a safeguarding enquiry requested was 76.44%, which is an increase of 19.29% on 2022/23.
- The percentage of cases with a safeguarding enquiry response was 71.74%, which is an increase of 7.87% on 2022/23.
- The percentage of cases with a police enquiry requested was 81.18%, which is an increase of 8.89% on 2022/23.
- The percentage of cases with a police enquiry response was 56.77%, which is a decrease of 2.63% on 2022/23.

Safeguarding and Police Requests Within the Last 12 Months by Gender

PDU	Type of Safeguarding Check				Total
	Safeguarding Enquiries Requested	Safeguarding Enquiries - Response Received	Police Intelligence Enquiries - Requested	Police Intelligence Enquiries - Response Received	
Female	260	213	279	124	876
Male	2018	1535	2513	1228	7294
Total	2278	1748	2792	1352	8170

- 89.76% of requests and responses are for males on the Brighton & East Sussex caseload.

Safeguarding and Police Requests Within the Last 12 Months by Age Group

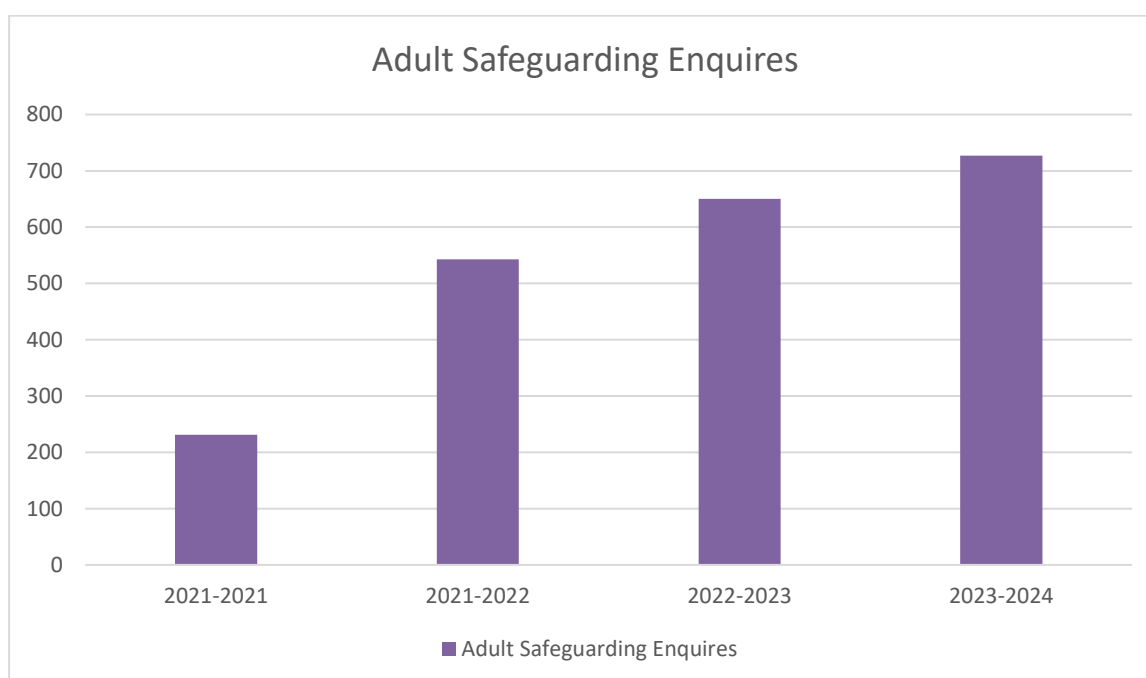
PDU	Type of Safeguarding Check				Total
	Safeguarding Enquiries Requested	Safeguarding Enquiries - Response Received	Police Intelligence Enquiries - Requested	Police Intelligence Enquiries - Response Received	
18-20	117	75	133	53	378
21-24	185	134	220	99	638
25-30	386	303	481	249	1419
31-40	810	614	917	476	2817
41-50	421	333	550	245	1549
51-60	235	187	332	162	916
61-70	80	70	101	41	292
71-80	34	21	47	22	124
81-90	9	10	9	4	32
91-100	0	0	1	1	2
Deceased	1	1	1	0	3
Total	2278	1748	2792	1352	8170

- 34.47% of requests and responses are for the 31-40 age group of the Brighton and East Sussex caseload.

East Sussex Healthcare NHS Trust (ESHT) continues to see high numbers of Safeguarding Adults enquiries, with 727 recorded in 2023-2024.

Data from 2022-2023 identified 722 cases but exception reporting extracting referrals that referenced historic events has reduced this figure. Improved data collection systems for 2023-2024 have reinforced the picture of a year-on-year increase in the number of Safeguarding Adults enquiries. This covers both acute and community services and includes enquiries raised by ESHT and those about ESHT.

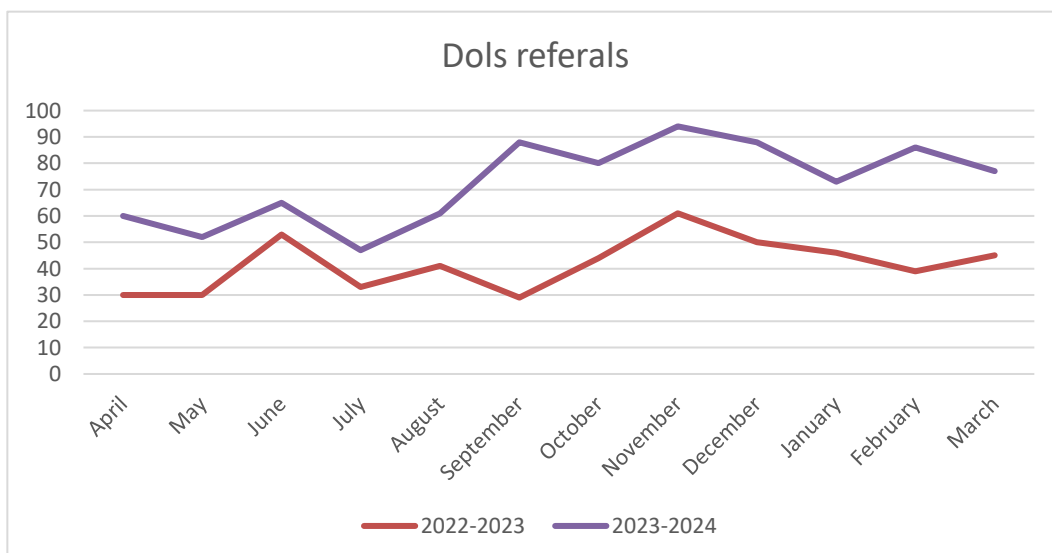
The predominate themes continue to be neglect, self-neglect, and domestic abuse.



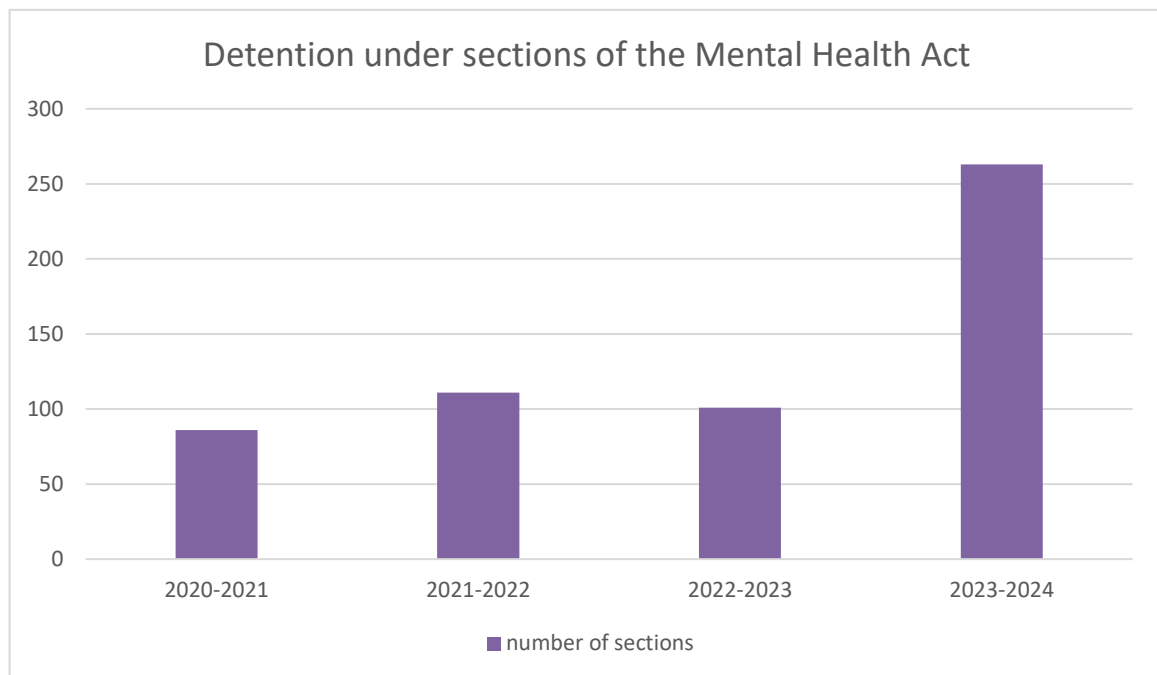
Significant work has been and continues to be undertaken with regard to discharge and members of the team participated in discharge events, discussing key themes such as the importance of robust documentation and communication. A quality improvement aspect of work was the development of a weekly tracker which has continued throughout 2023-2024.

- Several discharge events were facilitated last year providing staff with an overview of differing agencies role in supporting the journeys of complex patients. This includes safely balancing patient choice whilst also trying to mitigate the risk of harm from deconditioning. In trying to ensure that patients do not rapidly decondition; the culture and approach to falls prevention is changing as a result.
- Systems have developed to improve data collection for adult safeguarding.

- A piece of work to embed a 'rapid assessment tool' to undertake the routine enquiry of domestic abuse has progressed with a process now mandated for all patient's over 16 attending the Emergency Departments. Further work will be undertaken progress routine enquiry across the organisation.
- The safeguarding team participated in three learning events for Community Health and Integrated care division, the topics covered were self-neglect, domestic abuse, and weapons.
- There has been an additional and significant challenge with the very high numbers of patients with a very extended length of stay many of whom are frail, complex and at high risk of harm e.g., falls, pressure damage and psychological distress.
- The presentation of some cases is increasingly complex. An area where this is continued to be a feature is within Maternity Safeguarding, for example domestic abuse considerations have also to encompass any risks to new-borns and other families.
- ESHT facilitate level 3 training as a Think Family Safeguarding model. The training was updated in 2023-2024, staff access an assessed e-learning package prior to joining a facilitated session which is either a virtual training platform or a classroom setting.
- The Health Independent Domestic Violence Advocate (HIDVA) facilitates Domestic Abuse training within the trust. In 2023 the HIDVA also facilitated a second cohort of training for Domestic Abuse champions within the trust.
- The trust employs a Mental Capacity Lead who has facilitated workshops across the organisation. The impact of her work is demonstrated through the increase in Deprivation of Liberty applications.



