



FULL COUNCIL

TUESDAY, 2 DECEMBER 2025

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

Documents being circulated with the County Council agenda

Document	Report in County Council agenda to which it is related
Council Monitoring – Quarter 1 2025/26 – Corporate Summary (Appendix 1 of the Cabinet report) (page 3)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Treasury Management Prudential Indicators (Appendix 2 of the Cabinet report) (page 11)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Adult Social Care and Health (Appendix 3 of the Cabinet report) (page 13)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Business Services (Appendix 4 of the Cabinet report) (page 23)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Children's Services (Appendix 5 of the Cabinet report) (page 31)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Communities, Economy & Transport (Appendix 6 of the Cabinet report) (page 45)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Governance Services (Appendix 7 of the Cabinet report) (page 53)	Cabinet report, paragraph 1
Council Monitoring – Quarter 1 2025/26 – Strategic Risk Register (Appendix 8 of the Cabinet report) (page 61)	Cabinet report, paragraph 1
Ashdown Forest Trust Fund – Independent Examiners report (Appendix 9 of the Cabinet report) (page 73)	Cabinet report, paragraph 2
Ashdown Forest Trust Fund – Income and Expenditure balance sheet (Appendix 10 of the Cabinet report) (page 75)	Cabinet report, paragraph 2
Ashdown Forest Trust Fund – Summary of report - Appendix 11 of the Cabinet report) (page 77)	
Care Quality Commission (CQC) Assessment of Adult Social Care (Appendix 12 of the Cabinet report) (page 79)	Cabinet report, paragraph 3
Ofsted Inspection Report - (Appendix 13 of the Cabinet report) (page 123)	Cabinet report, paragraph 4
Access to information procedure rules (Appendix 1 of the Governance Committee report) (page 127)	Governance Committee report, paragraph 1

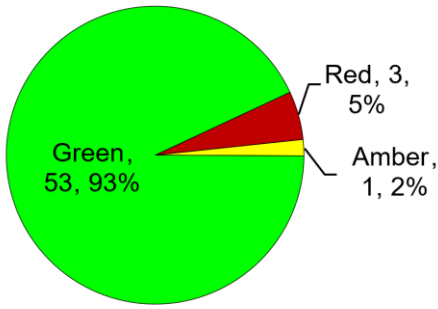
Budget and Policy Framework Procedure Rules (Appendix 2 of the Governance Committee report) (page 139)	Governance Committee report, paragraph 2
Scrutiny call-in process (Appendix 3 of the Governance Committee report) (page 145)	Governance Committee report, paragraph 3
Overview and Scrutiny Procedure Rules (Appendix 4 of the Governance Committee report) (page 147)	Governance Committee report, paragraph 3
New ESCC Complaint Handling Policy (Appendix 5 of the Report of the Governance Committee) (page 159)	Governance Committee report, paragraph 4
Governance Committee – Terms of Reference (Appendix 6 of the Report of the Governance Committee) (page 177)	Governance Committee report, paragraph 4
Speaking to the Planning Committee (Appendix 7 of the Report of the Governance Committee) (page 181)	Governance Committee report, paragraph 7

PHILIP BAKER
Deputy Chief Executive

Council Monitoring Corporate Summary – Q1 2025/26

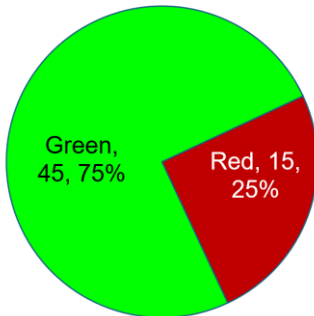
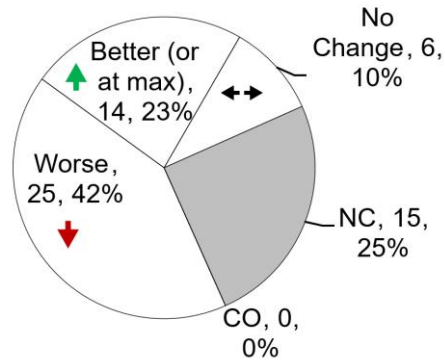
Council Plan performance targets

Priority	Red	Amber	Green
Driving sustainable economic growth	0	1	23
Keeping vulnerable people safe	1	0	15
Helping people help themselves	1	0	9
Making best use of resources now and for the future	1	0	6
Total	3	1	53

Performance overview Q1 2025/26	Measures off target by department
 <p>Green, 53, 93%</p> <p>Red, 3, 5%</p> <p>Amber, 1, 2%</p>	<p>There are 57 measures in the Council Plan. In Q1, 3 departments had measures that were off target.</p> <p>BSD – 1 Red measure</p> <p>CET – 1 Amber measure</p> <p>CSD – 2 Red measures</p>

Final Council Plan outturn summary for year ending 2024/25

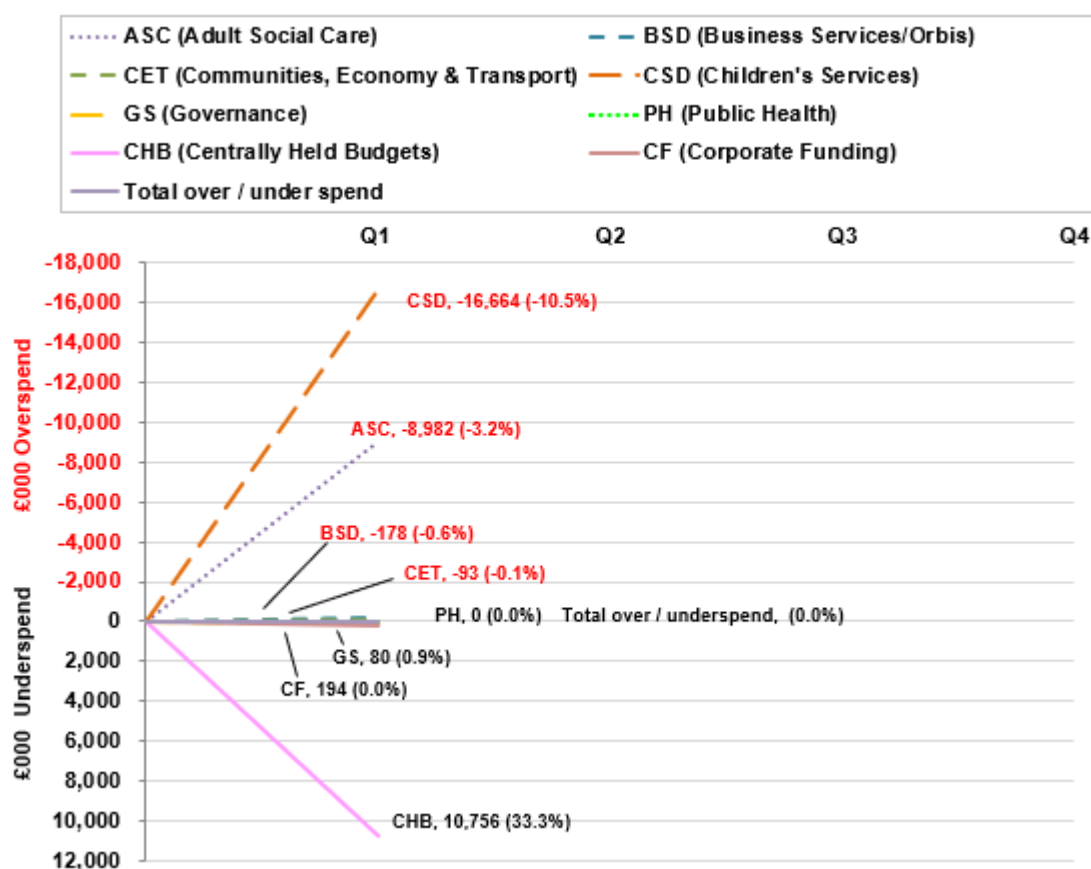
6 measures were reported as carry overs at the end of Q4 2024/25. Outturns for these measures are now available and the charts below summarise the final year end position for the 60 council plan targets in 2024/25. Where available, performance improvement relative to 2023/24 is summarised under Direction of travel.

2024/25 – Final	Direction of travel since 2023/24
 <p>Green, 45, 75%</p> <p>Red, 15, 25%</p>	 <p>Better (or at max), 14, 23%</p> <p>Worse, 25, 42%</p> <p>No Change, 6, 10%</p> <p>NC, 15, 25%</p> <p>CO, 0, 0%</p>

Direction of Travel key:

No Change: ↔, Not Comparable: **NC**, Carry Over: **CO**, Worse: ↓, Improved (or at maximum): ↑

Revenue budget outturn (net £000)



Revenue budget summary (£000) 2025/26

Services:

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net
Adult Social Care	422,497	(138,544)	283,953	433,262	(140,327)	292,935	(10,765)	1,783	(8,982)
Public Health	38,185	(38,185)	-	38,326	(38,326)	-	(141)	141	-
Business Services / Orbis	64,668	(33,404)	31,264	65,014	(33,572)	31,442	(346)	168	(178)
Children's Services	638,290	(480,230)	158,060	664,087	(489,363)	174,724	(25,797)	9,133	(16,664)
Communities, Economy & Transport	174,299	(98,052)	76,247	175,237	(98,897)	76,340	(938)	845	(93)
Governance Services	9,767	(502)	9,265	9,673	(488)	9,185	94	(14)	80
Total Services	1,347,706	(788,917)	558,789	1,385,599	(800,973)	584,626	(37,893)	12,056	(25,837)

Centrally Held Budgets (CHB):

