

**Sector Connector Forum Zoom Meeting  
10 July 2020 from 11:00 to 12:00**

<b>Present</b>		
<b>Name</b>	<b>Title</b>	<b>Organisation</b>
<b>Presenters</b>		
Kenny Mackay (KM)	Strategic Commissioning Manager	East Sussex County Council
Samantha Allen (SA)	CEO	Sussex Partnership Foundation Trust
Ruth Hillman (RT)	Service Director for Children and Young People's Services	Sussex Partnership Foundation Trust
John Routledge (JR) Chair	Director	Healthwatch East Sussex
<b>Attendees</b>		
Ruth Finlay (RT)	Suicide Prevention Programme Manager	East Sussex County Council
Anita Cordell	Operations Manager Neighbourhood Support Team, Countywide Reviewing Team and Integrated Manager Lead	East Sussex County Council
Donna Wilson	Community Development Officer	3VA
Neil Blanchard	Chief Exec	Southdown
Elizabeth Mackie	Volunteer and Community Liaison Manager	Healthwatch East Sussex
Jo Egan	Director of Services	Care for the Carers
Val Biggs	ASC Community MH Equalities Officer	East Sussex County Council
Viki Ashby	i-rock contact	Sussex Partnership Trust
Martin Dominy	Head of Service MH & Employment Support	Southdown
Rebecca Rieley		Fulfilling lives
Jenni Thomas	Deputy Head of Health Improvement	East Sussex County Council
Leon Gooding	Head of Mental Health	East Sussex County Council
Sue Wells	Administrator	Healthwatch East Sussex
Simon Kiley	Evidence and Insight Manager	Healthwatch East Sussex
Louise Debling		
Carla Hawkins		Southdown
Penny Shimmin	Chief Officer	SCDA

Juliet Casbolt	Service User	
James Hatch	Engagement Officer	NHS

Apologies		
Lindsay Towle	Urgent Care Pathway Lead	Sussex Partnership Trust
Saxon Chadwick	Service Lead - Employment Services	Southdown
Evgenia Katsoni	GP	NHS
Kirstie Addleton	Operations Manager - Community Connectors	Southdown
Andrew Lord	Access to Care Project Lead	Sussex Partnership Trust
Louise Lawrence	Pathway mapping	East Sussex County Council
Ben Brown	Consultant in PH	East Sussex County Council
Mel Tapp	Manager on mini CAG	Hastings Sanctuary
David Perry	CEO	Seaview Project

### 1. Welcome and Introductions

JR opened the forum and thanked everyone for attending. JR noted that the draft terms of reference were circulated before the meeting and that he would welcome any comments on this after the meeting.

JR explained that they were looking to meet 3-4 times a year to provide an opportunity for people to share ideas and engage in mental health developments across East Sussex and the wider Sussex area.

KM thanked Healthwatch for organising the event and welcomed the opportunity to work with them to support the mental health agenda. KM acknowledged the importance of the agenda and wished to ensure their users' voices are featured.

### 2. The Sussex Integrated Care System (ICS) and our collaborative approach

JR noted that this was due to be presented via a video from Adam Doyle, Senior Responsible Officer, Sussex ICS, but that the quality was poor through Zoom, and they would therefore put the message up on their website.

### 3. Mental Health in Sussex and the Sector Connector Forums

SA thanked all those present along with their organisations, colleagues and volunteers for their work over the last few months, acknowledging the sense of people working together across Sussex to meet the needs of their communities. While the focus has been on responding to Covid-19, work is being done to progress the development of the mental health collaborative. SA reassured attendees that the Sector Connector forums aren't there to replace what is already established in East Sussex, but to develop a new approach in working together to ensure they are connecting up statutory organisations and the work they are doing within the voluntary sector.

Looking at the ICS, SA acknowledged how it may appear to be yet another reorganisation within the NHS, but that she felt this was a genuine return to working

together across organisational boundaries with mental health, primary care, acute hospitals and commissioners in the interest of the local population. The ICS is therefore a way of describing this partnership and how organisations come together to share data and resources to care for the population. There are Sector Connector forums in East Sussex, West Sussex, and Brighton and Hove, and within these are neighbourhoods that wrap around GP services and primary care networks.

SA noted that the mental health collaborative is aligned with the NHS long-term plan, such as access to psychological and crisis therapies, and as they move into the collaborative, they have taken the opportunity to revise the whole structure. The collaborative board meet every month and each of the 3 places will be represented on the board as well as the voluntary sector with Neil Blanchard, and Katy Armstrong from Mind. The hope is that the forum will become a good sounding board to share intelligence and information. SA stated that they would be ensuring that there is accountability for the decision making.

#### **4. Restore and Recover Mental Health and the voluntary and community sector (VCS)**

RH reported that they developed the work they are doing on restoration and recovery work in SPFT through the Covid-19 virus and the ability to make appropriate clinical changes swiftly, particularly through providing digital access. The aim is to continue with the ability to be agile in delivering services to meet the wider needs of the community. SA explained that they are looking to broaden their expert experience and have wider community engagement by having conversations with people who provide services locally to ensure what they are delivering is in line with the needs of the local population. Work is also being done on a blended model around an agile use of digital by looking at the services that need to be provided face-to-face and what can be done digitally.

Looking at surge planning, SA explained that they are working with their partners on what will happen post-lockdown as well as in the event of a local or national lockdown by looking at what's in place and what may need to change. Children returning to school are likely to cause increased anxiety for both children and parents, and it's imperative that they look at how to support people whilst staff also experience the same pressures. It is therefore essential to also be supporting those who offer services as well as those receiving them.