- The safeguarding team commenced daily safeguarding huddles within the Emergency Departments to enable a process to support staff to recognise and manage safeguarding concerns in real time.
- The numbers of people that have been cared for within ESHT under a section of the Mental Health Act has significantly increased in 2023-2024.



- In 2023/24 there were 28,748 plaudits/ compliments received.

“I was having a CT scan with an injection beforehand. After the scan I became unwell and the lovely staff were so kind, so reassuring. They held me and helped me onto a bed until I felt better. Their kindness restored my faith in people and really helped me to feel better.”

“My mum was admitted to Surgical Assessment Unit in February. The nurses & Drs were wonderful and caring. I had travelled over from Spain and didn’t know what to expect but my mum was treated with respect and dignity at the end of her life. They not only cared for my mother, but my well being too.”

NHS Sussex Integrated Care Board

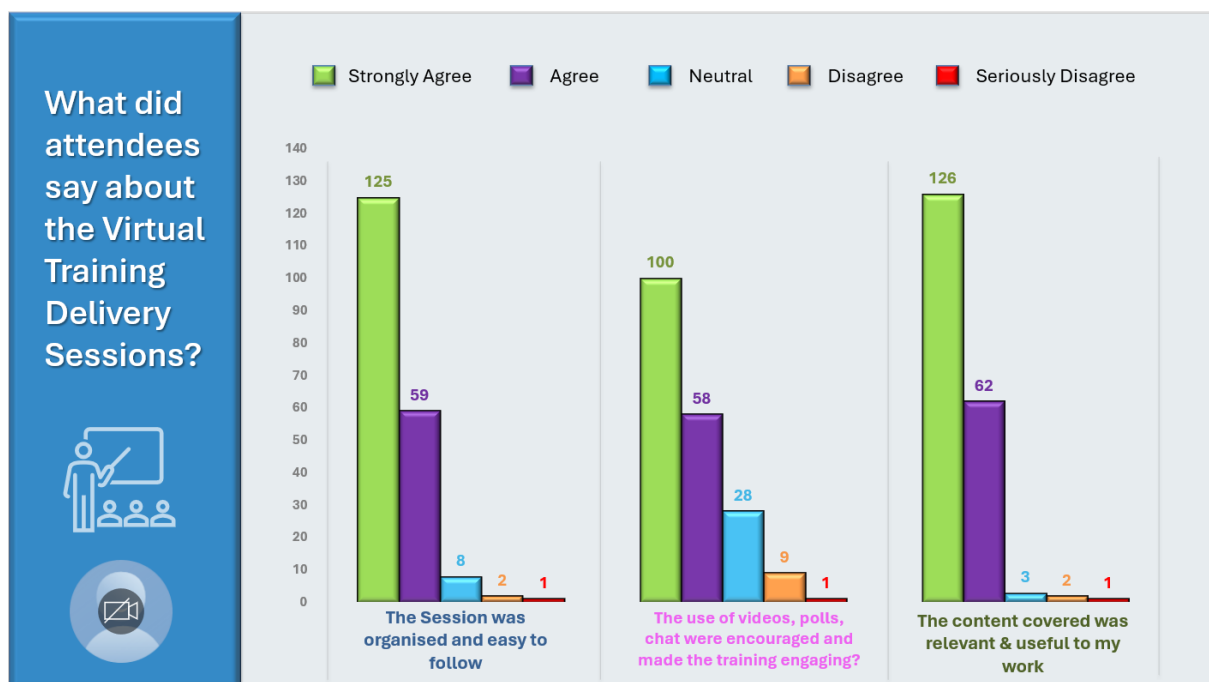
NHS Sussex (also known as the local Integrated Care Board, or ICB) continues to work alongside both statutory and the wider partners of the Safeguarding Adults Board to safeguard the local population.

NHS Sussex is represented on all SAB subgroups and leadership groups and supports all key decision-making functions of the SAB as one of three lead partner agencies alongside adult social care, health and police.

In addition to fulfilling its statutory obligations, as per the NHS: Safeguarding accountability and assurance framework , during the 2023-24 year, NHS Sussex have continued to support strengthening Health safeguarding practice and arrangements, across East Sussex, with some notable highlights this past year including:

- Following on from the success in the previous year, during November 2023 NHS Sussex once again co-ordinated a **“Safeguarding and Children in Care Fortnight”** and an in-person conference. Across the two weeks thirteen virtual events were held, attended by over 900 multi-agency workers from a wide array of organisations.

The conference focused on the links between health inequalities and safeguarding and children in care. Many of the session themes related to areas within the East Sussex SABs Learning and Development Priorities and included transition (children to adults), sexual safety, exploring extreme right-wing narratives, safer sleep, self-neglect, fraud, intimate partner violence, adversity and mental health, crimes of honour and learning from the lives and deaths of people with a learning disability/autistic people.



- **Strengthening partnership working between Safeguarding Leads from NHS Provider organisations and those within the Independent Health sector** (many of which who provide NHS care). As a result of feedback from members, an NHS Sussex led supportive Pan-Sussex forum (which meets quarterly) extended its membership to support increased partnership working across the Health Sector, notwithstanding recognising all are working with our communities within East Sussex, along with the relevancy learning from SARs across the Health landscape.
- **Strengthening Safeguarding Assurance Across all Commissioned Services.**

NHS Sussex have continued to improve the quality of safeguarding assurance across our health services, and during 2023/24 a set of safeguarding standards were included within all standard contracts, in addition to the exceptions laid out in the NHS standard contract and these provide the baseline for our exception reporting. For 2023/24, NHS Sussex set a corporate target to ensure that all commissioned services are benchmarked against the Sussex Safeguarding Standards, with the team supporting providers to develop action plans against for areas of development. Compliance targets were met across the NHS providers.

As part of this work, training audits have been undertaken across providers, and site visits have been undertaken across all NHS Trusts to identify areas of learning and consolidate the data received from the initial provider self-assessment.

The team have identified appropriate stretch targets for all providers in relation to the Sussex Safeguarding Standards to help further improve quality of safeguarding practice across Sussex in 2024/25 and this will be a continued priority for the team and a focus of our ongoing work plan.

- NHS Sussex launched the **Safeguarding Standards for Registered Care Home and Domiciliary Care Providers**. The safeguarding standards were co-produced with providers and other key stakeholders providing them with a resource tool to evidence compliance with safeguarding legislation and statutory guidance and supporting them to demonstrate that people with care and support needs can feel safe within their care.

- **Development of training portal in East Sussex**

Work has been undertaken with NHSE colleagues to develop a regional portal for all health partners/ providers to upload and share their existing training packages, with the aim of improving the shared information and quality of training provision across the region. The pilot was launched in February 2024 and is accessible for staff across the South East region. Early feedback regarding the pilot has been positive, with providers advising that it saves time

and resource to access and use the available training and supports to assure themselves and benchmark against their existing training packages. The full launch of the portal is scheduled for early autumn 2024.

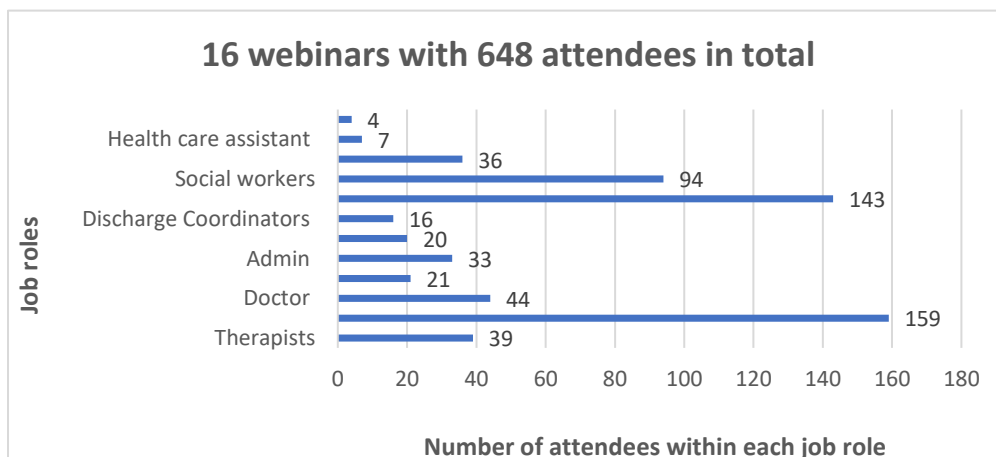
- **Mental Capacity Act – upskilling programme**

Through triangulation and analysing Care Act (2014) Section 42 enquiries, learning from Safeguarding Adult Reviews (SARs) and Serious Incident Investigations (SI) it was identified that clinical and social care front line staff often lack confidence or competence to use the Mental Capacity Act (MCA) (2005) in decision making, care planning and patient care. This was particularly notable due to the planned implementation of Liberty Protection Safeguards (LPS) under the Mental Capacity (Amendment) Act 2019 (which has since been suspended) and the impact this would have on NHS organisations.

To enable development and delivery of a comprehensive MCA education programme across Sussex Integrated Care System (ICS), a successful bid for funding was made to the NHS Health Education England (HEE) Community Upskilling programme (NHS Long Term Plan 2023). The funds received enabled the development of **a comprehensive MCA training programme of 16 webinars for 648 delegates from across Sussex Health and Social Care with training delivery completed during 2023/24.**

A nationally respected expert legal trainer/ Court of Protection lawyer was commissioned to work alongside a number of safeguarding and MCA professionals across all NHS organisations in Sussex. The following topics were delivered over a series of 16 three-hour workshops using anonymised real life case studies provided by NHS and Social Care colleagues:

- Hospital Discharges – Capacity and Best Interests
- Unwise Decision? Self-Neglect and the Mental Capacity Act (2005)
- Medical Intervention – How to approach delivering treatment where capacity is in question
- MCA and the use of restraint in care delivery
- Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS) for 16–17-year-olds



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

Safeguarding is a fundamental part of our recruitment process, ensuring appropriate checks are in place to ensure all staff are employed within SCFT services to contribute to the delivery of excellent care within the community. All staff have access to mandatory and statutory safeguarding training for adults and children appropriate to their role and position within the Trust including higher-level training for those in specialist roles.

SCFT has a safeguarding team which provides specialist advice for both adults and children across all services and supports staff to recognise signs of abuse and how to report it. The Trust works effectively with all safeguarding partnerships to ensure a multi-disciplinary and cross agency approach.

The safeguarding team works closely with new service developments to ensure high quality and effective health services. The team is part of a Quality and Safety Department, which enables close working both with specialist safety teams and clinical staff. This ensures a focus on learning for improvement and strengthens a personalised approach to safeguarding.

A SCFT Safeguarding Strategy has been produced and is underpinned by a commitment to providing excellent care at the heart of the community.

The aim of the strategy is to ensure that everything they do, wherever it takes place, ensures the safety, security, and well-being of children and adults who are involved with SCFT services. This will be achieved through the following goals, which reflect the priorities of the Trust Strategy:

- **Our People** - *We will provide effective safeguarding advice and guidance to our staff, volunteers, and carers to enable them to support people with any safeguarding concerns.*
- **Inclusive** - *We will recognise and respect diversity to meet the safeguarding needs of marginalised and seldom-heard groups, reducing inequalities and deprivation within our communities.*
- **Learning** - *We will continue to promote a culture of continuous safeguarding improvement and learning in the face of economic uncertainty.*
- **Partnerships** - *We will build on internal and external partnerships to strengthen our safeguarding practice.*

Developed with the help of the Safeguarding Adult Board partners, the strategy sets out how we will deliver our commitment to safeguarding and our strategic priorities for the next three years.