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net
Treasury Management (TM)	21,680	(6,900)	14,780	21,680	(7,800)	13,880	-	900	900
Capital Programme	1,450	-	1,450	-	-	-	1,450	-	1,450
Pensions	4,702	-	4,702	4,702	-	4,702	-	-	-
General Contingency	5,650	-	5,650	-	-	-	5,650	-	5,650
Provision for Budgetary Risks	4,039	-	4,039	722	-	722	3,317	-	3,317
Reserves Movts	3,097	(2,307)	790	3,097	(2,307)	790	-	-	-
Apprenticeship Levy	772	-	772	772	-	772	-	-	-
Levies, Grants and Other	162	(70)	92	162	(70)	92	-	-	-
Debt Impairment	-	-	-	561	-	561	(561)	-	(561)
Total Centrally Held Budgets	41,552	(9,277)	32,275	31,696	(10,177)	21,519	9,856	900	10,756

Corporate Funding:

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net
Business Rates	-	(102,987)	(102,987)	-	(102,987)	(102,987)	-	-	-
Revenue Support Grant	-	(4,452)	(4,452)	-	(4,452)	(4,452)	-	-	-
Service Grant	-	-	-	-	-	-	-	-	-
Council Tax	-	(399,222)	(399,222)	-	(399,222)	(399,222)	-	-	-
Social Care Grant	-	(72,437)	(72,437)	-	(72,561)	(72,561)	-	124	124
New Homes Bonus	-	(517)	(517)	-	(587)	(587)	-	70	70
Total Corporate Funding	-	(579,615)	(579,615)	-	(579,809)	(579,809)	-	194	194
TOTAL	1,389,258	(1,377,809)	11,449	1,417,295	(1,390,959)	26,336	(28,037)	13,150	(14,887)

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net
Planned one-off Use of Reserves 2025/26	-	(11,449)	(11,449)	-	(11,449)	(11,449)	-	-	-
Use of LGR Reserve to cover operational overspend	-	-	-	-	(4,200)	(4,200)	-	4,200	4,200
Use of Capital Reserve to cover operational overspend	-	-	-	-	(7,187)	(7,187)	-	7,187	7,187
Additional use of Insurance Reserve	-	-	-	-	(2,000)	(2,000)	-	2,000	2,000
Use of Collection Fund surplus	-	-	-	-	(1,500)	(1,500)	-	1,500	1,500
FINAL TOTAL	1,389,258	(1,389,258)	0	1,417,295	(1,417,295)	0	(28,037)	28,037	0

Revenue Savings Summary 2025/26 (£'000)

Service description	Original Target for 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved
ASCH	7,420	7,420	7,096	269	55
BSD/Orbis	1,060	1,060	980	-	80
CS	3,239	3,239	2,526	611	102
CET	1,553	2,298	2,215	83	-
GS	233	233	233	-	-
Total Savings	13,505	14,250	13,050	963	237
ASCH			55	-	(55)
BSD / Orbis			-	80	(80)
CS			102	-	(102)
CET			-	-	-
GS			-	-	-
Subtotal Permanent Changes ¹			157	80	(237)
Total Savings & Permanent Changes	13,505	14,250	13,207	1,043	0

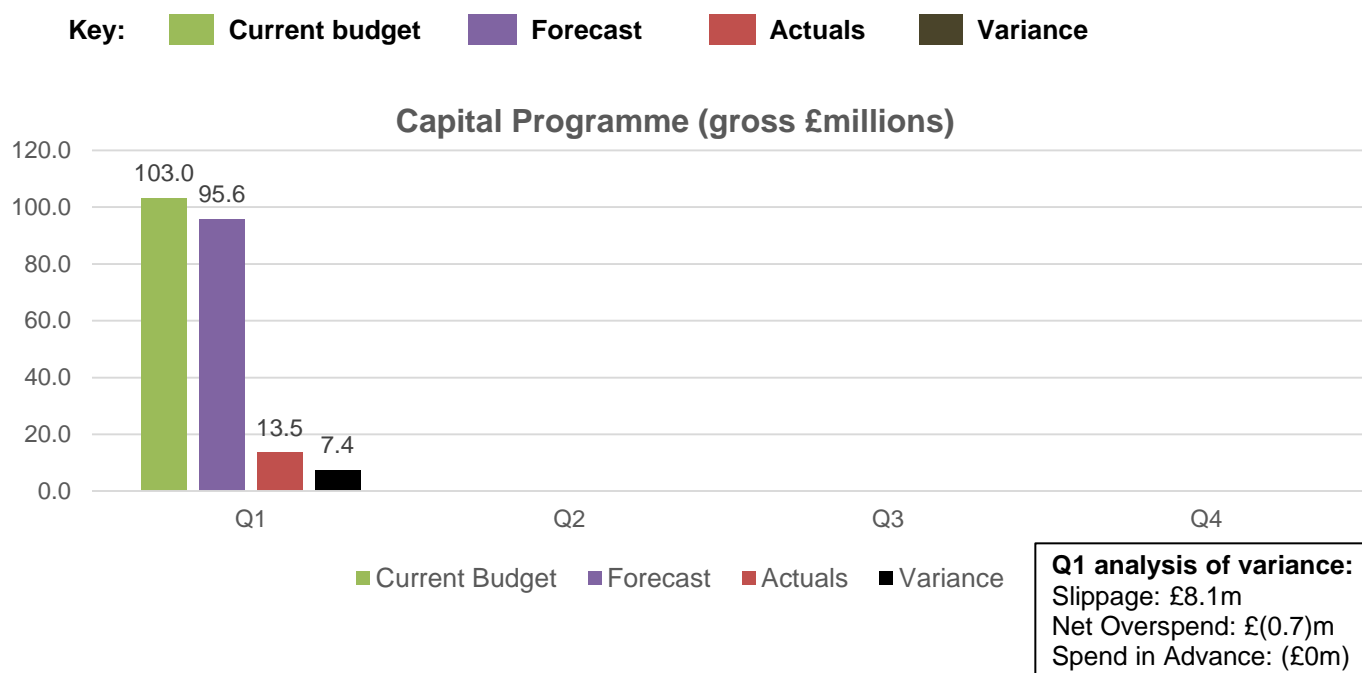
Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total
ASCH	269	-	269
BSD / Orbis	-	80	80
CS	-	611	611
CET	55	28	83
GS	-	-	0
Total	324	719	1,043

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Capital Programme (gross £ millions) – approved projects



Capital Programme Summary 2025/26 (£'000)

	Budget 2025/26	Forecast 2025/26	Variation (Over) / under 2025/26 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance
Adult Social Care	1,969	1,969	0	0	-	-
Business Services	38,175	38,180	(5)	(5)	-	-
Children's Services	2,592	3,071	(479)	(479)	-	-
Communities, Economy & Transport	60,245	52,406	7,839	(244)	8,096	-13
Gross Expenditure (Planned Programme)	102,981	95,626	7,355	(728)	8,096	-13
<i>Corporate Slippage Risk Factor</i>	<i>(18,890)</i>	<i>(10,807)</i>	-	-	-	-
Net Expenditure	84,091	84,819	(728)	-	-	-
Developer Contributions	1,771	1,771	-	-	-	-
Other Specific Funding	21,191	21,191	-	-	-	-
Capital Receipts	1,288	1,288	-	-	-	-
Formula Grants	36,599	36,599	-	-	-	-
Reserves and Revenue Set Aside	9,192	9,192	-	-	-	-
Borrowing	14,050	14,778	(728)	-	-	-
Total Funding	84,091	84,819	(728)	0	0	0

Treasury Management

The Treasury Management Strategy (TMS), which provides the framework for managing the Council's cash balances and borrowing requirement, continues to reflect a policy of ensuring minimum risk, whilst aiming to deliver secure realistic investment income on the Council's cash balances. Cash investment balances as at 30 June 2025 have fallen by 36% in one year, from £213.7m at Q1 2024/25 to £137.2M at Q1 2025/26.

The average level of Council funds available for investment purposes during Q1 was £151.9m. The total amount received in short term interest for Q1 was £1.798m at an average rate of 4.74%, compared to £1.742m at an average rate of 4.96% for Q4 2024/25.

The Bank of England Base Rate was cut by 0.25% on the 8 May, the rate at 30 June was 4.25%. The prospect for interest rates is for further reductions into 2025/26 to a 3.75% level by 31 March 2026. Where possible a number of fixed term deposits with local authorities and banks were placed for periods up to 1 year in Q1, this will help secure investment returns into 2025/26.

The investment strategy approach in previous quarters to 'ladder' deposits has created a steady maturity profile, this will ensure the Council's cashflow and liquidity requirements are covered for 2025/26.

Cashflow is monitored on a rolling 18 month forecast and no short-term borrowing was required in Q1.

In Q1 an opportunity was taken to repay a Barclays Market Loan with the assistance of Treasury Advisors (MUFG). A cost-effective early repayment of a £6.45m loan was agreed, securing an appreciable discount of £1m to the Council. The discount can be spread over a 10-year period in line with accounting regulations and generates a saving of around £100k to the Treasury Budget for 2025/26. The repayment was funded by cash on deposit held in liquidity accounts, the original maturity date of the Barclays Market Loan was October 2058.

The Council's external debt, totalling £200.1m at Q1, is held as long-term loans and now fully with the PWLB. No long-term borrowing was undertaken in Q1.

The Treasury Management budget is currently forecasted to underspend by £0.9m. This is based on the position outlined above with regard to balances held and investment returns. A reduced in-year capital borrowing requirement alongside an ongoing strategy to delay borrowing in a falling interest rate environment has meant that the council has delayed new external borrowing; and returns on investments in year were greater than anticipated as the Base Rate did not fall as fast as originally anticipated.

The performance of the Council's treasury management activity, against benchmarks and the key indicators set in the Treasury Management Strategy, as approved by Full Council on 6 February 2024, are set out at Appendix 2.

