

16. EAST SUSSEX HEALTH AND SOCIAL CARE SHARED DELIVERY PLAN (SDP) - INTEGRATION PROGRAMME UPDATE

16.1 The Board considered a report on East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme update introduced by Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation. The report was in two parts. The first part provided an update on the eight priorities with further detailed information in appendix 1 of the report. Most work is currently on track, however there are some delays around improvements in hospital discharge where we are experiencing both increases in the numbers of patients and the complexity of their onward care needs. The second part of the report covered the actions to strengthen the role of the Health and Wellbeing Board (HWB), including the strategy session held on 5 September 2024 on Strategic Stewardship. A draft summary of the session is contained in appendix 2 of the report.

16.2 Ashley Scarff, Director of Joint Commissioning and ICT Development (East Sussex), NHS Sussex commented that the progress on SDP deliverables was encouraging with the exception of hospital discharge. The strategy sessions provide an important forum to think about and discuss delivery in future years.

16.3 Mark Stainton, Director of Adult Social Care and Health commented that the progress made against the SDP priorities is not to be underestimated given the operational pressures all parts of the Health and Care System are experiencing. Good progress has been made against the priorities with the exception of hospital discharge. Delayed discharge is a multi-agency pan-Sussex issue and other Systems are experiencing similar challenges, although Sussex is one of the most challenged. The issue of discharges has been escalated to a senior level in all the organisations involved, who are working well together to tackle the problems. A report has been presented to the Integrated Care Board setting out the challenges and steps being taken by partners to improve performance in this area. There are four main areas of work:

- Work to support safe patient flow through our system
- Support for patients to remain active and avoid further deconditioning whilst they are in a hospital bed
- Optimising the transfer of care hubs which coordinate the discharge of patients across the different pathways
- Developing a needs-based demand and capacity model

16.4 The fourth area is probably the most important one for East Sussex. It would appear that we have reached a tipping point in terms of hospital discharge and the wider population. There is an 11% increase in the number of people over 90 years of age that are being supported and a 12% increase in the number of people over 80 years of age. Overall, there has been a 9% increase in the number of people supported by Adult Social Care, and this is heavily weighted towards those older age groups which drives a level of complexity that has not been seen in the County to date and provides the context for the challenges around discharge.

16.5 Mark Stainton added that he had found the strategy session enjoyable and that it had really signalled a change in the role of the HWB to a more strategic stewardship group, whilst discharging the statutory duties of the Board. The Chair commented that he agreed with the comments made about the strategy session.

16.6 Stephen Lightfoot, Chair of NHS Sussex commented that in terms of discharge it is important to consider some numbers that illustrate the level of challenge. At the beginning of September there were 793 patients, which represents a quarter of all acute community and mental health beds across Sussex, who were medically ready to be discharged who did not need to be in hospital. This is a System wide issue and in East Sussex the number was around

311 patients. The scale of the challenge is important but there is not an easy solution, and a lot of effort has gone into tackling this issue. A new approach is needed which is being led by chief officers across the System to start to address this challenge. The NHS Sussex Board was encouraged that the challenges of discharge are being grasped and it will receive an update in two months time. This is especially important as the number of patients medically fit for discharge who are still in hospital needs to come down before the winter period.

16.7 Stephen Lightfoot added that in regard to the strategy session he found the session excellent. He noted that a lot of the issues outlined in the report are around communication in terms of discharge, our strategy and how we take things forward. He asked whether we have enough communications capability in the respective organisations, as getting communications right is very important in trying to explain to the public what we are trying to achieve.

16.8 Councillor Webb asked whether people not being able to access GP appointments was driving up the number of people using A&E departments. Stephen Lightfoot responded that there were two issues. There are difficulties in seeing some GPs in some parts of Sussex, but access in other areas is very good. Not being able to access a GP appointment in some areas is driving up the number of people going to A&E. However, the discharge issue is around people already in hospital for treatment or an operation who are not able to leave hospital when they are medically fit to do so. This has an impact on admissions and slows admissions if people need to be admitted from A&E.

16.9 Mark Stainton commented that as we go into winter there needs to be a focus on discharge, but it also makes sense to look at admission avoidance through community services, the ambulance service hear/see and treat, community rehabilitation service and homecare services. Outcomes for people improve if they are not admitted unnecessarily into hospital as they often de-condition whilst in hospital.