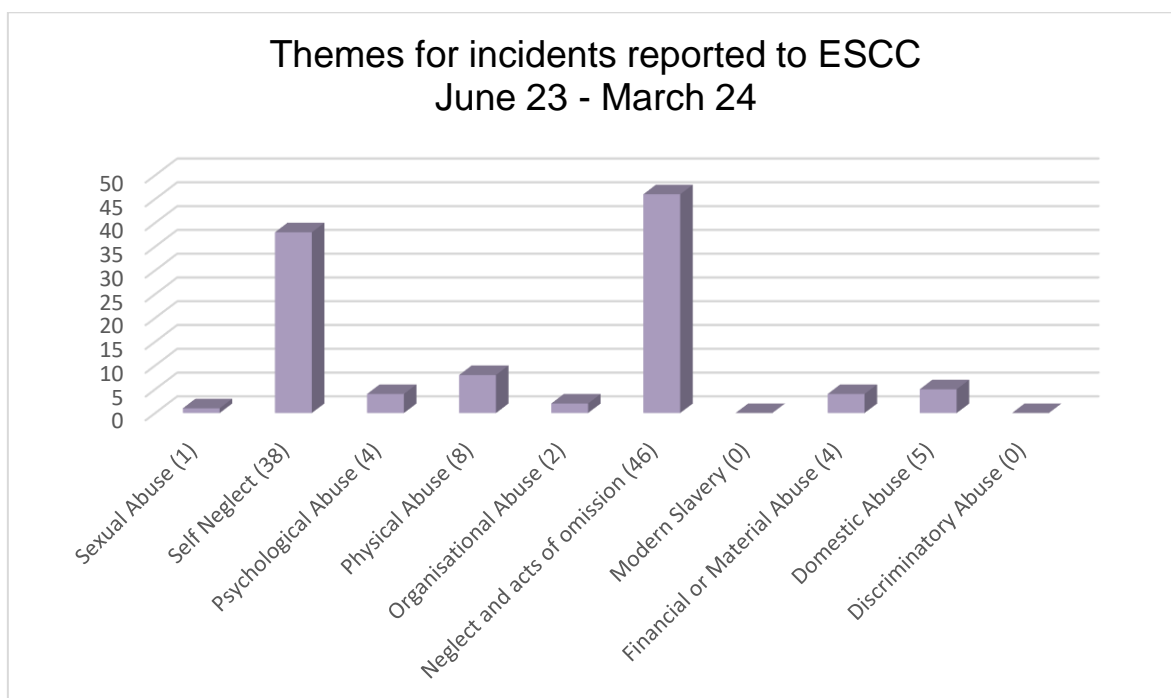
Safeguarding adults training

Level	Target Cohort	Target Compliance	2023-2024 Data	Analysis of Variance
Level 2	Mandatory for all staff	85%	97.4%	Compliance remained above SCFT compliance target of 95%
Level 3	Mandatory for all Adult and Specialist Services registered nursing and staff Band 5-8a	85%	92.4%	In line with the NHS Intercollegiate Guidance (the annual target is 85%)
Level 3 Prevent Duty/ WRAP	Mandatory for Adult and Specialist Services staff that require Adult Safeguarding L3, and Childrens Services.	85%	97.1%	Compliance shows the third-year target of 85% by Q4 23-24 has been met.
Level 3 Mental Capacity Act	Mandatory training for all new starters (in L3 cohort) and is also accessible to all staff should they chose to complete it.		Staff completion: 1341	Assessing Mental Capacity. Completion will fluctuate depending on new staff flow into SCFT, and substantive staff choice to complete.

Raising safeguarding concerns

SCFT staff show they are considering risk and escalating adult safeguarding concerns to enable support to the adults involved. Safeguarding concerns raised to East Sussex County Council are as follows: (due to a change in SCFT internal reporting systems the period covered is June 2023-March 2024).

Adult safeguarding concerns raised by SCFT to ESCC 2023-2024	
ESCC	104



The table above shows the different safeguarding themes captured within the concerns raised to ESCC, and the key theme of neglect/acts of omission is as expected given the wide range of health and social care delivery that can be captured with the neglect domain. Concerns raised may be in relation to SCFT care delivery, care delivery from another health or social care provider, or unpaid carers (including family and friends).

SCFT internal Safeguarding Adults Advice Line

The advice line provides access to specialist advice, is fundamental to good safeguarding practice and supports better outcomes for adults who need care and support. The advice line enables SCFT staff to improve their knowledge, confidence, and competence in safeguarding. This also supports the organisations culture to improve outcomes in the promotion of safeguarding adults from harm and abuse in line with the visions and values that are expected from every healthcare professional.

SCFT: Safeguarding Adults Advice Line	2023-2024	Variance against previous year
Contacts (Trust-wide):	519	↑7

The number of contacts shows how staff are discussing concerns directly with the patient (when it is appropriate to do so and following consideration of mental capacity), mitigating risks where able, providing safety-net advice and care-planning, and liaising directly with Adult Social Care where a more urgent approach is required. In addition, the SCFT Adult Safeguarding Team escalates potential quality issues within other provider services (care homes and care agencies) to the NHS Sussex Integrated Care Board (ICB) Safeguarding Team for consideration of wider discussion.

South East Coast Ambulance Service



NHS
**South East Coast
 Ambulance Service**
 NHS Foundation Trust

South East Coast Ambulance Service (SECAmb) responds to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire (a geographical area of 3,600 square miles).

SECAmb employs over 4,000 staff with almost 90% of the workforce being operational staff - those caring for patients either face to face, or over the phone at our emergency dispatch centre where we receive 999 calls.

Safeguarding

SECAmb reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.

- In 2023/24, a total of approximately 35,000 referrals were received across the NHS111 and 999 services: 28,000 for adults and 7,000 for children. This equates to an increase of 17 per cent compared to the previous year.

Embedding Learning

Over the past year there has been challenge to the Trust's Mental Capacity Act (MCA) practice which has come from Coronial Inquests and a recent Safeguarding Adult Review. The safeguarding team will work closely with operational colleagues to further develop the Trust's practice and knowledge of the MCA which will include:

Training

- A focus on the capacity of a patient to make a decision and whether they can carry out what they say they want to do.
- A 2-minute briefing on *Executive Functioning* will be developed to raise the profile of assessing capacity.

Awareness Raising

- Working in partnership with students at Bexhill College to produce a short film focusing on *the principles of the MCA and executive function*.
- Regular attendance at local operational meetings to raise the profile of MCA and Best Interest decision making.

MCA Monitoring

- The electronic Patient Care Record now includes the ability to better evidence MCA assessment and best interest decision making.
- During 2024/25 the Trust's Clinical Audit team will undertake a review of current MCA practice.



Healthwatch East Sussex

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues related to health and social care. They have a legal footing, as they were created under the 2012 Health and Social Care Act

Healthwatch published a number of reports in 2023/24. The reports include findings and recommendations in relation to health and social care concerns and experiences of East Sussex residents.

- Healthwatch conducted 'Enter and View' visits at 19 care homes settings across Rye and Rother District. The report **Enter and View Findings: Care Homes in Rye and Rother** includes findings and recommendations.
- Throughout September 2023, Healthwatch East Sussex conducted various activities to engage with people from Rye and the surrounding villages to hear their experiences of health and social care. The report **Rye residents have their say about local health and care services: What we heard in our 2023 Listening Tour** sets out the conclusions for local health and care services and other local partners.
- Healthwatch staff and volunteers carried out a 'mystery shopping' exercise of six GP surgery websites in and around Rye. The report **Reviewing GP practice websites in and around Rye, East Sussex** includes findings and recommendations.
- In August 2023, Healthwatch East Sussex undertook two 24-hour 'Enter and View' sessions in the Emergency Departments (EDs) and Urgent Treatment Centres (UTCs) located at Eastbourne District General Hospital and at The Conquest Hospital. They observed their operation, reviewed the physical settings, and engaged with staff and patients to understand their experiences, so we could identify what worked well and where changes may be helpful. The report **Enter and View 2023: ESHT Emergency Departments and Urgent Treatment Centres** includes findings and recommendations.

You can view further information on all the reports Healthwatch have published [here](#).



Annual Report 2023 - 2024



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Appendix 1 Partnership Safeguarding Information and Data 2023/24

Appendix 2 –SAB Structure and Membership

You can get all our publications in a format to suit you.

If you would prefer this report in an alternative format or language, please contact us:

ESSAB.Contact@eastsussex.gov.uk

Photographs courtesy of Aging Better Resource Space



Foreword by the East Sussex Safeguarding Adults Board Independent Chair – Seona Douglas

It is a privilege to introduce the Annual Report for East Sussex Adults Board (SAB) for 2023/24. I am grateful to all partners for their contribution to the Board, and their ongoing support. It is important to lead the SAB in delivering its priorities as part of the continuous learning journey for all engaged in adult safeguarding, and the well-being of people in East Sussex.

As highlighted partners have been working hard to make a difference with, and for people. They have continued to provide care and support to people, and respond to the changing safeguarding needs and risks that occur in what can be described as challenging times for public services, and the effects post COVID19. It would be fair to say this continued to impact upon people as seen by all partners. The subgroups, and in particular the Chairs are owed much gratitude for their dedication and commitment to ensuring that the SABs priorities are delivered. There have been important areas of work undertaken in the year.

A data dashboard has been agreed so that SAB partners are able to understand through a “temperature check” what is this data is telling us about, and where we need to explore, and support front line practitioners across all organisations in their duties, and if issues occur with fluctuations, how we understand the reasons, and ensure all partners contribute to resolving any that may arise.

Self-Neglect remains an area of significant work as it is the responsibility of partners to be able to identify, and on occasions make decisions to ensure safety and protection as required. Audit work, Safeguarding Adults Reviews, and data, highlight this is an area of continuing development for all organisations within the SAB during 2024/25.

An area of work started by the SAB which will be important moving forward is to develop further “hearing the voice of people,” so that we can assess learning and change, as ongoing within all partner organisations. We are now asking ourselves about the “impact” of what we do, so that we keep people in East Sussex at the heart of what we do or what we produce, to ensure continued development and understanding of the adult safeguarding agenda.

I would like to thank the Board Manager and the Team for efficiently and effectively managing the business of the Board. I would also like to acknowledge the work of the staff and managers across all statutory, voluntary and community partners who are committed to working together to keep people safe in East Sussex.

Our role and purpose

The East Sussex Safeguarding Adults Board (SAB) is a multi-agency statutory partnership which provides leadership and strategic oversight of adult safeguarding work across East Sussex.



The work of the SAB is underpinned by the Care Act 2014, which sets out we must do:

Develop and publish a Strategic Plan setting out how we will meet our objectives and how our partner agencies will contribute to these objectives.

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

Arrange for Safeguarding Adults Reviews (SARs) to be undertaken when the criteria under section 44 of the Care Act are considered to have been met.