SA looked at the key objectives, the first being acute inpatient services with a lot of work being done to reduce the amount of out of area work and the general length of stay. Community care is valued more and often leads to better outcomes. SA noted that they also need to think about ensuring the safety of their patients and staff who may be in vulnerable or high-risk groups and ensure this forms part of their planning.

SA noted the next key objective is ensuring that the 24/7 crisis response teams are functioning. A 24/7 service has been introduced for children's mental health and they wish to continue this service. SA noted the implementation of the trust assessor

model, which is working to ensure there is a single assessment, allowing them to offer services and care that's swift and targeted.

The next key objective is around community services and a blended model is being looked at regarding the presentations they are most likely to see and how these can be supported digitally as well as for older patients, especially as older patients are less likely to access digital services. Targeted work is also being done on people with neurodevelopmental disorders, particularly those who will have difficulties in managing change.

SA stated that the next key objective is regarding children's and young people services, with the single point of advice in East Sussex being highlighted as an area of good practice. Learning disabilities are another key area of focus, especially in restoring face-to-face contact and supporting carers. Older people mental health services are also a key objective, with the restoration of dementia reviews and their urgent care being part of the restoration work.

Another key objective is primary care, wellbeing and IAPT services, looking at supporting older adults and helping access to wellbeing services. Primary care has seen a number of staff redeployed to support other areas so work is now being done to bring them back as a large number of new referrals will be going to primary care.

SA stated that the Sector Connector forums are a good opportunity to consider together what the model should look like across the entire pathway, and she noted that she was happy to have conversations outside of the forum on any ideas that attendees wished to share.

## 5. Questions, Comments and Discussion

- ***John Routledge read out a submitted question 'How can the voluntary and community sector help with the expected surge in mental health service demand?'***

SA commented that she suspected they were already helping with this, but that they would want to receive intelligence on what they're seeing in the field. SA noted the work being done by the YMCA in talking to young people as well as e-wellbeing services and Sussex 4x4. SA stated that they need to hear the voluntary and community sectors' thoughts and ideas on how they can help them, noting that they have made digital platforms available for third sector organisations to use.

RH added that it would be helpful to check the information they are pulling together and put this on the website to ensure they are signposting to each other. RH explained that they need to work together to ensure they're not creating gaps in the service. KM commented that he is keen to support and be part of any future development and that it would be beneficial to get the third sector and those with lived experience to help shape the development.

- ***Jo Egan asked a question regarding help available for carers of people with mental health issues who are increasingly struggling during the pandemic?***

Louise Patmore responded that they are bringing the carer voice into the service user involvement group that she chairs along with Liz Holland and Jane Lodge. Jo Egan added that she and Louise Patmore have agreed to meet next week and that they are keen to tap into carers' voices to ensure they are heard. SA added that a lot of information has been provided regarding help for carers that they could share with the meeting papers.

- ***Tanya Conway-Grim asked why there is no inpatient provision for children under 12 in Sussex apart from in the private sector?***

RH responded that they generally avoid admitting young people under the age of 12 where possible as clinical outcomes in the long-term are poorer in this age range. While some require inpatient admission, the aim is to work hard to ensure home treatment services can keep as many at home as possible. RH noted that there aren't inpatient admissions for under 12s in the private sector either.

- ***Rebecca Rieley commented that she has been doing consultations with their lived experience clients, and while some enjoy using digital services, others have struggled. Rebecca noted the willingness to look at community outreach services and getting people out of inpatient care and back into communities.***

RH agreed that it's important they look at this as a blended model of care as not everyone can or wants to access digital services. While children and adult services have been good adopters, there are issues, and they therefore need to be explicit about what needs to be delivered face-to-face and where patients can have a choice.

- ***Juliet Casbolt stated that knowing staff are experiencing issues has raised her anxiety and has made her anxious about accessing services regarding their ability to offer her support. Juliet Casbolt therefore asked if there is a way of communicating how staff wellbeing is being addressed to give reassurance to service users?***

SA remarked that while it has been an unusual and challenging time for staff, they have put a lot of effort in providing wellbeing support as well as access to their 24/7 helpline. Compassion check-ins, access to mindfulness and increased supervision have all been introduced, and this will continue. SA thanked Juliet Casbolt for her concern and hoped that her feelings wouldn't stop her accessing services. RH added that they are ensuring staff take annual leave and have regular rest breaks.

- ***Juliet Casbolt asked about the private sector as another forum in terms of working together and providing patient choice, acknowledging that these services won't be an option for all.***

SA explained that they are doing a number of things in partnership, but that it can only be offered when part of a formal partnership.

- ***JR noted comments from Penny, regarding digital exclusion and how they can agree that information on services is more widely shared. JR also commented that these would be useful topics to cover at the next meeting.***

***Elizabeth Mackie asked how care home staff are being supported?***

SA explained that a whole service has been deployed to care staff on infection control, staff support, and testing, as well as access to the 24/7 helpline.

*John Routledge read out a submitted question ‘How are Covid-19 initiatives being funded and how is the voluntary sector being supported?’*

RH stated that they could put together a summary of what has been funded, explain that they have recouped some costs, such as on PPE. Staff have been supported in homeworking. RH commented that they are looking to expand their bed space provision. On mental health, they are looking at how to expand their crisis and digital services. SA remarked that they could look at how the mental health collaborative can make grants and funding available.

#### **6. Next steps and future meetings**

JR thanked all the speakers and attendees, explaining that an evaluation form would be sent out with the meeting papers. JR stated that they would welcome feedback from attendees on the meeting, any ideas they have regarding future meetings, and whether they feel there is a need for the forum going forwards

**END**