16.10 The Board RESOLVED 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.

17. EAST SUSSEX SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2023-24

17.1 The Board considered a report on the East Sussex Safeguarding Adults Board (SAB) Annual Report for 2023/24 introduced by Seona Douglas, Independent Chair East Sussex Safeguarding Adults Board. The SAB is a strategic Board that works across East Sussex to coordinate safeguarding for adults. It publishes a strategic annual plan of work and an annual report as well as conducting and publishing a number of Safeguarding Adult Reviews (SARs) each year. Learning from the SARs is incorporated into future work plans. The report provides an update on the work carried out with partners under a number of strategic themes which set out the priorities for the work of the Board. The report also sets out priority areas for the SAB over the next 3 years (2024-27) which include:

- Self-neglect
- Prevent and early intervention
- Safeguarding and homelessness

17.2 Councillor Webb commented on the number of safeguarding issues involving people with learning disabilities and dual or multiple diagnoses (e.g. SAR Donna). He asked about the level of advocacy services that are being provided and whether they were at the same level.

17.3 Seona Douglas responded that transitions work used to be predominantly around those people with learning disabilities, but it is now more about those with complex needs. The Donna SAR is symptomatic of many of the reviews where the challenges are around those people who have substance dependence, and work is necessary across a range of organisations to meet those needs. The challenge was that agencies would all do the right things but were doing them individually. Holding multi-agency meetings to coordinate services are key to meeting needs holistically, within a multi-agency framework. What the SAB is looking for is assurance that all agencies are working together in a holistic way. Mark Stainton added that Adult Social Care does have a contract for Advocacy Services, which is a demand led service, and there has been no change in the level of support in the contract.

17.4 Mark Stainton thanked Seona for the annual report and for the excellent chairing of the SAB, which has developed significantly under her leadership. The Local Government Association (LGA) peer review that took place earlier in the year was very complimentary about the way the SAB was working, its leadership and the energy that was evident in the Board. The data in the report helps provide an evidence base from which to make decisions, prioritisations and understand the context that all the agencies are operating within. Mark agreed that we do need to find a meaningful way of getting input from residents and service users. The priorities for the SAB going forward are reflective of the pressures and priorities around the risks of self-neglect and homelessness, as well as the importance of a preventative approach to safeguarding to meet increasing demand.

17.5 Stephen Lightfoot commented safeguarding adults is an important issue across East Sussex and the independent chairing of the SAB is working really well. The annual report is very well written. He asked if it was possible to identify individuals who might be on more than one partners list and how the joining up of data works.

17.6 Seona Douglas responded that the partners would need to look at how they identify the same people who appear on different partners lists. There are data challenges around this as the data systems do not quite match up. The SAB is trying to get a more coordinated data set for that purpose. The SAB would like to be able to interrogate the data to identify at an earlier point those individuals who are involved with multiple agencies. She agreed to take this away to consider how to answer this point around where there are multiple issues for individuals and families.

17.7 Councillor Ungar commented that he was very pleased with the report and the improvements that are being made on adult safeguarding.

17.8 Councillor Ballard suggested that when considering how to get the residents and service users voice into the work of the SAB, it might be worth commissioning Healthwatch to undertake a piece of work on this. Seona Douglas outlined that the SAB has been talking to Healthwatch about this and there is some sensitivity about when to approach people for their feedback when they may be in crisis. Veronica Kirwan, Healthwatch East Sussex confirmed they are working with the SAB on how the residents and service users voice might best be captured.

17.9 The Chair thanked Seona on behalf of the HWB for the work that the SAB is doing and commented that there is very much a sense of confidence in the whole system of adult safeguarding and that it is working well.

17.10 The Board RESOLVED to note the East Sussex Safeguarding Adults Board Annual Report for 2023/24.

18. CHILDREN AND YOUNG PEOPLES MENTAL HEALTH PROGRAMME - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) INCLUDING MENTAL HEALTH SUPPORT TEAMS (MHST) IN SCHOOLS UPDATE

18.1 The Board considered a report on the Children and Young Peoples Mental Health Programme, which was introduced by Jessica Britton, Deputy Chief Delivery & Strategy Officer and Director of Strategic Commissioning, NHS Sussex. The report focusses on the work of CAMHS and the Mental Health Support Teams (MHSTs) in schools as well as some of wider work that is undertaken on children's and young people's mental health. The work aligns with the Health and Wellbeing Strategy and the key priorities for this year include:

- Early Support
- Crisis Support
- Specialist CAMHS
- Pathway Interface

18.2 There are a range of workstreams to deliver this work which has included a stock take of mental health services for children and young people across Sussex. The report outlines the focus in East Sussex such as stepped care, CAMHS, MHSTs and further work rollout.

18.3 Catherine Dooley, Strategic Lead, Safeguarding and Emotional Wellbeing gave an overview of the work on MHSTs and the partnership work with the Sussex Partnership Foundation Trust (SPFT). There has been an improved offer on the whole school approach and all schools now have a funded offer.