The East Sussex SAB is led by our Independent Chair, and supported by a SAB Development Manager, a Board Support Coordinator and a part-time Administrator. The Board meets at least four times a year and is supported by a range of subgroups which are crucial in ensuring that the priorities set out in the Strategic Plan are delivered – these include: the Safeguarding Adult Review subgroup, the Operational Practice subgroup, Performance, Quality and Audit subgroup, Training and Workforce Development subgroup, Safeguarding Community Network and the Sussex Safeguarding Policy and Procedures Review Group. These subgroups ensure that the work of the Board really makes a difference to local safeguarding practice, and to the outcomes that adults, and their carers, wish to achieve.

Our Vision

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

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

Our Purpose

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

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

Partnership Working

The SAB has formal links with a number of other strategic partnerships in East Sussex, including the East Sussex Safeguarding Children Partnership (ESSCP), Safer Communities Partnership (SCP), Children and Young People's Trust (CYPT) and the Health and Wellbeing Board. In addition, the Board maintains links with Sussex-wide and national networks and forums including:

- The National Network for Chairs of SABs.
- The National SAB Managers Network.
- The South-East Regional SAB Network.
- The Sussex Domestic Abuse Partnership Board
- The **Changing Futures Programme Sussex**

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



Our Strategic Priorities 2021-2024



Accountability and Leadership



Performance, Quality and Audit and Organisational Learning



Prevention, Engagement and Making Safeguarding Personal



Safeguarding Policies and Procedures



Integration, Training and Workforce Development

The Strategic Plan has two main purposes:

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

SAB Budget

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

Income 2023 – 2024

Partner Contributions	£128,914
Carry over from 22/23	£7,994
Total	£136,450

Expenditure 2023 – 2024

SAB Staffing	£98,446
Independent Chair	£10,138
Safeguarding Adult Reviews	£18,001
Website (SAB & Procedures) and training costs	£4,582
Total	£130,985

Carry over to 2024/25 £5,500.

Key Achievements 2023 – 24

Strategic Priority 1: Accountability and Leadership

Recommendations from the Thematic Safeguarding Adult Review¹ (SAR) and SAR Charlie² (published in 2022 and 2023 respectively) required assurances that transitional safeguarding processes are meeting the needs of people who have had adverse childhood experiences but may be struggling to engage with support, are met after they reach the age of 18 years old.

A transitions task and finish group was established in January 2023 by the East Sussex Safeguarding Adults Board (ESSAB) and East Sussex Children's Safeguarding Partnership (ESSCP) and was chaired by the Head of Safeguarding for the Sussex NHS Integrated Care Board. A scoping activity was undertaken to identify current pathways for children who reach eighteen in East Sussex. The work of the task and finish group was concluded in January 2024 with the production of the **East Sussex Multi-Agency Transition to Adulthood Protocol**.

The protocol sets out a commitment, from the partner agencies of the ESSAB and the ESSCP, that a young person's transition experience is a positive, coordinated, and supportive one.

East Sussex County Council will use the 6 principles, outlined in the protocol, for joint working in transition to adulthood as part of a review of the current transitions service, being undertaken jointly with Children's services, and align with the key aims of Preparing for Adulthood.

The protocol will help to ensure that everyone involved in the transition of young people into adulthood is clear (particularly parents/cares and, young people themselves) about the specific roles and responsibilities of all the key agencies so that we can work together in partnership with parents, carers, and personal advisors to support the young person at the centre of this process.



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

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

The Multi-Agency Risk Management (MARM) Protocol

The main purpose of the MARM group is to consider high risk, multiple and complex needs cases where other actions such as safeguarding interventions have been unable to reduce or mitigate risk.

A review of the **Multi-Agency Risk Management Protocol** (MARM) took place in 2023/24. The review also considered a recommendation from **SAR Donna** to review multi-agency risk assessment processes. The review resulted in a number of recommendations which were agreed by the SAB and have been implemented as follows:

- **Refreshed and targeted communications** have been circulated to referring agencies outlining the purpose of the MARM and benefits of a trauma informed approach.
- **MARM referral data will be fed into the SAB dashboard on a quarterly basis:** to aid future monitoring and evaluation. This will include discussions on where under-represented groups may be identified in the referral data.
- **The MARM review group have developed a standardised multi-agency risk assessment** which has been incorporated within the MARM referral form to improve consistency in referrals.

'MARM has ensured people's voices are heard and the need for multiagency holistic responses to meet complex needs presentation which no other forum has had the ability to do.' (Practitioner feedback)

Preparation for Care Quality Commission (CQC) assessment of Adult Social Care.

In preparation of a CQC assessment³ a Local Government Association (LGA) Peer review of ASCH was undertaken in February 2024, including arrangements with the SAB. LGA peer reviews are assessments conducted by local government professionals to evaluate the performance of other councils. These reviews aim to provide constructive feedback and support improvements that will benefit local staff, residents, and businesses.

The CQC assessment will look at how local authorities meet their duties under Part 1 of the Care Act (2014) and how the local authority ensures safety within the system which includes safeguarding.

Feedback indicated the SAB is showing strong evidence of its plan, and ongoing engagement from multi-agency partners. A feature for the future will be greater engagement of people and carers who have been involved in safeguarding.

³ [Local authority assessments - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Bi-Annual SAB Self-Assessment 2023

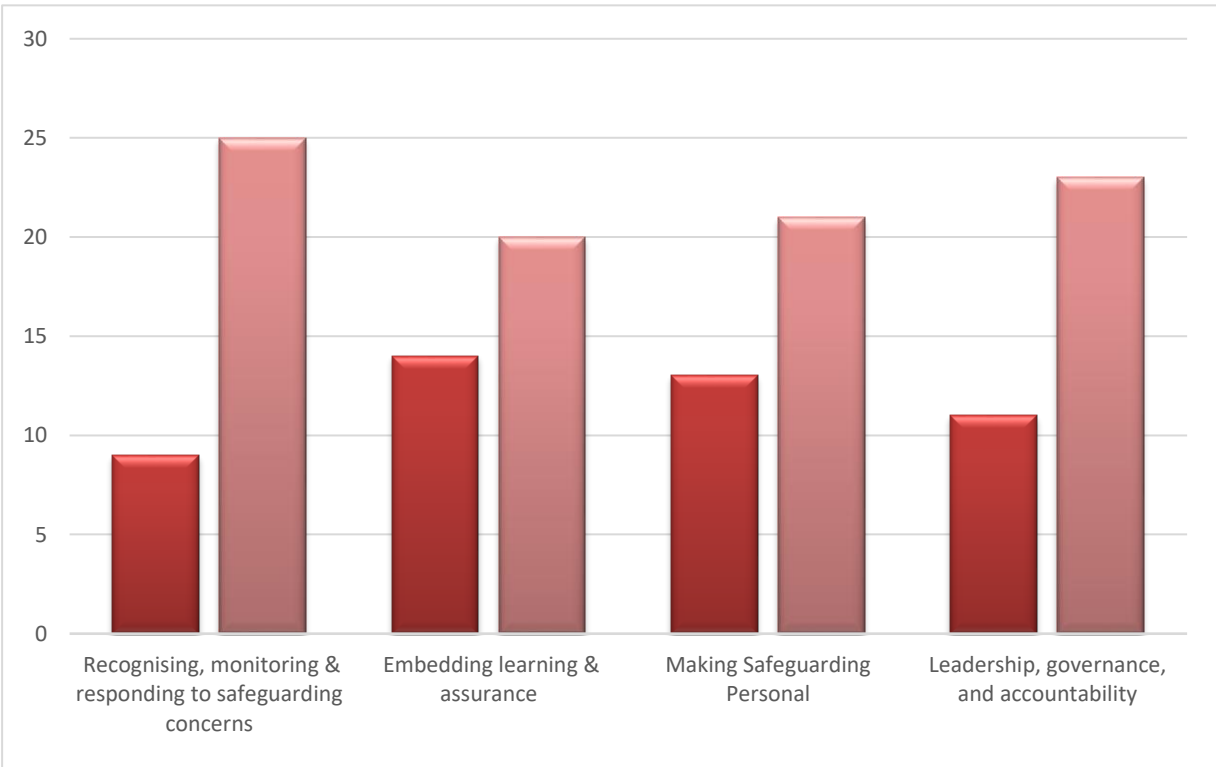
The purpose of the bi-annual Safeguarding Adults Board Self-Assessment process is to provide the SAB with assurance in relation to safeguarding activity taking place across the partnership. A pan-Sussex approach was taken with a self-assessment tool jointly developed by all three Sussex SABs to reduce unnecessary duplication for pan-Sussex organisations, and to enable consistency in identifying areas of focus.

There were 12 questions in total covering four safeguarding areas as follows:

1. **Recognising, monitoring & responding to safeguarding concerns**
2. **Embedding learning & assurance**
3. **Making Safeguarding Personal**
4. **Leadership, governance, and accountability**

Each agency provided a rating based on their own assessment on the evidence and examples they provide on whether they had achieved the following ratings:

- **Fully achieved** with robust evidence for this and continual development.
- **Partially achieved** with some actions in progress but with more to do/areas to improve.



Examples of partnership activity from each of the four areas:

Recognising, monitoring & responding to safeguarding concerns

Sussex Partnership Foundation Trust (SPFT) The Safeguarding Adults Thresholds: Guidance for Professionals, developed by the three Sussex Safeguarding Adults Boards, has been shared across the Trust and is used by community operational team and wards. This guidance contains information on signs and indicators of abuse and neglect and what should be reported as a safeguarding concern.

The SPFT adult safeguarding team promote this guidance at every quality review which the team attends. A quality review is a type of audit of a team or ward's practice. During quality reviews staff are asked if they are referring to the Safeguarding Adults Thresholds.

Embedding learning & assurance

Sussex Police - There is consistent involvement in Safeguarding Adult Reviews (SARs) by a Detective Sergeant who actively engages in reviews, working with partners to draft recommendations. Recommendations are then adopted and tracked through established police meeting structures. The team are responsible for creating learning bulletins and working with internal programmes to ensure the delivery of training.

The police intranet frontpage includes 'Changes to Safeguarding Adults Reviews' and a searchable library maintained by the team entitled Safeguarding Adults Reviews providing a summary of published SARs outlining the key themes and learning and providing links to associated learning materials.

Making Safeguarding Personal (MSP)

Probation Service - Training is provided to staff on trauma informed practice. Risk assessments are holistic and include consideration of people's childhood experiences and any Adverse Childhood Experiences (ACEs), key adult relationships, and any other experience of trauma. Interventions for people on probation are based on models of behavioural understanding that are trauma informed. Training for delivery of interventions includes trauma-informed practice and responsivity.

Leadership, governance, and accountability

East Sussex Healthcare Trust (ESHT) - The Head of Safeguarding attends governance meetings and multi-professional trust wide meetings such as the Professional Advisory Group, the Patient Safety and Quality group and the Quality and Safety Committee, where Safeguarding is a standing item. The trust holds quarterly Safeguarding Operational Meetings to which the Named Lead for Adult Safeguarding reports as well as a Safeguarding Strategic group chaired by the Chief Nurse.