Reserves and Balances 2025/26 (£000)

Reserve / Balance	Balance at 1 Apr 2025	Forecast net use at Q1	Net use at Q1 *	Movement	Balance at 31 Mar 2026
-------------------	-----------------------	------------------------	-----------------	----------	------------------------

Statutorily ringfenced or held on behalf of others:

Balances held by schools	16,043	-	-	-	16,043
Public Health	3,998	(2,891)	(2,891)	-	1,107
Other	5,491	(1,414)	(1,414)	-	4,077
Subtotal	25,532	(4,305)	(4,305)	0	21,227

Service Reserves:

Corporate Waste	19,844	(5,109)	(5,109)	-	14,735
Capital Programme	9,060	(9,060)	(9,060)	-	-
Insurance	7,678	(2,000)	(2,000)	-	5,678
Local Government Re-organisation	-	4,200	4,200	-	4,200
Subtotal	36,582	(11,969)	(11,969)	0	24,613

Strategic Reserves:

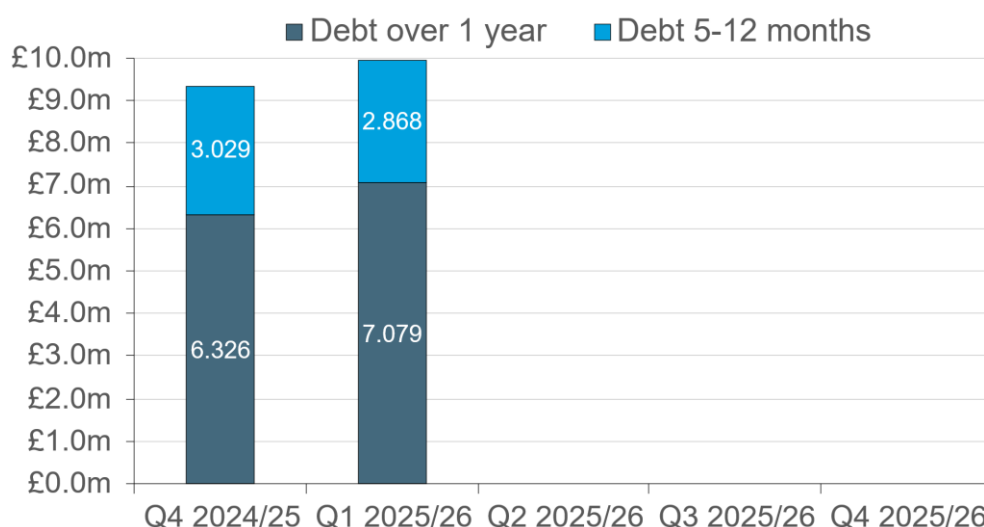
Priority / Transformation	5,187	(592)	(592)	-	4,595
Financial Management	11,276	(5,670)	(5,670)	-	5,606
Subtotal	16,463	(6,262)	(6,262)	0	10,201
Total Reserves	78,577	(22,536)	(22,536)	0	56,041
General Fund	10,000	-	-	-	10,000
Total Reserves and Balances	88,577	(22,536)	(22,536)	0	66,041

* Currently excludes any transfers relating to Q1 variances.

Changes to Fees & Charges

There are no changes to fees and charges during the quarter.

Outstanding debt analysis (£ millions)



The value of debt aged over 5 months at Quarter 1 has increased by £0.592m to £9.947m compared to the 2024/25 outturn position of £9.355m.

The majority £9.676m (97.27%) of all debt over 5 months old relates to Adult Social Care and Health (ASCH), which has increased by £0.740m compared with the 2024/25 outturn position of £8.936m.

The debt over 5 months related to income due to other departments has decreased by £0.148m to £0.271m, compared with the 2024/25 outturn position of £0.419m.

Adult Social Care client contribution income represents most of the Council's debt collection activity and the recovery process can be lengthy due to the sensitive and often complex nature of individual circumstances. However, the rising level of debt in this area is a high priority area of focus for 2025/26. A strategic review, including establishing a project board, has started to analyse the end-to-end income collection and debt recovery processes with the aim of both reducing existing debt and preventing further debt from being accrued.

Treasury Management Prudential Indicators – Q1 2025/26

The Chartered Institute of Public Finance and Accountancy published the revised Treasury and Prudential codes in 2021, which now requires quarterly reporting of performance against forward looking prudential indicators. The performance of the Council's treasury management activity, against benchmarks and the key indicators in the Council's Treasury Management Strategy, as approved by Full Council at its meeting of 11 February 2025, are set out below.

Investments

Cash investment balances as at 30 June 2025 have fallen by 36% in one year, from £213.7m at Q1 2024/25 to £137.2m. The average investment return over Q1 was 4.74% performing above the benchmark rate by 42 basis points (or 0.42 percentage points). Performance has improved as a result of reinvesting maturing investments in a duration matched to a peak in the forecast Bank of England (BoE) bank interest rate.

	Average Investment Balance	Average Investment Return	Average Benchmark Rate*	Difference
Quarter 1 2025/26	151.972	4.74%	4.32%	+0.42%

**the Benchmark rate used is the Standard Overnight Index Average (SONIA); a rate administered by the Bank of England based on actual transactions of overnight borrowing by financial institutions.*

During Q1 we have monitored the security of the Council's investments, to assess the risk of those investments losing their value. These risks were assessed using the financial standing of the groups invested in, the length of each investment, and the historic default rates. Our investment strategy sets an allowable risk level of 0.050% (i.e. that there is a 99.95% probability that the Council will get its investments back). The actual indicator ranged between 0.007% and 0.008%, reflecting the high proportion of investments held in highly secure and/or very liquid investments.

Investment Risk Benchmark	0.050%
Maximum Investment Risk Experienced Q1	0.008%

Borrowing

The table below shows the Council's total external borrowing and average rate as at 30 June 2025.

	Balance as at 30 June 2025 £m	Average Rate
PWLB	200.142	4.38%
Market Loans	-	-
Total Borrowing	200.142	4.38%

During Q1 an opportunity was taken to repay the Council's only market loan held with Barclays of £6.450m early. The loan was due to mature in 2058/59 and was at a rate of 4.25%. Assistance was provided by Treasury Advisors (MUFG) to arrange a repayment where an appreciable discount was calculated in favour of the Council of just over £1m. Under accounting regulations this discount can be spread over a 10 year period equally to 2034/35.

The table below shows the Q1 forecast of the Capital Financing Requirement (CFR) compared to the estimate within the 2025/26 strategy approved in February 2025. The CFR is expected to give rise to new borrowing requirement of £93.250m by the end of the year, compared to the original estimate of £70.000m following an increased capital programme borrowing need in 2024/25 carried forward. The strategy currently forecasts that the level of reserves and balances in the medium term allows for internal borrowing (using internal resources such as useable reserves or temporary working capital) of at least £75.000m in 2025/26, It is therefore expected that new borrowing of £18.250 may be required to support the capital programme during 2025/26, although the timing of borrowing will be considered in the context of the wider treasury management position and economic environment.

Capital Financing Requirement (CFR) (Underlying Borrowing Need)*	Original Estimate 2025/26 £m	Revised Forecast 2025/26 £m
Opening CFR	268.971	287.839
Borrowing Requirement	15.812	14.050
Minimum Revenue Provision	(8.111)	(8.496)
Closing CFR	276.672	293.393
External Borrowing as at 30 June 2025	-	200.143
Forecast Underborrowing (if no action taken)	-	93.250

*The CFR underlying borrowing need excludes PFI and lease arrangements.

The table below shows that the Council is operating within the Operational Boundary and Authorised Borrowing Limits set within the Treasury Management strategy and has sufficient headroom to cover any unforeseen borrowing need arising from the year's capital programme.

Borrowing Limits for external debt	Operational Boundary £m	Authorised Borrowing Limit £m
Limit set for 2025/26	362.000	382.000
Less: PFI & Leases	(76.000)	(76.000)
Limit for Underlying Borrowing	286.000	306.000
Actual External Borrowing at 30 June	200.142	200.142
Headroom*	85.858	105.858

*Authorised Borrowing headroom cannot be less than zero

The maturity profile of the Authority's borrowing is within the limits set within the strategy.

Maturity Structure of Borrowing	Lower Limit Set	Upper Limit Set	Actual as at 30 June 2025
Under 12 months	0%	25%	0%
12 months to 2 years	0%	40%	3%
2 years to 5 years	0%	60%	7%
5 years to 10 years	0%	70%	23%
Over 10 years	0%	90%	67%

Adult Social Care and Health – Q1 2025/26

Summary of progress on Council Priorities, issues arising, and achievements

Adult Social Care (ASC)

Demand for care and support services

In accordance with the Care Act 2014, ASC commission and provide a range of services to support adults and older people across East Sussex. There is an increasing complexity of need amongst people accessing support, and demand for services is exceeding pre-pandemic levels and continuing to increase. As an example:

- Overall contacts handled by Health and Social Care Connect (HSCC) Access and Assessment, excluding HSCC Health, continue to increase, with a 5.0% increase in contacts handled in 2024/25 compared to 2023/24, and a 7.8% increase in contacts handled in April to May 25 compared to the same period in 2024.
- Between 2023/24 and 2024/25 new 'care' contacts relating to requests for support around care needs increased by 14.2%.

Against the context of this increased demand activity levels also continued to increase, including:

- a 3.6% increase in Appearance of Need Tools completed in the period April to May 25 compared to the same period in 2024
- a 4.0% increase in assessments completed in the period April to May 2025 compared to the same period in 2024
- a 5% increase in reviews conducted in the period April to May 2025 compared to the same period in 2024

Health and Social Care integration.

To build on the progress in 2024/25, the East Sussex Health and Care Partnership has reviewed and refreshed our Shared Delivery Plan (SDP) for 2025/26 for endorsement by our Health and Wellbeing Board (HWB). This has taken into account the NHS [2025/26 priorities and operational planning guidance](#) published in January 2025, as well as alignment with other strategies, annual plans, insights and evidence, and will help us to be clear about the drivers and scope of our joint work together in East Sussex within our Sussex Integrated Care System in 2025/26.