18.4 Carolyn Fair, Director of Children's Services welcomed the report which is important as approximately 25% of children and young people have a probable mental health difficulty. Therefore, it is important to focus on lower level and higher-level need.

18.5 Councillor Webb asked how much mental health training do schools and teachers receive, including those without an MHST. Catherine Dooley responded that every school is encouraged to identify a mental health lead and training is available via a Department for Education (DfE) grant. This can be difficult to track but it is thought up to 70% of schools in East Sussex have a mental health lead. There is work underway to try and improve the training offer for mental health leads and for staff via Inset days.

18.6 Stephen Lightfoot thanked officers for the report and commented that he was really happy to see the work focused on children's mental health. People want advice and there is an untapped demand where people do not always know where to go for advice. He asked how we promote iRock and the Single Point of Access (SPOA), but also the 111 service and primary care services that offer advice. How to we triage this so that young people and parents know where to go.

18.7 Jessica Britton outlined that we do review and regularly update all the information provided across the System on NHS Sussex and partner websites, and send that information out through a range of community providers well as through GPs and other primary care providers. Feedback is also looked at on how easy the information is to access and navigate. Children and young people are involved in the work taking place which is looking at how easy the information is to access.

18.8 Alison Nuttall, Managing Director for Specialist Services, SPFT added that SPFT use a similar methodology of using website and apps to provide information about services. SPFT also run freely available webinars for parents, which are recorded and made available on the website. For example, this could be about how to support your young person's anxiety and is

accompanied by sending out a pack of resources. A similar approach is taken with schools and there is a big schools conference in November to help them with strategies and places to go for information and resource materials. If young people are referred to Specialist Services at SPFT, they are kept in touch with whilst they wait with letter containing sign posting information for support materials and where else you can get support. SPFT are in the process of redesigning the CAMHS website site and engaging with young people to ensure it is attractive, accessible and used well.

18.9 The Chair asked if there is a mechanism to ensure there is a sharing of information on mental health issues or does it happen naturally. Alison Nuttall responded probably some of each is happening. SPFT has very open information on the website which is shared with young people, families and schools, as well as the voluntary sector providers SPFT work with. Information should also be something that can be accessed via GP practices. SPFT is always open to using other organisations communications channels if that would spread the information further.

18.10 Stephen Lightfoot commented that you cannot communicate enough and should use every possible channel to ensure young people have a source of information that they trust. In order to take a preventative approach and support young people's long-term health and wellbeing, good information and advice is needed to avoid mental health issues becoming serious and turning into a crisis.

18.11 Carolyn Fair commented that page 19 of the SDP report appendix 1 sets out some of the initiatives around communications, advice and guidance and the East Sussex One Space directory which has around 190 sources of information and guidance about mental health and emotional wellbeing.

18.12 Councillor Ballard commented that the work outlined in the report is a very promising and productive direction of travel. The idea of prevention and stopping young people going as far as needing specialist support is a good one, given the pressure CAMHS is under. Councillor Ballard asked what actions are in place in the medium term to mitigate the problems with access to CAMHS as the waiting lists are currently too long and residents want to see action to reduce waiting times.

18.13 Alison Nuttall responded that for CAMHS services at the front door, if you are referred you will now be seen within 4 weeks in East Sussex, so progress has been made. If you need ongoing treatment, it might not be quite as quick, but SPFT are seeing people much quicker. The prevention work is really important too, and work on this is a primary focus of the Delivery Board.

18.14. The Board RESOLVED to note the content of the report.

19. WORK PROGRAMME

19.1 Mark Stainton gave an overview of the items on the forward work programme. The next meeting is on the 10 December 2024 which will have the regular Health and Social Care SDP update report, with the next strategy session on Healthy Life Expectancy taking place on 14 November. The update from that workshop will be included in that report. At the meeting on 10 December there will also be two annual reports from the East Sussex Safeguarding Children Partnership and Learning through Lives and Deaths (LeDeR) annual report, as well as a Joint Strategic Needs Assessment (JSNA) update report. At the moment there is just one report on the March 2025 meeting agenda on the Housing Strategy other than the usual SDP update report.

19.2 Board members were invited to suggest items with for the December meeting or future HWB meetings. Stephen Lightfoot suggested that it would be a good idea for the Board to have an interim report on the Better Care Fund, either at the March 2025 meeting or later in July. Mark Stainton responded that he would look at the best timing for a report on the Better Care Fund and update the work programme accordingly.

19.3 The Board RESOLVED to agree the work programme with the amendment of adding an update report on the Better Care Fund.

20. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

20.1 There were none.

The meeting ended at 3.37 pm.

Councillor Keith Glazier (Chair)