A Mental Capacity Lead is now in post who facilitates Mental Capacity Act (MCA) workshops and attends Matrons' meetings. This has raised the profile within the organisation and as a result the numbers of Deprivation of Liberty Safeguards have improved.

Adult Social Care and Health (ASCH) - The Head of Training in ASC Chairs the SAB Training and Workforce Development subgroup and learning from SARs and audits is taken forward in training plans. A recent example is the discussion of the need for greater understanding between Children's Services and ASC on respective roles and responsibilities, as identified in SAR Hannah, and plans are being taken forward to address this. Changes were made to the Coercion and Control training, which now includes more emphasis on abuse in older adults as a result of **SAR Anna**.

A monthly Operational Safeguarding and Risk Group (OSRG) is convened monthly by the Hospitals, Continuing Healthcare and Financial Services to support senior management oversight of cases for safeguarding, high risk or of a complex nature. The OSRG is a forum where frontline practitioners and their managers can present details of case where there are risks that cannot be mitigated, despite interventions and strategies that have been activated.

The Sussex Safeguarding Adults Escalation and Resolution Protocol is promoted within ASC, and comments from East Sussex ASC have recently been fed back for a review of this protocol via Heads of Service.

Strategic Priority 2: Safeguarding Policies and Procedures

To raise awareness of safeguarding policies and procedures relating to specific local themes the SAB developed learning briefings and resources, and reviewed a number of guidance documents this year.

- These included developing 10-minute Learning Briefings⁴ for practitioners on recently published SARs.

All staff and managers are encouraged to discuss and share the briefing, to ensure that the learning outcomes are used to consolidate existing best practice and develop practice where required.

- The Brighton & Hove and East Sussex Safeguarding Adults Boards worked with a range of partner agencies to develop an updated and expanded **Multi-Agency Responding to Hoarding Behaviour Framework** that replaces the previous multi-agency Hoarding Framework.
- A **Digital Safeguarding Leaflet** for staff and carers was developed and raises awareness and highlights online harms for vulnerable adults who use social media and the internet.



⁴ [Safeguarding Adults Reviews - East Sussex SAB](#)

The following documents were reviewed in 2023/24 to ensure they reflected new legislation, national guidance, and local learning from SARs:

- [Multi-Agency Domestic Abuse Guidance](#)
- [Multi-Agency Financial Abuse Guidance](#)
- [The Safeguarding Adults Review \(SAR\) Protocol](#)
- [The Sussex Safeguarding Adults Escalation and Resolution Policy](#)
- [Multi-Agency Modern Slavery Guidance](#)
- New guidance developed and published: [Responding to Incidents of Harm between Adults at Risk in a Provider Setting.](#)

The Sussex Safeguarding Policy and Procedures Review Group

This group has responsibility for the [Sussex Safeguarding Adult Policy and Procedures](#) (which are held by the three local authorities as the statutory leads for adult safeguarding) and the development and implementation of changes to these.

In 2023 the three SABs and local authorities agreed the development of a new Sussex Safeguarding Adults Policy and Procedures website. The new website which was launched in 2024 is easy to navigate and digest, is accessible, has cost saving benefits and promotes a unified approach to safeguarding adults across Sussex.

A number of the sections in the Policy and Procedures have been refreshed and updated including the development of new sections on multi-agency working, trauma informed practice, care and approaches in adult safeguarding and multiple compound needs.



About these procedures

Read about the revised policy and procedures, edition 4. Please note that these policy and procedures are in the process of being reviewed.



Access the policy and procedures

Visit the 'Contents' page and access each section of the policy and procedures.



Report suspected abuse or neglect

Find out how to raise a concern about an adult with care and support needs in your area.

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

One of the objectives of the Performance, Quality and Audit (PQA) subgroup is to establish systems for monitoring, reporting, and evaluating performance across organisations with regards to adult safeguarding, linking annual reporting to improvement planning and a measurable work programme.

A new **SAB Multi-Agency Data Dashboard** has been developed to routinely collect safeguarding data across agencies and display this data in an effective and accessible dashboard to help steer the work of the group and support safeguarding assurance to the SAB.



It evidences the progress being made against specific safeguarding indicators, identifies emerging trends, and extracts actionable insights to assess the performance of our safeguarding approaches. Indicators will continue to be developed further with partners in 2024/25.

Audits

Two audits were undertaken in 2023/24 in relation to two recommendations in SAR Charlie as follows:

The East Sussex Safeguarding Children’s Partnership (ESSCP) should consider how best to undertake a **multi-agency audit of selected young people aged between 16 and 18 subject to child protection plans in the last two years to assure themselves that effective safeguarding arrangements were in place.**



In February 2024, a ‘deep dive’ was undertaken, involving front line professionals working with the child and family, of two recent cases where a 16–18-year-old had a child protection plan. In both cases, the ESSCP felt that the child protection plan was appropriate, robust, and supported the family to reduce risk. The audit identified strong social work, and multi-agency, practice in both of these cases.

The audit also explored the challenges to safeguarding vulnerable young adults and identified areas for multi-agency learning.

ESSAB and Brighton and Hove SAB (BHSAB) should assure themselves through shared **multi-agency audit that adults moving between borders in Sussex and local authorities are supported and safeguarded with clarity of case responsibility and accountability.**



The multi-agency audit group consisted of 8 agencies all of whom had identified an adult in receipt of support to meet their assessed need who had experienced or had been at risk of abuse or neglect and moved from Brighton & Hove or East Sussex to another Local Authority (LA) area.

The audit explored local guidance and identified a step-by-step guide would be beneficial for practitioners which sets out the differing aspects of need and circumstances when someone is transferring or moving from one area to another. There was an improved understanding that Local Authorities have very limited, available social housing stock and this stock is even more limited when agencies are looking to provide accommodation for adults with additional needs.



Strategic Priority 4: Prevention, Engagement and Making Safeguarding Personal



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

NHS Sussex delivered a fortnight of multi-agency learning events in November 2023 covering a wide range of topics including learning from statutory reviews, exploitation, domestic abuse, and trauma informed care.

Feedback from attendees reporting that they were taking forward the related learning to embed into practice.



Attendees

Organisations

Number of sessions

1,165

120

12

Working with self-neglect - focus on responding to Hoarding Behaviour.

This session delivered jointly, by the East Sussex and Brighton and Hove Safeguarding Adults Boards and supported by Sussex Partnership Foundation Trust and East Sussex Fire and Rescue Service, was the best attended session of the fortnight.

Of those who attended and provided feedback 100% reported that the session was relevant and useful to their work.

The session is available on YouTube here: [Safeguarding Fortnight 2023: Working with self-neglect - focus on responding to Hoarding Behaviour](#)

Through the SAB Safeguarding Community Network, focussed discussions take place regularly on safeguarding themes which community groups have requested in order to be more aware of and which would improve their confidence in recognising and responding to concerns.

Topics covered this year have included:

- **Safeguarding Adults Thresholds Guidance**

This session provided an overview of the Care Act section 42 safeguarding duty, an overview of the SAB Thresholds Guidance⁵ and how to raise a safeguarding concern.

Reporting procedure

You will always need a reporting procedure that clearly explains how people can make their concerns known and how you will handle any problems. The reporting procedure needs to set out:

- who to speak to
- how issues should be reported
- where information will be stored and shared internally
- how you'll share this with police, social services or regulators if necessary.



- **Safeguarding arrangements for community and voluntary organisations**

This session outlined the key safeguarding requirements for organisations which support adults.

- **Change Grow Live (CGL) East Sussex Domestic Abuse Service**

CGL provided information on their local domestic abuse service, how to make a referral, training, and local resources.

- **STAR- East Sussex Drug & Alcohol Recovery Service**

The STAR Team provided information on their local support, pathways to treatment including the alcohol pathway, opiate pathway, non-opiate pathway, and recovery support.

⁵ <https://www.eastsussexsab.org.uk/wp-content/uploads/2022/02/Sussex-Safeguarding-Adults-Thresholds-Guidance-Print-Version.pdf>

- **What is a Safeguarding Adults Board and what does it do?**

This session covered the purpose and core duties for a SAB. What Safeguarding Adult Reviews (SARs) are and their purpose and an overview of the Sussex Safeguarding Adults Policy and Procedures.

- **Safeguarding at Victoria Medical Practice (Eastbourne).**

Safeguarding staff from the practice delivered an overview of their role/work at the practice. The team is made up of four safeguarding professionals (Children and Adults) and provided an example of safeguarding practice within a GP surgery.



Easy Read Safeguarding Leaflet

In collaboration with the ASC Learning Disability Commissioning Team and the Involvement Matters Team (IMT)⁶ an easy read guide was developed for the Sussex Adult Safeguarding leaflet.

The leaflet aims to help people, particularly those with learning disabilities, to understand safeguarding information more easily.

Safeguarding Easy Read Leaflet.



⁶ Involvement Matters Team (IMT) | East Sussex County Council

Making Safeguarding Personal

Donna was 42 years old and alcohol dependent.

STAR the local drug and alcohol service were heavily involved in supporting Donna. Their “non-judgemental” and “friendly” service were important requirements in seeking and securing Donna’s engagement. They gave Donna advice about detoxing safely, secured a bed in a detox centre and provided additional funding to support with her mobility needs during her stay at the centre.

When Donna, due to her poor eyesight, was unable to log onto an online call to access group support around alcohol, they supported her on a one-to-one basis over the telephone with the “workbooks” that the group were using. Consideration was given to supporting Donna to log on herself and suggestions were also made to listening to online recovery podcasts.

Alongside STAR practitioners a STAR volunteer (with personal experience of the issues STAR services help people with) had regular contact with Donna offering positive support.

STAR made a referral to **ADFAM** (a support agency for families affected by someone else’s substance misuse) for Donna’s daughter.

Safeguarding Adult Review (SAR) ‘Donna’⁷ published December 2023



The SAB published **Guidance on Making Safeguarding Personal** in 2019 following a recommendation from the Adult B SAR .

This guidance also includes information about appropriate resolution mechanisms to respond to situations in which an individual cannot be seen alone and there is a concern that a third party may be preventing this, or the adult may be experiencing undue influence or coercion.

⁷ <https://www.eastsussexsab.org.uk/publications/sars/>

Strategic Priority 5: Integration, Training and Workforce Development

The SAB Training and Workforce Development (TWD) subgroup supports the strategic objective of ensuring the workforce is equipped to support adults effectively where abuse and neglect takes place.