An informal HWB development session took place in June, as part of the broader programme to deliver our ongoing SDP objective of strengthening the leadership role of the East Sussex HWB. It focussed on the Joint Strategic Needs Assessment (JSNA) theme of the importance of the “life course” approach, a good start in life, living well, ageing well and a good end in life, and how our work as a system contributes to this. A key focus was understanding the collaborative work that supports a good start to life for our children and young people. The session also explored the wider context of change, some of the challenges and risks influencing our work as health and care system partners in 2025/26, and the potential impacts on collaboration at an East Sussex level. An important topic was the national announcement that all Integrated Care Boards (ICBs) must reduce their organisational costs by 50% by December 2025/26, in part through reconfiguring to larger footprints, as part of a broader move to stabilise NHS finances and reduce duplication. The expectations we have of ourselves as partners working for the common good of the East Sussex population, how our HWB can continue to be strengthened, and how we help lead and hold ourselves mutually to account for this, will be vitally important.

Our 5 Integrated Community Team (ICT) joint management and planning groups (MPGs) aligned to our borough and district footprints have continued to meet and work on joint action plans. Members include local team leads from general practice, community pharmacy, social care, public health, housing, Voluntary, Community and Social Enterprise (VCSE) organisations, mental health and community health services. Plans will include developing multi-disciplinary teams working in neighbourhoods to offer proactive care for people with more complex health and care needs.

Our joint plans for ICTs will support the shift from hospital to a neighbourhood health service in the community set out in the Government's 10 Year Health Plan '[Fit for the future](#)' (published in July 2025), through enabling better coordination and increased integration of services in our local communities and neighbourhoods, and the shift to prevention. We expect to be able to further evolve and strengthen our plans for ICTs in light of 'Fit for the Future' as the detailed guidance emerges.

Whole system collaboration continues to focus on improving hospital discharge and reducing the number of people who remain in hospital after they have no clinical need to stay due to their complex onward care needs. Actions include supporting people to stay active whilst in hospital and minimise deterioration in health and wellbeing, establishing hubs to better coordinate the transfer of care, two Social Work Teams supporting 'discharge to recover and assess' beds and a discrete scheme commissioned to help people arranging and paying for their own care. Funding allocations have been agreed until the end of Q2 2025/26. Despite a reduction in Discharge To Assess (D2A) beds overall performance is improving, but this is reliant on our health and care system investing in the right type of support to respond to people's increasingly complex needs appropriately after being in hospital.

Third Sector support

During Q1 the mobilisation of the new Community and Voluntary, Community and Social Enterprise Development Programme, and the development of the initial delivery plans began. Providers and Council officers met regularly to ensure a collaborative partnership approach, alongside the continuous learning approach. Both are key components that will ensure the programme is contributing to Council strategies, while at the same time supporting people, communities, groups and organisations to develop activities that directly benefit them.

During Q1 the Council's Communications Team and third party provider Tribe delivered a campaign to promote volunteering amongst residents in the county. The results of the campaign are being analysed and will be used to direct outreach and further promotion of the Tribe platform which support the on-line promotion of volunteering opportunities and activities. There has been a strong uptake in Council teams that engage volunteers, using Tribe, to promote and recruit to the Council's volunteering opportunities, the June campaign included examples of these volunteering roles. [Four East Sussex locals give us the low-down on volunteering](#).

Safer Communities

When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies - The Q4 2024/25 outturn (reported a quarter in arrears) was 85.1%, meaning the outturn for the whole of 2024/25 was 86.6%, below the target of 88%. (ref i). The provider has attributed the lower performance to staff changes across the organisation and data accuracy. Guidance on inputting information has now been created to resolve the issue.

Domestic Abuse Commissioning Activity

The six projects funded by the Domestic Abuse Small Grants Fund have started delivery. The projects consist of support for victim/ survivors from ethnic minority backgrounds, older people, those in temporary accommodation, and those with multiple compound needs (MCN), as well as child to parent abuse initiatives and whole family approaches.

A new contract awarded to Interventions Alliance to take over 37 existing units of safe accommodation successfully started on 1 July 2025. Plans to provide the additional 18 units within the first 6 months of the contract are underway. The contract will be in place until 31 March 2030.

The MCN Safe Accommodation and Community Support Service, also delivered by Interventions Alliance, continues to be implemented. A building has been purchased, planning permission granted, and works are underway to complete the renovations required. The contract runs from 1 January 2025 to 31 March 2028.

Domestic Abuse Related Death Reviews (DARDRs) (formally Domestic Homicide Reviews (DHRs))

Local Child Safeguarding Practice Review (LCSPR) / Domestic Homicide Review (DHR) Clare was signed off by the Safer Communities Partnership Board (SCPB) and East Sussex Safeguarding Children Partnership in February 2025. The report was then signed off by the National Child Safeguarding Practice Review Panel in April 2025.

The Chair of the SCPB was notified by Sussex Police of two deaths which met the DARDR threshold and the families of the deceased are being notified and commissioning of two independent chairs to take the reviews forwards is underway.

Drug and alcohol treatment and recovery

In Q1 the majority of the treatment and recovery services funded through the Drug and Alcohol Treatment and Recovery Grant (DATRIG) commenced. Two further services will go live in Q2. Work on the recommissioning of the new treatment service, to go live in April 2026, continues and the tender went live at the end of Q1.

As it is known that being in treatment is a protective factor, along with the fact that we have influence over numbers in treatment and reduced time in reporting the previous measure has been replaced by deaths in treatment as a proportion of all in treatment. The deaths in treatment figure for March 2025 was 1.21%, this is the lowest since October 2019 (also 1.21%), and the actual number of deaths in treatment in the 12 months to March 2025 (34) is at its lowest since the 12 months to October 2020 (also 34). The treatment provider has a national strategy to increase the number of people accessing their services, and through the DATRIG (Drug and Alcohol Treatment and Recovery Improvement Grant) an outreach provision continuing the legacy of Project ADDER is working predominantly with opiate and crack users who are at highest risk of drug related harm or death to support these individuals to access harm reduction advice and structured treatment

Preventing Violent Extremism

During Q1, the Council received Home Office ratings for the annual Prevent assurance process. All benchmarks were met, and 4 of the 7 exceeded expected outcomes. Strengths were identified in risk assessment processes and training.

During Q1, the Safer East Sussex Team (SEST) delivered 22 Community Safety Prevent awareness and training sessions, with a focus on educational inputs for learners expressing hateful or extreme views, alongside engagement at 8 events to support community cohesion.

Public Health

Successful smoking quits through the OneYou East Sussex service

4.32% of the local smoking population (2,910 people) set a quit date in 2024/25 (reported a quarter in arrears) against a target of 7% (4,720 people) (**ref iii**). However, individuals do achieve good outcomes on the programme with 59% achieving a four-week quit, against a target of 50%. This is positive, and as smoking prevalence declines nationally the service is increasingly engaging with more entrenched smoking populations. Public Health is supporting referral generation through targeted communications campaigns (e.g. upcoming pan Sussex webinar for GPs), developing bespoke referral pathways with partner organisations (including primary and secondary care), undertaking behavioural insights to understand why marginalised communities with high smoking prevalence are not accessing stop smoking support, and establishing prescribing pathways to enable equitable access to stop smoking medications for One You East Sussex service users.

GP practices in East Sussex deliver a targeted NHS Health Check service

At the end of 2024/25 (reported a quarter in arrears), there was a 16% decrease in the number of IMD1 NHS Health Checks conducted, when compared to 2023/24 (**ref ii**). 449 IMD1 NHS Health Checks were conducted in Q4 bringing the annual total to 1,738 against a target of 2,244. The overall NHS Health Check activity by Hastings and Rother Healthcare reduced by 43% between 2023/24 and 2024/25 which has impacted upon achievement of this target. Furthermore, unlike in

previous years, overall health check activity across East Sussex did not increase in Q4 as typically expected. This may be linked to significant changes in how the programme is to be delivered from 2025/26, alongside wider operational pressures. The new system, introduced in 2025/26, provides each GP Practice with an allocated amount of activity to be delivered. Where it is identified that a Practice is unlikely to achieve its planned activity levels, this will be transferred to another Practice that is able to deliver additional activity.

Achievements

The Sexual and Reproductive Health Needs Assessment has been published as part of a regular five-year review. The data is collected from national, regional and local sources to identify the gaps in provision and to confirm the services that work well for residents. The latest data suggests that our services are effective, fit for purpose and meet resident needs.

The Council's East Sussex Wellbeing and Employment Service won the 'excellent support' category at the National Homeless Link awards. The award recognises the holistic approach to bringing together housing, health, wellbeing and support into skills and employment for people who are homeless and living in temporary accommodation and for people who are at risk of being homeless. The service forms one part of the Councils' Homelessness Prevention Programme.

The East Sussex Climate and Health Public Survey has now concluded, receiving just under 600 responses over a six-week consultation period. The survey aimed to understand how residents perceive the impact of climate change on their health and wellbeing. Among the climate-related issues reported, 'Extreme Winds' emerged as the most frequently mentioned concern, followed by 'Flooding' and 'Extreme Temperatures'. This valuable public engagement plays a crucial role in shaping the East Sussex Systemwide Climate Change Health Impact Assessment, ensuring that local voices inform future plans and policy to ensure we build and enhance our resilience as a system.