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

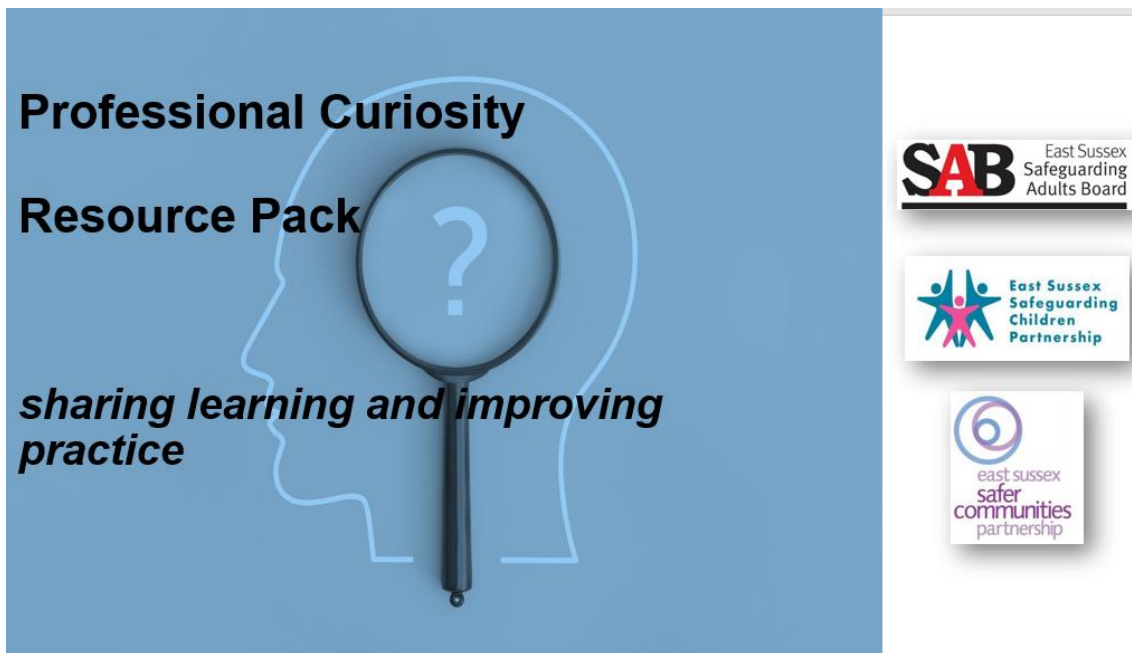
- Self-neglect
- Modern Slavery and Human Trafficking
- Mental Capacity Act 2005: A Multi-agency Approach to Complex Cases
- Adopting a Whole Family Approach to Domestic Abuse
- Coercion and Control



In partnership with the Safer Communities Substance Misuse Team, the SAB hosted two virtual workshops facilitated by Alcohol Change.

These workshops were commissioned as a result of two Safeguarding Adult Reviews (Hannah and Donna) published in 2023. Both reviews identified the need to promote an understanding amongst practitioners of the relationship and interplay between alcohol misuse and self-neglect and when and how safeguarding referrals and enquiries related to alcohol use and self-neglect should be instigated and that staff who work with chronic, highly vulnerable, dependent drinkers have relevant training on the use of legal frameworks.

Practitioners who attended the sessions reported a 100% satisfaction rate with the workshops.



In partnership with the Safer Communities Team and the East Sussex Safeguarding Children’s Partnership a **Professional Curiosity Resource Pack** has been developed and published.

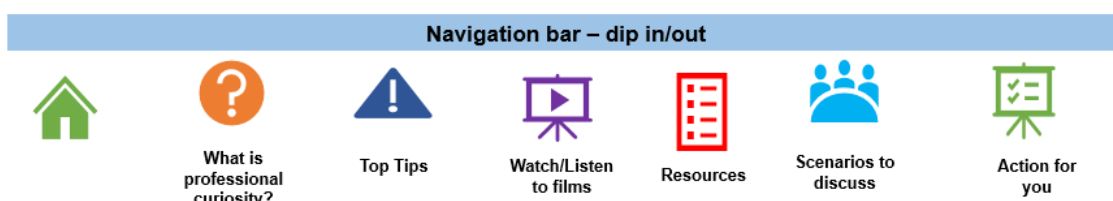
One of the objectives of the Partnerships Review group is to share learning from safeguarding reviews and building on strengths using our collective resources to address areas of concern or which require further development as outlined in the **Partnership Protocol**.

Professional curiosity was an area identified as a common theme across East Sussex reviews. The resource pack is based on the Swindon Safeguarding Partnership resource pack.

This resource aims to raise awareness of professional curiosity and how being professionally curious is necessary to fully understand a situation and the risks an adult may face, which are not always immediately obvious.

The expectation is that practitioners will share the resource pack and use it:

- in team meetings
- as part of group/individual supervision or for their own development



Safeguarding Adults Reviews (SARs)

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

The purpose of a SAR is to look at the ways professionals and agencies work together to determine what might have been done differently which could have prevented harm or death. It is not an enquiry into how a person died, nor is it to apportion blame; but to learn from such situations, and to ensure that any learning is applied to future cases to reduce the likelihood of similar harm occurring again.

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

- An adult dies as a result of abuse or neglect (including death by suicide), whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult is still alive but has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult.

Published Safeguarding Adult Reviews 2023/24

- SARs Charlie, Donna, Finley, Hannah and Gwen and Ian were published on the [SAB website](#) in 2023/24.
- A total of 35 recommendations and associated actions in relation to Charlie, Donna, Finley, Hannah, the Thematic Review and SAR Gwen and Ian were incorporated into the SAR Action Plan in 2023/24 with the recommendations developed in partnership with SAB partner agencies.

Completed recommendations included:

Recommendation: Sussex Police should consider how information and intelligence can inform the response to someone who is suspected of being a cuckooing victim (vulnerable to exploitation) but where they are denying they are being cuckooed.

A new Operation Cuckoo Single Point Of Contact Working Group (police) has been developed. The aim of this group is to bring a joined up and standardised approach to Sussex Police's response to Cuckooing. Intelligence and Operational information is fed into this group. Where victims are denying they are being cuckooed consideration will be given on whether they require safeguarding.

Recommendation: Assurance of the progress of the implementation of the East Sussex Alcohol Harm Reduction Strategy 2021-2026. The Lead Strategic Commissioning Manager for Substance Misuse updated the SAB in January and provided assurances of the progress of the strategy.

There is now a multi-disciplinary alcohol care team based in Hastings Conquest hospital which will aim to reduce bed days, readmissions and ensure that people who are intoxicated, drinking at risky levels or are dependent are identified early and given the support they need by qualified advisors.

Development of an Alcohol Harm Reduction Alliance in East Sussex will bring together expertise and resources to combat challenges posed by excessive alcohol consumption and will be needed to fully achieve the five ambitions by 2026.

The new treatment service contract is due to start in April 2026 and the way in which agencies share information and work collaboratively will be part of this consultation process.

Recommendation: Sussex Partnership Foundation NHS Trust should review the current arrangements for Children and Adolescent Mental Health Services (CAMHS) support across Sussex and ensure that inconsistency of practice in local teams is addressed including the lead practitioner role for hospital discharge.

Significant changes have been made to CAMHS duty teams, including:

Reducing the use of answerphones.

Minimum clinical standards have been developed which require a Lead Practitioner at hospital discharge of a young person.

CAMHS clinical risk training has been updated to include more about ACES (Adverse Childhood Experiences).

SAB Priorities 2024 – 27

Our new **Strategic Plan** sets out the following three strategic priorities, themes and objectives that the SAB want to achieve for the next three years.

Self-Neglect - Improve and develop effective multi-agency working and practice with adults who self-neglect. Develop a shared understanding, and early recognition of the issues involved in working with adults who self-neglect with a focus on substance misuse, mental capacity, exploitation, and multiple compound needs.

Safeguarding and Homelessness - Promote positive practice with professionals working at the interface of homelessness and adult safeguarding. Ensure professionals use trauma informed approaches and consider local multi-agency risk management pathways and legal frameworks to identify what action is needed to reduce or remove potential risk.

Prevention and Early Intervention - Ensure unpaid carers who take on adult caring responsibilities have an understanding and awareness of adult safeguarding and what support they can access for the person they are caring for as well as for themselves. Promote and raise awareness of the important role unpaid carers have in preventing neglect, abuse, or harm and ensuring carers know how to raise and report safeguarding concerns.

How will the effectiveness of this strategic plan be measured?

Annual Report - The board has a statutory duty to produce an annual report at the end of each year which details the work of the board and its effectiveness.

Bi-Annual Safeguarding Self-Assessment – We ask partners to complete a self-assessment to evidence the effectiveness of their local safeguarding procedures and practice and provide assurance to the SAB.

Development Event - The board holds a bi-annual development event following the self-assessment activity which is another way the board can measure its effectiveness and make improvements for the following year.

Glossary

Trauma Informed Practice

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. A working definition of trauma-informed practice is detailed on the [Gov.uk website](#).

Changing Futures

The [Changing Futures programme](#) is a £77 million joint initiative by the Department for Levelling Up, Housing and Communities (DLUHC) and The National Lottery Community Fund, the largest community funder in the UK.

Sussex was awarded a Changing Futures grant of £4.45M in July 2021 to improve the way that local systems support adults experiencing multiple disadvantage.

Multiple disadvantage or multiple complex/compound needs (MCN) is defined by the national Changing Futures programme as people who experience three or more of: homelessness, current or historical offending, substance misuse, domestic abuse, and mental ill health.

Transition

Transition is the term used within the [2014 Care Act](#) (and also the Children and Families Act 2014) to describe the range of processes that local authorities should use to support a child with care needs or young carer (and their informal networks of support) to move successfully from childhood into adulthood.

The 3 groups of people that transition applies to are:

- Young people with Care and Support needs who are approaching adulthood;
- Adult carers of young people with Care and Support needs who are approaching adulthood; and
- Young carers who are themselves approaching adulthood

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Board Membership

East Sussex Adult Social Care & Health (ASCH)

NHS Sussex Integrated Care Board (ICB)

Primary Care (GP's)

Sussex Police

Care for the Carers

Change, Grow, Live (CGL)

District and Borough Councils

East Sussex Fire and Rescue Service (ESFRS)

East Sussex Healthcare NHS Trust (ESHT)

East Sussex Safeguarding Children Partnership (ESSCP)

Healthwatch

Department of Work and Pensions (DWP)

HMP Lewes

Independent Homecare representatives

Lay members

Probation Service (PS)

East Sussex Partners in Care

South-East Coast Ambulance Service NHS Foundation Trust (SECamb)

Sussex Community NHS Foundation Trust (SCFT)

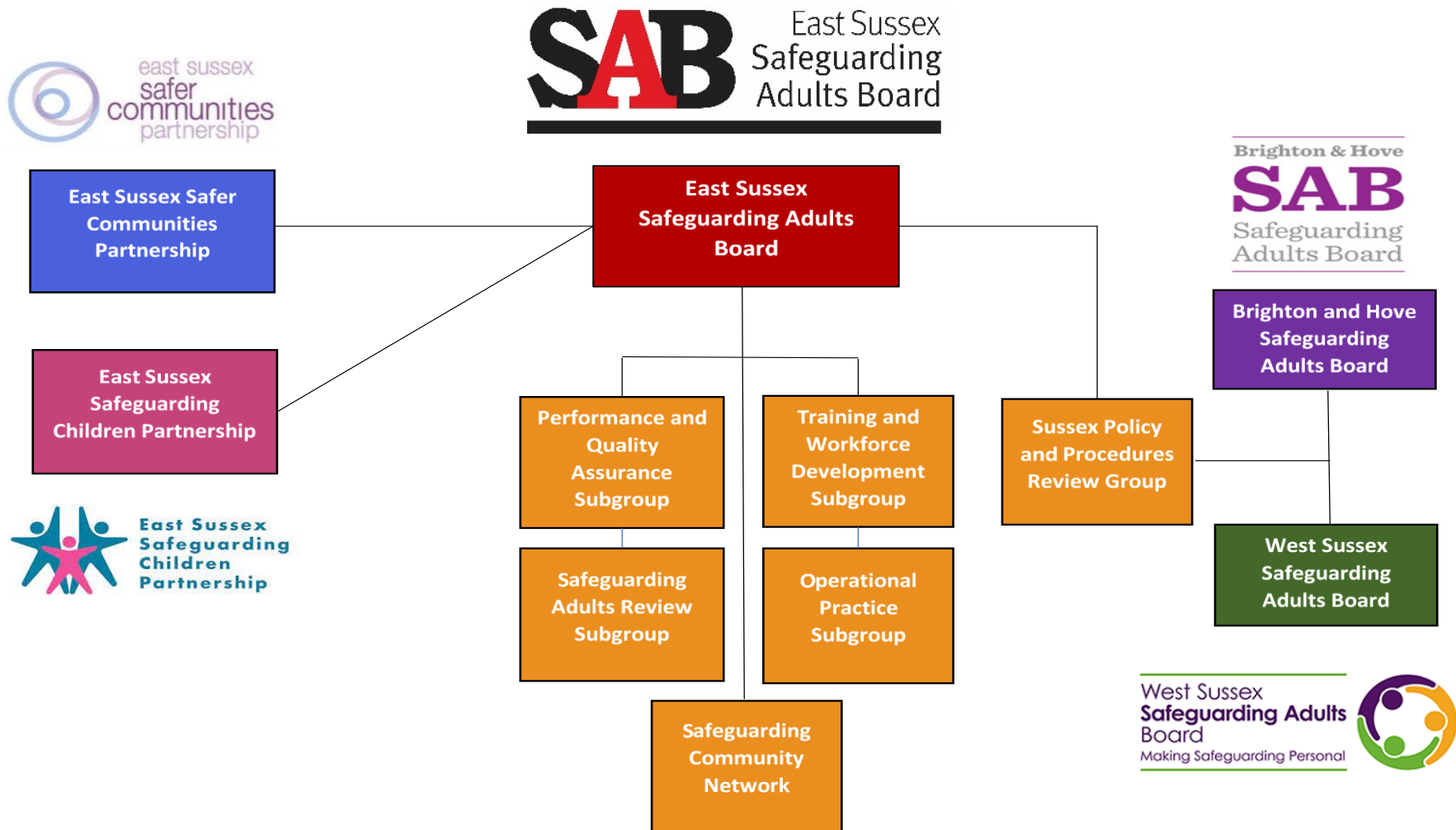
Sussex Partnership NHS Foundation Trust (SPFT)

Trading Standards, East Sussex County Council

East Sussex Safer Communities Partnership

Voluntary and community sector representation

Board structure



Report to: East Sussex Health and Wellbeing Board

Date: 26th September 2024

By: Deputy Chief Delivery and Strategy Officer, and Director of Strategic Commissioning - NHS Sussex

Title: Children and Young Peoples Mental Health Programme – Child and Adolescent Mental Health Services (CAMHS) including Mental Health Support Teams (MHST) in Schools Update

Purpose of Report: To receive an update on the Children and Young Peoples Mental Health programme with a specific focus on CAMHS and MHSTs.

Recommendations:

East Sussex Health and Wellbeing Board is recommended to note the content of report.

1 Background

1.1 The aim of this paper is to update the Health and Wellbeing Board about action following the Sussex wide review of specialist CAMHS alongside an update on the implementation of MHSTs in East Sussex. This update has been developed in partnership with Sussex Partnership Foundation Trust (SPFT) and East Sussex County Council (ESCC) as respective leads for CAMHS and MHSTs.

1.2 The updates about children and young people's mental health outlined in this paper sit within the context of the 5-year [Sussex Integrated Care Strategy Improving Lives Together](#) that builds on the [East Sussex Health and Wellbeing Strategy Healthy Lives Healthy People \(2022-2027\)](#), and sets out our ambition for a healthier future for everyone in Sussex over the next 5 years. Our plan for delivery is known as the Shared Delivery Plan (SDP). We have identified children and young people's mental health transformation programme priorities for 2024/25 in response to the SDP and [Foundations for our Future Strategy](#), alongside the strategic objectives outlined in the NHS Long-Term Plan for Mental Health. This paper outlines the priorities that have been agreed for 2024/25, as well as providing focussed updates on Specialist CAMHS transformation and MHST development as requested by the Health and Wellbeing Board.

1.3 The children and young people's mental health transformation programme of work is overseen by the Sussex Mental Health, Learning Disability and Autism (MHLDA) Delivery Board, and also reports to the Sussex Children and Young People's Board. The Sussex Children and Young People's (CYP) Mental Health Delivery Group has been established by the MHLDA to ensure the delivery of agreed programmes of work and achievement of required outcomes.

1.4 In July 2024 the multi-agency Children and Young People's Mental Health Delivery Group identified four improvement priority areas for 2024/25, focussing on the importance of a whole system pathway approach utilising the [Thrive Framework](#), with the overall aim of improving access to effective support for children, young people and families. These four priorities are:

1. **Early Support** - This priority area will focus on improving access to early intervention and support and includes the range of emotional wellbeing and mental

health services to meet mild to moderate need (including MHSTs). This element of the pathway should provide timely needs-led support for children and young people as part of the wider emotional wellbeing and mental health pathway ensuring that their needs are met and reducing the likelihood of their needs escalating and requiring further support from specialist CAMHS services. A key deliverable will be the development of a consistent Sussex wide core offer.

2. **Crisis Support** – This priority area will focus on improving support for children and young people in mental health crisis. Urgent and emergency mental health care for children and young people ranges from liaison within acute hospitals to intensive home support and inpatient services. Key deliverables include building upon the Urgent and Emergency Care Improvement Plan and developing a new pathway which will include a new Hospital at Home service (further detail provided below in section 2 of this paper).
3. **Specialist CAMHS** – This priority area will focus on improving access to evidence based support for children and young people with complex mental health needs. Working with partners and stakeholders, Sussex Partnership Foundation Trust (SPFT) are leading an internal service development programme to deliver a new model of care.
4. **Pathway Interface** - This underpinning workstream will oversee the interface between each element of the pathway to ensure the pathway is connected and delivers joined up support for children and young people.

1.5 Please note the priorities are aligned to the work already underway in East Sussex through the East Sussex Children and Young Peoples Mental Health and Emotional Wellbeing Partnership Group.

1.6 To ensure whole system approach it has been agreed that associated multi-agency task and finish groups will be established to collectively plan and lead implementation for each priority area, with members drawn from system wide Sussex CYP Mental Health Delivery Group that includes parent carer and expert by experience representatives. Establishment of task and finish groups is underway, with leads from NHS Sussex, SPFT, Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners, parent carer and expert by experience representatives to ensure delivery against the priorities. The groups will convene in September to discuss scope and timeframes and will report progress to the Sussex CYP Mental Health Delivery Group.

1.7 The Sussex CYP Mental Health Delivery Group has agreed guiding principles for each task and finish group. All plans will:

- be developed using the [Thrive Framework](#) for system change and will take a whole system approach.
- build on existing strategies/plans, for example Foundations for our Future.
- be informed by existing needs analysis, insight and data (including equalities, health inequalities and quality insight) with a primary focus of improving access to support to meet need.
- consider the relationship and interdependencies with other workstreams/pathways:
 - 16-25 year old pathway and children and young people's transition into adult services
 - Eating disorders
 - Children and young people with complex needs
 - Neurodevelopmental pathways
 - Inpatient care (also known as Tier 4)
 - Suicide prevention
 - Emerging developments, for example Integrated Community Teams and Family Hubs

- make best use of existing resources
- ensure engagement and co-production is embedded throughout planning and delivery, taking a whole family approach
- include communications to support delivery
- consider workforce requirements alongside training and development needs within mental health services (system wide) and beyond (e.g. Accident & Emergency (A&E) workforce)

2 Focussed Programme Updates – Specialist CAMHS and MHSTs

2.1 Specialist CAMHS and MHSTs sit within the context of the children and young people’s mental health transformation four key priority areas as outlined above. As requested by the Health and Wellbeing Board, this section of the report provides a more focussed update against two of these priority areas, specialist CAMHS and MHSTs (noting that MHSTs sits within the wider Early Support priority).

Specialist CAMHS

2.2 A CAMHS review was undertaken in partnership by NHS Sussex and SPFT during the later part of 2023/24. The purpose of the review was to achieve a comprehensive joint understanding of the specialist CAMHS community-based provision across Sussex, provided by Sussex Partnership Foundation Trust to inform future CAMHS development including action to address known variation in delivery across Sussex.

2.3 The current East Sussex service model was described in the review as follows:

Service	Thrive Framework needs-based group	Description
Single Point of Advice (SPOA)	Getting Advice	All referrals (including urgent requests) are processed through SPOA. The SPOA is jointly provided by ESCC and SPFT. The initial triage provides children and young people with information, advice or guidance or a service offer from either CAMHS or ESCC. This provides part of the Thrive “getting advice” offer in East Sussex.
i-Rock	Getting Advice	i-Rock is a walk-in offer of support to young people who find it difficult to engage in traditional access points, this provides an alternative Thrive “getting advice” offer for this age group. Open to all 14-25 year olds in East Sussex. There are no minimum thresholds and young people do not need a referral or appointment, allowing instant access to support Monday to Friday 11am-6pm in person (from locations in Hastings, Eastbourne and Newhaven) or via video, online chat or call.
CAMHS-Stepped Care	Getting Help	In the last year East Sussex has moved to a ‘stepped care’ service offer. The model utilises stratification to target intensive specialist resources at those in most

		<p>need whilst a lower intensity offer is made available to all accepted referrals in a timelier way. The stepped care model reflects the provision of early intervention (Tier 2) and specialist community CAMHS (Tier 3) by SPFT in East Sussex.</p> <p>Stepped care is a model of mental health support that provides graded interventions, from low intensity to high intensity, matched to the individual's needs. In the context of CAMHS, stepped care ensures that as a problem becomes more severe in nature, the type of help that is available becomes more specialised. This works on the basis there should be an accurate and properly informed link between a child or young person's need and provision at the earliest stage of presentation.</p>
Specialist CAMHS	<p>Getting More Help</p> <p>Getting Risk Support</p>	<p>Once young people have been through the initial stepped care offer, they are placed on a treatment pathway. East Sussex has three treatment pathways, i) Depression and Anxiety, ii) Emotional Regulation and iii) Trauma. Psychiatry and neurodevelopment pathways are both separate pathways.</p>

Key findings from the review were as follows:

2.4 The review described a complex system with variation of treatments and pathways across Sussex.

2.5 The review highlighted the following:

- the demand for services and range of interventions has grown locally, in line with national trends; and it has been difficult for the service to keep pace with this increased demand resulting in increased waiting times and an associated bottleneck of children and young people accessing the help they need.
- The flow and quality of data could be improved to inform our understanding of issues and possible solutions.
- As a result of the increased demand and focus on providing a needs led service, it has become clear that risk management and crisis response is utilising significant service capacity which has impacted children and young people with a lower risk profile accessing a timely service.
- Important examples of good practice and that the CAMHS service was working hard under pressure.
- It will be critical that the Sussex wide system as a whole works in partnership with CAMHS to support the transformation of the CAMHS service for the children and young people who use it.