The new East Sussex Public Health Hot Food Take Away (HFT) Guidance has been published. It contains Public Health information and background on the obesity crisis, and evidence between the links to healthy weight, lifestyles and environments that reduce health inequalities in East Sussex. The guidance identifies tools and mechanisms for developing HFT approaches, including evidence for Local Planning Authorities to justify the development of restrictive policies within their Local Plans. Since publication, the guidance has been used as a case study for the Town and Country Planning Association's 'Restricting the appeal and availability of junk food' document: <https://www.tcpa.org.uk/resources/restricting-the-appeal-and-availability-of-junk-food-in-england-the-role-of-local-councils/>

Revenue Budget Summary

ASC and Safer Communities

The net ASC and Safer Communities budget of £283.953m for 2025/26 includes a 4% inflationary uplift of £10.724m to support the care market across the Independent Sector. This uplift is in addition to £9.626m to fund growth and demographic pressures and service demands, with the costs of the increases being partially funded by £7.515m raised through the 2% ASC Care Precept. The department has savings targets of £7.420m for 2025/26.

The net forecast ASC outturn for 2025/26 is £292.935m, which is an overspend of £8.982m. The overspend largely relates to the Independent Sector, where the overspend is £8.666m.

This is due to an increase in demand compared to quarter 4 2024/25 and periods before, which informed the modelling for 2025/26 and therefore would not have captured the 7.4% growth. More people are being supported but at a lower average cost compared to quarter 4 2024/25 (a decrease of 3.5%) because we are managing the market, being prudent with packages of support and reviewing more people.

There is an overspend in Directly Provided Services of £0.316m due to staffing cost pressures, increasing costs and demand for equipment services to support people in their homes. Legal costs have also increased due to an increased volume and complexity of cases and an increased need to instruct barristers to provide specialist legal advice and representation.

ASC has a savings target of £7.420m this year of which £7.365m will be achieved. The savings for Linden Court will partially be achieved following the decision to continue providing the service at a reduced level. The remaining saving will be achieved through projects currently underway that will increase operational income.

Public Health

The Public Health (PH) budget of £38.185m comprises of the PH grant allocation of £32.570m and additional income and grants of £3.903m. On top of this are planned draws from reserves of £1.712m.

As at 30 June 2025 the General Public Health Reserve of £2.171m is projected to reduce to £0.318m by the end of the financial year. The Health Visiting Reserve of £1.827m is projected to reduce to £1.327m.

Homes for Ukraine

HFU Grant Funding	Funding b/fwd £'000	Expected Funding £'000	Total Funding £'000	Planned Usage £'000	Funding c/fwd £'000
Tariff Funding	4,767	106	4,874	2,526	2,300
Thank you Payments	-	-	-	48	-
Total	4,767	106	4,874	2,574	2,300

Capital Programme Summary

The ASC Capital programme budget for 2025/26 is £1.969m, with both schemes forecasted to be on-line at Q1.

Construction works on Phase 2 of the Supported Living scheme at Jasmine Lodge and The Meads are ahead of schedule, with completion of the works and handover of the buildings back to the Council expected by September 2025.

Performance exceptions (see How to read this report for definition)

Priority – Keeping vulnerable people safe

Performance measure	Outturn 24/25	Target 25/26	RAG Q1 25/26	RAG Q2 25/26	RAG Q3 25/26	RAG Q4 25/26	Q1 2025/26 outturn	Note ref
No exceptions								

Council Plan measures marked carry over at year end 2024/25 – Final Outturn

Priority – Keeping vulnerable people safe

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	2024/25 outturn	Note ref
The % of people affected by domestic violence and abuse who have improved safety/support measures in place upon leaving the service (CP)	96%	90%	G	G	G	G	95.2%	
When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies (CP)	90%	88%	G	G	A	R	86.6%	i

Priority – Helping people help themselves

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	Q4 24/25 outturn	Note ref
GP practices in East Sussex deliver a targeted NHS Health Check service (CP)	9% of the eligible population in the 20% most deprived areas (IMD1) received a health check	Increase coverage of IMD1 NHS Health Checks by 9% (i.e., uptake by total eligible population)	G	A	R	R	16% decrease	ii
National outcome measure: Achieve independence for older people through rehabilitation / intermediate care (CP)	92.5%	>90%	G	G	G	G	92.5%	
Successful smoking quits through the OneYou East Sussex service (CP)	New measure for 24/25	7% of local smoking population to set a quit date, with 50% achieving four-week quit	G	G	R	R	4.32% set a quit date 59% achieve a four-week quit	iii

Savings exceptions 2025/26 (£'000)

Service description	Original Target For 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
Older People's Directly Provided Services	712	-	712	-	-	
Learning Disability Directly Provided Services	804	-	550	199	55	
Vulnerable Adults Supported Accommodation	129	-	129	-	-	
Adults with Mental Health needs Supported Accommodation	178	-	178	-	-	
Housing Related Floating Support	1,937	-	1,937	-	-	
Substance Misuse Contracts	641	-	641	-	-	
Learning Disability Commissioning	50	-	50	-	-	
Strategy	180	-	180	-	-	
Operations	770	-	700	70	-	
Community Development	500	-	500	-	-	
Planning, Performance and Engagement	425	-	425			
Public Health	1,094	-	1,094	-	-	
Total Savings	7,420	0	7,096	269	55	
			-	-	-	
Operations			55	-	(55)	
Subtotal Permanent Changes ¹			55	0	(55)	
Total Savings and Permanent Changes	7,420	0	7,151	269	0	

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
Learning Disability Directly Provided Services	199	-	199	
Operations	70	-	70	
	-	-	-	
Total	269	0	269	

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Revenue Budget 2025/26 (£'000)

Adult Social Care – Independent Sector:

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Physical, Sensory and Memory and Cognition Support	194,592	(103,438)	91,154	200,951	(102,949)	98,002	(6,359)	(489)	(6,848)	
Learning Disability Support	102,541	(10,584)	91,957	103,374	(9,628)	93,746	(833)	(956)	(1,789)	
Mental Health Support	27,080	(2,365)	24,715	27,277	(2,533)	24,744	(197)	168	(29)	
Subtotal	324,213	(116,387)	207,826	331,602	(115,110)	216,492	(7,389)	(1,277)	(8,666)	

Adult Social Care – Adult Operations

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Assessment and Care Management	36,335	(2,912)	33,423	37,213	(3,607)	33,606	(878)	695	(183)	
Directly Provided Services - Older People	18,027	(6,194)	11,833	17,565	(6,287)	11,278	462	93	555	
Directly Provided Services - Learning Disability	9,262	(605)	8,657	9,354	(605)	8,749	(92)	-	(92)	
Subtotal	63,624	(9,711)	53,913	64,132	(10,499)	53,633	(508)	788	280	

Adult Social Care- Strategy, Commissioning and Supply Management

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Commissioners, Commissioned Services and Supply Management	10,486	(4,129)	6,357	10,271	(4,148)	6,123	215	19	234	
Supporting People	4,252	-	4,252	4,252	-	4,252	-	-	-	
Equipment and Assistive Technology	8,909	(4,487)	4,422	9,477	(4,771)	4,706	(568)	284	(284)	
Carers	2,387	(1,693)	694	2,347	(1,653)	694	40	(40)	-	
Subtotal	26,034	(10,309)	15,725	26,347	(10,572)	15,775	(313)	263	(50)	

Adult Social Care- Planning, Performance and Engagement and Other:

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Planning, Performance and Engagement	6,000	(1,135)	4,865	6,250	(1,293)	4,957	(250)	158	(92)	
Service Strategy	661	(160)	501	1,109	(160)	949	(448)	-	(448)	
Safer Communities	1,965	(842)	1,123	3,822	(2,693)	1,129	(1,857)	1,851	(6)	
Subtotal	8,626	(2,137)	6,489	11,181	(4,146)	7,035	(2,555)	2,009	(546)	

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under	(Over)/ under	(Over)/ under	Note Ref
-----------	---------------	----------------	-------------	---------------	----------------	-------------	------------------	------------------	------------------	-------------

							spend Gross	spend Income	spend Net	
Total Adult Social Care	422,497	(138,544)	283,953	433,262	(140,327)	292,935	(10,765)	1,783	(8,982)	

Public Health – Core Services:

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Mental Health & Best Start	3,608	-	3,608	3,616	-	3,616	(8)	-	(8)	
Health Visiting	8,446	-	8,446	8,556	-	8,556	(110)	-	(110)	
Risky Behaviours and Threats to Health	14,005	(3,903)	10,102	13,843	(3,903)	9,940	162	-	162	
Health Systems	2,994	-	2,994	2,992	-	2,992	2	-	2	
Communities	774	-	774	774	-	774	-	-	-	
Central Support and One-off funding	3,977	-	3,977	4,042	-	4,042	(65)	-	(65)	
Recovery & Renewal	12	-	12	12	-	12	-	-	-	
Funding/Savings to be released	3,055	-	3,055	3,255	-	3,255	(200)	-	(200)	
Projects - Reserve	1,314	-	1,314	1,236	-	1,236	78	-	78	
Public Health Grant Income	-	(32,570)	(32,570)	-	(32,570)	(32,570)	-	-	-	
Draw from General Reserves	-	(1,712)	(1,712)	-	(1,853)	(1,853)	-	141	141	
Total Public Health	38,185	(38,185)	0	38,326	(38,326)	0	(141)	141	0	

Capital programme 2025/26 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget 2025/26	Actual 2025/26	Variation (Over) / under 2024/25 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
Supported Living Projects	6,421	6,421	1,829	917	-	-	-	-	
Greenacres	2,598	2,598	140	-	-	-	-	-	
Total ASC Gross	9,019	9,019	1,969	917	0	0	0	0	

Business Services – Q1 2025/26

Summary of progress on Council Priorities, issues arising, and achievements

Key cross cutting programmes

Carbon

In line with the annual delivery plan in our Climate Emergency Action Plan 2025-2030, in Q1 we completed five energy efficiency projects:

- 2 Solar PV: Heathfield and Peacehaven (The Joff) Youth Hubs
- 2 Insulation (loft): Battle Teaching and Learning Centre and Robertsbridge Primary School
- 1 Estate Rationalisation: Phoenix Centre

The Council Plan target for 2025/26 is to complete 10 energy efficiency projects. A pipeline of property capital and maintenance projects with carbon saving opportunities has been compiled and is being reviewed for potential savings. In the absence of dedicated government or internal funding, carbon reduction initiatives are being achieved through our buildings maintenance programme. Support for good practice has continued by working with sites that have high or unusual energy use patterns to identify savings. Following the success of the workshops held in 2024/25, a further energy saving workshop will run in Autumn 2025. Work has commenced to identify sites with relatively high water use, to offer advice and signpost free support from water companies to help combat higher water prices and reduce waste.

The total Council carbon emissions outturn for 2024/25 (reported a quarter in arrears) saw a 36% reduction (**ref i**), compared to the baseline year 2019/20, against a target of 50%. Emissions for 2024/25 were 1.4% lower compared to 2023/24, versus the annual reduction target of 13%. Carbon emissions from the Council's electricity consumption fell by 3% during 2024/25. As the grid carbon emissions factor remained the same in 2024/25 as in 2023/24, the 3% emissions reduction is principally down to the Council reducing its electricity use. The carbon emission factor is the figure used to convert electricity consumption from the national grid into equivalent carbon emissions. Carbon emission factors are produced each year by the Department for Energy Security and Net Zero and applied widely in the UK. The UK grid carbon emission factor changes from year to year to reflect the change in fuel mix in UK power stations (i.e. between renewables, nuclear, natural gas, oil and coal) and as the proportion of imported electricity also changes. The carbon emission factors used for reporting in 2024/25 are based on the fuel mix used in 2022, this is due to the time it takes to collate and analyse the data (more information can be found on the [gov.uk conversion factors 2023 website](https://www.gov.uk/conversion-factors-2023)).

The carbon emission factors for electricity fell by over 24% between 2019/20 and 2022/23 as renewables increasingly replaced coal in the generation mix. However, for 2023/24, this trend reversed, and the carbon emissions factor increased. This was due to a post-covid increase in national electricity demand and a relatively poor year for wind generation in 2021 which carried over into 2022. As a result, 2024/25 emissions remain at the 2023/24 level (see above on time lag).

In 2024/25, external temperatures for East Sussex were lower than in 2023/24. This colder weather increased heating demand and prevented the Council from seeing a reduction in emissions from fossil fuel heat, which have remained at the same level year on year. Investments made in various decarbonisation of heat projects previously, and provision of energy efficiency awareness training provided mitigation. Subsequently, even though weather was colder, emissions did not rise but remained static.

The Council's annual spend on electricity has reduced by 26% since 2019/20, saving £1,942,641 when comparing 2024/25 directly to 2019/20. This significant reduction reflects estate changes and investments made in renewable energy (e.g. solar PV) and energy efficiency measures.

Year	Spend
2019/20	£7,442,838
2024/25	£5,500,197

Note: The spend figures above have been estimated using the consumption figures from 2019/20 and 2024/25, and the 2019/20 figure has been price-corrected against the average unit rates from 2024/25. The spend figures are based on consumption only (i.e. not including standing charges or any other non-commodity costs).

Oracle Implementation

Following the successful go-live of Phase 2 of the Oracle Implementation (covering Finance with dependent HR processes, Procurement and Recruitment) on 17 April 2025, the programme has been in a 'hypercare' period of enhanced support from the programme team and partners. Given the stability of the system and the low volumes of issues that are now being raised, the programme has now exited 'hypercare' for Phase 2.

During Q1 the focus of the programme has therefore shifted towards Phase 3 (payroll), which is in its delivery and planning stages. The functional and technical requirements for Phase 3 are currently being extensively scoped, designed and built. Once the scope is confirmed, key activities such as testing, data migration and reconciliation will require detailed planning and timeframes set against them as part of establishing a target go-live date for this final phase.

Human Resources and Organisational Development (HROD)

Recruitment on Oracle went live as part of the Phase 2 Oracle implementation in April 2025. This followed a significant programme of work to build the recruitment module appropriate to the business needs of the Council. The Recruitment Support Team have played a key role in supporting managers in the use of the system and to date, feedback on its use has been positive.

We have been awarded the Silver Award as part of the Public Health Wellbeing at Work accreditation. This recognition reflects our ongoing commitment to supporting the health and wellbeing of all staff while ensuring our initiatives remain effective and good value for money.

In support of our work responding to the recruitment and retention challenges we are facing, our external facing job pages on the Council's website have been extensively reviewed in order to make them more accessible and user friendly for prospective applicants.

As part of our ongoing training programme, Health and Safety refresher training has been launched and staff and managers are being proactively encouraged and supported to undertake it.

Attendance Management and Wellbeing

The 2025/26 Q1 sickness absence figure for the whole authority (excluding schools) is 2.08 days lost per Full Time Equivalent (FTE) role, a decrease of 3.8% since Q1 last year. The year end estimate for 2025/26 (based on three month's data) is 8.86 days/FTE, so the target of 9.10 days/FTE is predicted to be met.

Compared to Q1 2024/25, overall sickness absence has decreased. The most notable reductions in days lost were:

- neurological disorders: reduction of 276 days
- depression: reduction of 202 days

Stress and mental health continue to be the leading causes of absence:

- stress-related absence increased by 126 days
- overall mental health-related absence rose by 439 days

This trend highlights the continued need for focused attention and support in this area.

Actions underway:

- HR Review: The HR Team is currently analysing the rise in stress and mental health absences to identify underlying causes and ensure targeted support for managers.
- Early Intervention Pilot: this is now live in Adult Social Care (ASC) for Musculoskeletal related absences, enabling proactive manager engagement from the first week of absence.

Wellbeing Programme Enhancements:

- Targeted workshops
- Evaluation of support using the Most Significant Change method (e.g. Time to Talk feedback)
- Expansion of the Mental Health First Aiders network
- Ongoing Menopause Cafés

Procurement

Procurement, contract and supplier management activities

The Council has spent £398m with local suppliers over the past 12 months. This equates to 61% of our total procurement spend, which is above our target of 60%. 992 local suppliers were used. The Procurement team continues to promote our contract opportunities to local suppliers, as well as building local supply chain opportunities into our tenders where possible.

Social Value

In Q1, a total of 41 contracts commenced, of which 24 were out of scope of the Social Value Measurement Charter, which quantifies the economic, social and environmental benefits of the procurement. Of the contracts which were out of scope of the charter, 16 accessed existing pre-approved list of suppliers (Frameworks) with predefined contractual terms and 8 were included in the Adult Social Care and Health Social Value trial, which uses a qualitative rather than quantitative approach to Social Value, so financial proxy figures are not used to calculate the social value commitment. The 17 in-scope contracts had a total contract value of £3.83m and secured £1.24m in Social Value commitment, which equates to an outturn of 32% against a target of 10%.

The Social Value commitments for Q1 included:

- Apprenticeships
- Professional development opportunities and work experience offered to local people
- Creation of local jobs
- Promotion of digital inclusion and increasing digital awareness for priority groups
- Career awareness programmes and jobs for the long term unemployed
- Money spent on locally based micro businesses/SME's/social enterprises
- Sub-contracting to locally based voluntary and community groups and environmental programmes with local groups, schools and colleges

Procurement policy

The Procurement Policy Team has been focussed on the following activities during Q1:

- Preparing the Council's Modern Slavery Statement for 2024/2025.
- Publishing internal guidance and providing training on the National Procurement Policy Statement to ensure the Council is compliant in having regard to the relevant priorities in its procurement activity.
- Holding further sessions with Departmental Management Teams to familiarise services with the Council's new Procurement and Contract Standing Orders and the Procurement Act.

- Incorporating carbon reduction requirements into several significant Health and Social Care contracts, including in the Voluntary, Community and Social Enterprise sector, which has been a challenging sector to date.
- Following the successful pilot in Adult Social Care, the development of an East Sussex Social Value model has commenced. This framework aims to align more closely with the Council's established priorities and align with the national approach to securing and delivering social value benefits.

Contract and Commercial Advisory

Much of the Contract and Commercial Advisory's focus in Q1 was on Oracle support, specifically around investigating the necessary changes required in both system and process in order to obtain greatest benefit from the improved financial controls available within Oracle, as part of improving the requisition process. Alongside this, the team have been proactively engaging with Procurement colleagues to ensure the Council is compliant with the Contract Management obligations as prescribed in the Procurement Act 2023.

Internal Audit

Through the delivery of sufficient audit coverage in Q1, the Chief Internal Auditor continues to be able to provide assurance over the adequacy and effectiveness of governance, risk management and control for the Council.

Internal Audit have continued to focus on delivery of the Annual Internal Audit Plan and were able to complete 27.9% of the plan to draft report stage by the end of Q1, against a Q1 target of 22.5% (90% target for the year). All high priority actions agreed with management as part of individual audit reviews are subject to action tracking, whereby we seek written confirmation from services that these have been implemented. As at the end of Q1, it was confirmed that 11/12 (91.6%) of the high-risk actions due to be implemented on a 12-month rolling basis had been actioned (against a target of 97%). The one outstanding action relates to the need to introduce a declaration to the staff loan application process that requires staff to confirm that they have considered the affordability of the loan. This has still not yet been implemented (this was an outstanding action reported at the end of Q4), however progress is being made in this area and a revised implementation date has been agreed.

Property

In Q1, Property launched the marketing of two properties for sale – Sandbanks, in Hailsham and the former Rangers' Workshop, Rye. Public consultation has started over the Council's intention to dispose of Tilling Green Playing Fields in Rye. In addition, marketing of vacant space in South and East Blocks at County Hall has commenced. A review of the Council's operational and non-operational assets was completed in Q1, which identified several assets that could potentially be rationalised. Business cases will be explored where appropriate in line with the Property Asset Investment Strategy.

The team has begun to establish new customer service standards within Soft Facilities Management contracts and mobilised the new Postal Hub hardware.