Review recommendations

2.6 The following recommendations have been agreed in response to the review across two domains, i) CAMHS support and development and ii) other system considerations. These recommendations are outlined below:

CAMHS Support and Development	
CAMHS Model	Develop a CAMHS model with system partners that will manage demand and capacity.
Data	Improve data quality and data flow in the system to facilitate decisions.
System Priorities	Agree as a system what our priorities are and create focussed workstreams to implement them.
Commissioning Model	Assess the commissioning model with a view to developing other elements of the system to manage demand and capacity in conjunction with CAMHS.
Clinical and Population Health Model	Complete a clinical audit to understand the complexity / acuity and clinical model required in Sussex. Implement a population health approach to understanding, collecting data and making decisions.

Other system considerations	
Workforce development	Continue to address shortfalls and gaps through workforce strategy.
Urgent and emergency care pathway	Analysis of CAMHS patient flow into more intensive (Tier 4) support options in conjunction with the Provider Collaborative and options for investment as admission avoidance.
Complex needs response	Work with Local Authority partners to describe and agree pathways for children and young people with complex needs.
Under 11's service offer	West Sussex Single Point of Access (SPOA) is indicating that this is an area of increasing demand – consider a specific approach across early intervention and CAMHS provision.
Impact of early intervention work on patient flows to specialist CAMHS	Analyse and review early support developments (including MHSTs and wellbeing services) in order to understand their impact on CAMHS patient flow and the subsequent impact on system variation.

Response to Recommendations

2.7 As described in Section 1, system priorities have been agreed alongside guiding principles to support programme delivery. Workstream scoping is currently underway for Early Support, Crisis Support, and Pathway Interface. This is being led by NHS Sussex working together with system partners. SPFT are leading an internal service development programme to deliver a new specialist CAMHS model of care. The proposed programme is being finalised ready for consideration and approval through internal SPFT governance in October 2024. Progress and proposals against all priority workstreams will be reported to the Children and Young Peoples Mental Health Delivery Group in October to enable actions and milestones to be agreed.

Agreed short-term improvement actions agreed for implementation 2024/25

- As part of the stepped care offer roll out of five new face to face early steps groups in the autumn term. This is the first part of the stepped care offer and the first intervention that a young person will be offered. This is in addition to the existing three virtual groups. This is expected to improve access.
- Pilot of evening sessions has been introduced at iRock to increase opportunity to access support.
- Working with education to support their role in children and young people's mental health, providing information and advice on how to support children and young people presenting with specific needs.
- Building on a series of webinars for access by parents, carers and families that have provided information and techniques for supporting key issues such as anxiety, depression, eating disorder, autism and challenging behaviour, building self esteem and resilience, and sleep. Information will now also be offered on Post Traumatic Stress Disorder (PTSD) and emotional dysregulation.

2.8 In addition, and within the context of the whole system pathway for children and young people's mental health, specialist community CAMHS services provide urgent help for children and young people. We continue to focus on improving support for children and young people in mental health crisis. Hospital at Home provision as part of the crisis support pathway is under development, building on the existing CAMHS teams that provide urgent help. Mobilisation of the Hospital at Home provision is underway with phased implementation commencing from December 2024 with recruitment under way to key posts.

Mental Health Support Teams in Schools (MHSTs)

2.9 As part of our Early Support priority, we will continue the yearly phased implementation of Mental Health Support Teams in Schools (MHST's). Delivered through educational settings, these teams support children and young people with mild to moderate mental health issues and form a pivotal part of the wider early support offer. Further work will be undertaken through the Early Support Task and Finish Group (described previously) to plan the ongoing development of MHSTs as part of the wider pathway of support for children and young people.

2.10 MHST's form part of the government's core commitment to provide additional support through schools and colleges. As part of the MHST workforce structure, new roles called Education Mental Health Practitioners have been created and are being trained in evidence-based interventions. The interventions include low intensity cognitive behavioural therapy (CBT) approach and/or solution focused interventions. They are for anxiety and low mood; sleep and healthy eating; worry management and self-esteem; emotional regulation; safety planning for self-harm and suicidal intent.

2.11 In East Sussex, ESCC's education department provides the MHSTs in close partnership with Sussex Partnership NHS Foundation Trust.

2.12 Implementation of MHSTs began in 2019 and has increased with each implementation wave (see figure 1). Sussex has been allocated a further 3 MHSTs in wave 11 which will begin mobilising in September 2024. This increases the total number of Sussex MHSTs from 17 to 20, with 6.5 of those teams allocated to East Sussex.

Figure 1: Implementation stages of MHSTs in Sussex

Implementation Wave	Brighton and Hove	East Sussex	West Sussex	Sussex
Wave 1 - 2019	1	3	2	6
Wave 5 - 2021	0	1	2	3
Wave 7 - 2022	1	1	2	4
Wave 9 – 2023	0.5	0.5	3	4
Total	2.5	5.5	9	17
<i>Wave 11 – live Sept. 2024</i>	0.75	1	1.25	3
Total (including Wave 11)	3.25	6.5	10.25	20

2.13 MHSTs have been allocated to the three Sussex Local Authority areas based on the number of school aged children and young people in each of the areas. Implementation of wave 11 MHST will result in school coverage increasing from 52% of schools with access to a MHST to 65% in September 2024.

2.14 Once MHSTs are allocated to the Local Authority area the decision is made locally where to place the teams based on specific areas of need such as rural areas with little infrastructure and areas of high deprivation, informed by Equality and Health Inequalities Impact Assessment (EHIA). As a result, East Sussex MHSTs are based in South Downs (Wave 1), Bexhill and Rother (Wave 1), The Havens (Wave 5) and Hastings (x 2.5 Teams – Waves 5,7 and 9). Wave 11 extends coverage in Eastbourne and Hailsham in the academic year 2024/25. For children and young people in East Sussex, this means that MHSTs (including Wave 11 – September 2024) will cover 66 primary schools; 19 secondary schools; 2 post-16 settings and 7 Special schools; 94 settings in total. With further schools planned for involvement this coming year.

Key functions of MHSTs

2.15 The key functions of MHSTs, as set by NHS England, are to:

1. Deliver evidence-based interventions to support children and young people with mild to moderate mental health issues in schools.
2. Support schools to develop a Whole School Approach to mental health and emotional well-being.
3. Give timely advice to school and college staff and liaise with external specialist services to help children and young people to get the right support and stay in education.

Further detail about each of the key functions is provided below.

Key function 1: Individual interventions

2.16 Since the initial implementation of MHSTs in East Sussex in 2019, the service continues to develop and grow. This is illustrated by the growing number of children and young people accessing the service for interventions:

Academic year	Children and young people accessing the service for interventions
2020/21	656
2021/22	1,255
2022/23	1,518
2023/24	1,794

2.17 MHSTs analyse and aim to target areas of identified need when delivering interventions (for example assessing needs in relation to protected characteristics such as gender, race).

2.18 For example, in the 2023/24 academic year it was identified that a disproportionately lower number of boys were accessing the service. The service therefore targeted boys' mental health and awareness in schools which included participation workshops to improve the early identification of issues. Consequently, the number of referrals for boys has increased from 34% to 41%.

2.19 The MHST data shows that 11% of young people seen are from minority ethnic groups. This is below the 17.4% total schools' minority ethnic population in East Sussex, therefore the service explores individual school's data if their referrals are not representative of their population. This is a key action on our EHIA and Team Plan.

2.20 In the academic year 2023/24 30% of young people referred to MHSTs were on the schools' Special Education Needs & Disabilities (SEND) register. East Sussex special schools also receive MHSTs support. Data continues to be collected and analysed about children with different categories of special education needs to inform how MHSTs subsequently develop their offer, for example cognitive behavioural approach for Neurodivergent young people. The service explores SEND data with each school as part of the twice yearly strategic visits.

2.21 On average, children and young people experience 26% reduction in mental health and emotional wellbeing 'difficulty' scores at the end of intervention. Interventions for sleep hygiene has the highest impact with a 'difficulty' reduction of 34%.

Key function 2: Whole School Approach

2.22 The Department for Education requires each school to identify a Senior Mental Health Lead (SMHL) in their settings to develop and implement Whole School Approaches to Mental Health and Emotional Wellbeing. The Whole School Approach is embedded throughout all schools in Sussex. This starts with an audit that highlights areas for the school to focus on. This includes staff wellbeing and training; curriculum development; parent and carer support; young people views; support to senior leadership teams on the ethos of the

school and policies. For example, Sussex MHSTs have developed self-harm school policy to be implemented pan-Sussex in the 2024/25 academic year.

2.23 Across Sussex, each school has access to mental health and emotional wellbeing in education advisors and access to parent and carer practitioners. The Whole School Approach is offered to every school across Sussex, irrespective of whether they have an MHST. The support involves workshops and group interventions for parents and carers, INSET day training, audit visits to schools about their mental health offer, guidance on mental health emotional wellbeing in education, psychoeducation workshops for children and young people, development of schools' resources (for example, anxiety and self-harm toolkit).

2.24 In preparation for the 2024/25 academic year the MHSTs undertook a survey to inform training priorities for schools. These include anxiety and worry; emotionally based school avoidance; low mood and depression; social media and wellbeing; managing self-harm.

Key function 3: Providing timely advice to schools

2.25 The MHST service offers 'in school' advice and guidance by their practitioners and in addition operates an MHST referral system. In providing advice and guidance to schools, the MHST service works in partnership with CAMHS; East Sussex Single Point of Advice (SPOA); Teaching and Learning Provision (children who are too ill to attend school) and School Health. Therefore, schools are supported in responding to critical incidents; managing Emotionally Based School Avoidance (EBSA); advice about managing self-harm; and developing and maintaining referral pathways so that children receive timely support appropriate for their need.

3 Conclusion and reasons for recommendations

3.1 NHS Sussex, Sussex Partnership Foundation NHS Trust and East Sussex County Council will continue to work in partnership alongside wider system partners and stakeholders across Sussex, including ongoing engagement with parent carers and experts by experience to enable the implementation of our four identified key priorities, including re-designing specialist CAMHS and ongoing expansion of MSHTs as part of our Early Support priority.

3.2 The Health and Wellbeing Board is asked to note the report and the associated ongoing work to improve experience and outcomes for children and young people with mental health needs in East Sussex.

Jessica Britton

**Deputy Chief Delivery & Strategy Officer and Director of Strategic Commissioning,
NHS Sussex**

Contact Officer

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
10 December 2024	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
	Sussex learning from lives and deaths (LeDeR) Annual report 2023/24
04 March 2025	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	Housing Strategy report
15 July 2025	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	Director of Public Health Annual report 2024/25
	Healthwatch Annual Report 2024/25
23 September 2025	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2024-25
	East Sussex Climate Change Health Impact assessment

East Sussex Health and Wellbeing Board Work Programme

09 December 2025	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	East Sussex Safeguarding Children Partnership (ESSCP) Annual Report 2024-25
	Sussex learning from lives and deaths (LeDeR) Annual report 2024/25
	Joint Strategic Needs Assessment (JSNA) Update report
10 March 2026	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report