The Schools Maintenance team has worked on the delivery of the planned maintenance programme, engaging with consultants and contractors to brief projects ahead of design and tendering, working with schools and CSD colleagues to arrange and progress the summer programme of works to be delivered while schools are closed. The Non-Schools Maintenance Team have worked on the delivery of the planned maintenance programme, engaging with client departments to arrange and progress projects with the minimum impact on service delivery.

The Compliance Team has continued work on the proposed Area Controller of Premises service, is managing the rollout of the 2025 servicing contract, and is working with the contractor to update our Water Services Management Plan.

The proposed Grove Park Special Educational Needs Secondary school received unanimous approval of the planning application at Planning Committee in April 2025 and final tenders will be due in Q2. Two externally funded (Youth Investment Fund) projects at Peacehaven (The Joff) and

Heathfield Youth Hubs completed construction in July. Contractors were also appointed to carry out the refurbishment of the Hollington Youth Hub, and construction commenced in May.

IT and Digital

The Microsoft Copilot M365 discovery work continued to be a focus for Q1, with 33 pilots underway to investigate how AI can be used safely and responsibly to enhance productivity and enable efficiencies. Usage is being monitored to enable evaluation of the relative benefits, and these results will inform a business case that will be fed into the Reconciling, Policy, Performance and Resources process.

Work to replace the Council's office and contact centre telephony platforms concluded during Q1 with 12,000 telephone numbers, 400 call queues and 6 contact centres migrated onto new platforms. This migration modernises a key aspect of the Council's infrastructure – moving from desk-based landline phones to a digital service which is aligned to hybrid working. The use of mobile phone and other IT equipment continues to be targeted to reduce the number of smartphones used and lower the associated costs.

The Windows 11 device refresh project continued at pace during Q1. With the end of support for Windows 10 approaching in October 2025, the project has now refreshed 82% of devices with those staff experiencing the benefits of a faster device and upgraded operating system. In order to extend the use of, and get better value from devices, we will now refresh them every 5 years (this was previously every 4 years). The scale at which this is done (across 3 councils through the Orbis Partnership) has many benefits and in this case, a saving of 18% per device has been achieved through this joint procurement.

Revenue Budget Summary

The 2025/26 Business Services net revenue budget is £31.264m. There are £1.060m planned savings in BSD this financial year (ref ii), of which £0.080m relating to the planned reduction in the cost of the Digital Postal Hub is not expected to be achieved at this time. The current outturn forecast is a £0.178m overspend (ref iv). In Property there is a forecast overspend of £0.178m (ref iii). This is attributed to the loss of income from a courier service contract to East Sussex Fire and Rescue Service which has now ended and increased procurement costs for the new Digital Postal Hub, which includes the unachieved savings target of £0.080m. No other service areas are reporting any variances at this stage although there is a risk to the full achievement of income for Business Admin as a result of the academisation of schools.

Capital Programme Summary

The 2025/26 capital budget is £38.175m. As at Q1 all projects are forecast to be delivered within the allocated budget (ref v).

Performance exceptions Q1:**Priority – Making best use of resources now and for the future**

Performance measure	Outturn 24/25	Target 25/26	RAG Q1 25/26	RAG Q2 25/26	RAG Q3 25/26	RAG Q4 25/26	Q1 2025/26 outturn	Note ref
No exceptions								

Council Plan measures marked carry over at year end 2024/25 – Final Outturn**Priority – Making best use of resources in the short and long term**

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	2024/25 outturn	Note ref
Reduce the amount of CO2 arising from County Council operations	36% reduction on baseline year (2019/20) emissions	50% reduction on baseline year (2019/20) emissions (emissions not to exceed 6,211 tonnes CO2e)	R	R	R	R	36% reduction on baseline year emissions	i

Savings exceptions 2025/26 (£'000)

Service description	Original Target For 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
Planned savings – BSD Property	254	254	174	-	80	
Planned savings – BSD IT&D	26	26	26	-	-	
Planned savings – Finance	142	142	142	-	-	
Planned savings – BSD	638	638	638	-	-	
Total Savings	1,060	1,060	980	0	80	ii
			-	-	-	
To be identified			-	80	(80)	
Subtotal Permanent Changes ¹			0	80	(80)	
Total Savings and Permanent Changes	1,060	1,060	980	80	0	

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
Planned savings – BSD Property	-	80	80	ii
	-	-	-	
	-	-	-	
Total	0	80	80	

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Revenue Budget 2025/26 (£'000)

Divisions	Planned Gross	Planned Income	Planned Net	Projected Gross	Projected Income	Projected Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Finance and Bus Admin	13,974	(7,851)	6,123	13,974	(7,851)	6,123	-	-	-	
HR & OD	3,568	(1,107)	2,461	3,568	(1,107)	2,461	-	-	-	
IT & Digital	13,798	(4,155)	9,643	13,798	(4,155)	9,643	-	-	-	
Procurement	-	-	-	-	-	-	-	-	-	
Property	29,554	(20,291)	9,263	29,900	(20,459)	9,441	(346)	168	(178)	iii
Contribution to Orbis	3,774	-	3,774	3,774	-	3,774	-	-	-	
TOTAL BSD	64,668	(33,404)	31,264	65,014	(33,572)	31,442	(346)	168	(178)	iv

Capital programme 2025/26 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget Q1	Actual to date Q1	Projected 2025/26	Variation (Over) / under Q1 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
SALIX Contract	350	350	-	-	-	-	-	-	-	
Lansdowne Unit (CSD)	39	39	-	-	-	-	-	-	-	
Youth Investment Fund	7,003	7,003	1,745	1,459	1,745	-	-	-	-	
Hollington Youth Centre	3,037	3,037	3,037	234	3,037	-	-	-	-	
Special Educational Needs	3,673	3,673	3,673	12	3,673	-	-	-	-	
Special Educational Needs - Grove Park	17,120	17,120	3,350	244	3,350	-	-	-	-	
Special Provision in Secondary School (Priory and Robertsbridge)	14	14	14	19	19	(5)	(5)	-	-	
Disabled Children's Homes	24	24	17	-	17	-	-	-	-	
14 Westfield Lane	17	17	546	99	546	-	-	-	-	
Core Programme - Schools Basic Need	61,874	61,874	4,966	370	4,966	-	-	-	-	
Core Programme - Capital Building Improvements Corporate	45,482	45,482	6,909	561	6,909	-	-	-	-	
Core Programme - Capital Building Improvements Schools	40,401	40,401	5,094	986	5,094	-	-	-	-	
Core Programme - IT & Digital Strategy Implementation	71,234	71,234	8,800	677	8,800	-	-	-	-	
Core Programme - IT & Digital Strategy Implementation Oracle	26,513	26,513	24	-	24	-	-	-	-	
IT & Digital - Utilising Automation	24	24	-	-	-	-	-	-	-	
Total BSD Gross	276,805	276,805	38,175	4,661	38,180	(5)	(5)	0	0	v

Children's Services – Q1 2025/26

Summary of progress on Council Priorities, issues arising, and achievements

Early Help and Social Care

Transformation

The transformation programme is making good progress responding to the series of reforms included in the Government's Families First Partnership programme and the Children's Wellbeing and Schools Bill. The following progress has been made:

- **Earlier Intervention** – the recruitment of Team Around the Family Co-ordinators is underway and the communications and engagement work is beginning advertising the Professional Help Line, both of which will be launched September/October 2025. This resource, alongside the Family Hubs, will provide support to key partners to help families at an earlier stage and avoid the need for specialist services.
- **Family Help** – we are taking a phased approach to the integration of early help keywork with social work teams. The first phase of these changes will launch in January/February 2026 with our Family Help teams based in Eastbourne. The structure and configuration of teams has been agreed and staff involved have been briefed.
- **Multi-Agency Child Protection Teams** – we are in the early stages of planning for this part of the reforms, working closely with our partners in Health and the Police. A pan-Sussex Strategic Transformation Group has been established as part of the Safeguarding Children Partnership governance arrangements to ensure strategic input from partners during this design and planning phase.
- **Family Network Approach** – this new focus will support family led plans continuing work on a draft model, guidance and workforce development offer which will be developed and finalised over the summer. This is building on our well embedded Family Group Conferencing model in East Sussex.

Family and Youth Hubs

The Government's Youth Investment Fund programme to improve Youth Hubs in East Sussex is nearing completion. Heathfield Youth Hub will be a new multipurpose facility for children and young people serving Heathfield and the surrounding villages. The Joff Youth Hub, situated in Peacehaven, is undergoing a major extension and refit and will serve the Havens. Both Youth Hubs are expected to open in Q2.

Major refurbishment works on the Hollington Youth Hub began in April 2025 following a capital grant from the Government Work should be completed Feb 2026.

During the closures the Youth work programmes have been delivered from local community venues.

The new and refurbished Hubs will deliver a range of activity programmes and support services for young people that focus on emotional and physical well-being, delivered by the Council and a range of partner organisations.

Child in Need (CIN) cases and Child Protection Plans (CPP)

Child in Need numbers remain broadly stable at 951 (June 2025) plus 152 children allocated to Children's Disability Service. This reflects the number of children having their Child Protection Plans stepped down to Child in Need plans whilst the volume of new cases coming from the Duty and Assessment Team (DAT) remains relatively high in Q1.

Our proportion of Child in Need Plans that have been open for at least 9 months has remained stable at 27% (256 plans). As at June 2025, 87% of Child in Need cases had a visit within the required timescales of 30 days.

Child Protection Plan levels have reduced to 579 at end of Q1 (547 plus 11 unborn children), down from 614 in Q4 2024/25. This has been achieved through effective multi-disciplinary work with children and families, reducing risk and effecting change with families.

Child Protection Plan visits within 20 days from referral remain stable at 93% (June 2025), meaning that we are confident that children are being seen and spoken to by social workers, who use visits to progress children's plans.

Connected Practice

Significant progress has been made through the development and upcoming launch of Practice Lead programmes in Motivational Interviewing, Attachment, and Reunification—each designed to strengthen our model of Connected Practice. These programmes, set to launch in the autumn, reflect our commitment to embedding evidence-informed approaches across our work.

Connected Families

The Connected Coaches team work with young people (aged 11+) who are identified as being on the edge of care or are being supported back into the care of their family. This work is informed by multidisciplinary planning and intensive support delivered by a team of connected coaches and clinical practitioners. Alongside an allocated Social Worker, the team plan and deliver interventions that support the young person and address parent/carers needs and wider systemic issues. The aim is to reduce risk, increase stability and promote the care of young people within their family.

In Q1 the Connected Coaches team successfully concluded interventions with 10 young people supporting them to remain living within their family network. Achieving increased stability for these young people improved their outcomes and avoided the need for them to become looked after (achieving a cost avoidance of £1.073m based on a 12-month placement projection). The team also made a saving of £0.023m through supporting a young person to be reunified home, a key future focus for the team. 93% of young people worked with in 2024/25 have sustained living within their families.

The Connected Families Intervention Practitioners (CFIP) are adult focused specialist practitioners, delivering support and interventions with parents/carers experiencing domestic abuse, problematic mental health and/or problematic drug and alcohol use. These are parents and carers of children open to Children's Social Care on Children in Need or Child Protection Plans. The team are working with parents across the county with the aim of providing dedicated support to address their personal issues to support families to stay together and improve the wellbeing and life chances of children.

In Q1, we successfully concluded interventions with 78% of families we worked with. Parents/carers were supported to achieve stability in relation to their mental health, drug and alcohol use, safety from abuse or causing others harm. A recent audit showed that CFIP was involved with 73% of families who were stepped down from Child Protection to Child in Need plans in Q1. Engagement and outcome rates remain high which indicates the positive impact the CFIP practitioners are having when addressing key issue affecting parents and carers.

Rate of Looked After Children (LAC) (per 10,000 children) (ref i)

The LAC rate at the end of Q1 was 67.1 (695 children) this remains below the national average rate for England (73.9, Q4 2024-25) and IDACI (expected rates based on levels of deprivation) at 70.0, Q4 2023-24. The rate is above our statistical neighbours (62.8, Q4 2024-25).

56 children entered care in Q1, with 47 children discharged. The admissions were made up of several large sibling groups, some smaller sibling groups of 2 and 3, a small number of single children and 4 separated children, being transferred via the National Transfer Scheme (NTS). Of this cohort 27 were accommodated through Section 20 (s20) of the Children's Act, 7 were admitted to care through emergency orders and 22 entered care through planned Care Proceedings. The demand for s20 looked after children admissions for adolescents with complex needs across mental health, special educational needs and social care continues to be the most challenging area across the service from a practice and cost perspective.

As part of our approach to enabling more children to live safely with their families, the service has been focused on supporting children to be reunited with their families or wider network where it is possible to do so. In Q1, 17 children were successfully reunified with family/friends. All children supported under s20 are regularly considered in terms of options to support reunification/step down through the Valuing Care Panel. A refreshed reunification framework has recently been developed, based on nationally recognised best practice, to support the service in maximising these arrangements. When children do need to come into our care the Valuing Care Panel supports the plans for our children to live in the right placement, for the right length of time and remove any barriers where necessary.

Mockingbird

The Mockingbird Family Model consists of a "constellation" of foster homes, including a "hub" home that provides support, resources, and planned and emergency respite care to the other "satellite" homes. The core aim is to improve placement stability, strengthen relationships between foster carers, children, and young people, and to create a more positive experience of care by reducing isolation and enhancing support systems.

East Sussex's first Mockingbird constellation was launched at the end of March 2025. This was funded through a Department for Education (DfE) grant. Mockingbird families share experience and understanding, celebrate successes, and support each other through challenging times. The Home Hub carers arrange monthly meetings and social events such as lunches, picnics and fun activities to bring people together. They also provide day care and offer short breaks for children and young people.

Discovery Child Initiative (Specialist Services)

The Discovery Child initiative aims to reduce harm to child victims of exploitation and harm caused by perpetrators, whilst reducing risk to children on the periphery of exploitation. This is being done through early identification, multi-agency information sharing, rapid intervention, safeguarding and work to disrupt the sexual and criminal exploitation of children and young people, break the cycle of abuse and send a signal to perpetrators about the consequences of their actions.

Through strong partnership working with Sussex Police and other partners, we have achieved a three-week reduction in the time taken for an intelligence submission to be evaluated and actions set, from 28 days in March 2024 prior to the pilot starting, to 7 days. 26 joint Police and Social Care visits have been offered to vulnerable children and a total of 85 criminal disruptions against child exploitation were achieved in 2024/25 (up from 18 in 2023/24). This is the highest number of recorded Police disruptions across both Sussex and Surrey. This positive work has enabled the number of successful child protection disruptions to increase from 11 in 2023/24 to 59 in 2024/25.

Contextual safeguarding measures have been deployed in Police led operations recently within Hailsham and Eastbourne. This has resulted in criminal and child protection disruptions, including the identification and charging of adult drug dealers and the reductions of criminal offending, following 61 disruptions across both towns.

Health and Wellbeing Project for care experienced young people

This project provides care experienced young people with opportunities to participate in activities that benefit their mental wellbeing by providing access to Personal Health Budgets and links to community provision. As well as seeking to improve care experienced young people's health and wellbeing outcomes the programme aims to deliver earlier intervention/support and reduce the need for escalation into mental health services. Young people co-produce their Health and Wellbeing plans. A Mental Health Nurse Specialist is based in the team providing direct support to young people with a focus on supporting them to manage their mental health, particularly the impact of trauma, self-esteem, anxiety and isolation related issues.

The project has supported over 350 young people during the last three years. The evaluation of the project has shown significant improvements in participants physical health, mood, motivation and sleep as well as reduced social isolation. Having a creative, flexible and responsive approach

that can remove some of the barriers to accessing community resources remains a work in progress as part of this project.

Education

East Sussex Area Special Educational Needs and Disabilities (SEND) Inspection Improvement Plan

Following the Area SEND Inspection in November 2024 and the publication of the inspection report in February 2025 the East Sussex local partnership (the Council and NHS Sussex) were required to update their strategic plans to address the recommendations from the report. The Area SEND Inspection Improvement Plan was published in April 2025, and the existing SEND strategy has been extended to the end of 2025/26 academic year.

Improving Alternative Provision in East Sussex

Significant progress is being made on transforming the Alternative Provision offer in East Sussex. We have continued to work closely with the London South East Academy Trust (LSEAT) in preparation for the launch of the East Sussex Academy provision in September. During Q1, LSEAT have been working with primary and secondary schools to deliver outreach work to pupils at risk of exclusion. LSEAT have also provided provision and support directly to 40 excluded pupils who have been out of education for up to 2 years. They successfully secured engagement from over 80% of these pupils who have now gone on roll of the satellite provision run by East Sussex Academy.

The local authority has worked with partners in the Alternative Provision sub-group, and consulted widely with stakeholders, to develop our Alternative Provision Strategic Plan. This sets out our ambition for children who need to access alternative provision. The Plan will be used to ensure alternative provision delivers positive educational and progression outcomes for young people. It will also ensure that the significant resources the local authority and educational settings commit to alternative provision are joined up across the system and that children and young people get the right support at the right time.

SEND Supporting Transition

All children and young people with an Education, Health and Care Plan (EHCP) have an annual review to determine how well the provision and support in the plan is being delivered and whether any changes are required. The EHCP Transitions Service supports schools with the review process for children in priority year groups to ensure that the review is person-centred and supports planning for transition to the next phase of education or adulthood. In Q1, the practitioners have undertaken 295 annual reviews, the majority for Year 6, Year 9 and college pupils.

There has been overwhelmingly positive feedback about the EHCP Transitions Service. Some of the highlights from evaluations received are:

- 93% of parents agreed or strongly agreed that they had the opportunity to share their views within the annual review and that their needs, feelings and wishes were listened to
- 100% of settings strongly agreed the annual review was person-centred
- 100% of settings agreed or strongly agreed that the annual review focused on the child/young person's future aspirations
- 100% of respondents agreed or strongly agreed that they felt prepared ahead of this meeting
- 100% of respondents agreed or strongly agreed that they felt confident about the next steps following this meeting

School Admissions

National Offer Day for primary phase admissions was on 16 April 2025. This year 91.2% of East Sussex residents who applied on time were offered their first preference, and 98.0% were offered one of their preferences. This figure is slightly lower than the previous year when 93.7% of East

Sussex residents who applied on time were offered their first preference, and 98.8% were offered one of their preferences. The reason for this slight drop is largely because of changes in parental preference for different schools which sometimes means that specific schools have more applications than places available. Overall primary school pupil numbers are decreasing and as a result schools are concerned about low pupil numbers. We continue to work closely with schools on their future sustainability through our Small Schools Strategy.

Expanding Places in Early Years

The Early Years Funding team works closely with parent/carers, early years providers and other agencies to ensure the take up of the DfE's free early education entitlement for three- and four-year-olds. During Q1, four schools in East Sussex were informed by the DfE that their bids for capital funds to establish a school-based nursery were successful. Chyngton Primary School, Little Common Church of England Primary School, Pashley Down Infant school and Pevensey and Westham School will all receive capital funding of up to £150K to set up a nursery. The team have been supporting the schools to get ready for opening. These new nurseries will help increase the number of places available for families to access funded early education and childcare places.

During Q1, the team have also been supporting voluntary run provisions to look at moving to Community Interest Companies. These provide a more sustainable and robust business model for the voluntary sector. This includes offering drop-in sessions for trustees/committee members. In June a marketing campaign was launched to promote the use of wraparound provision and to also promote the use of working families tax credits to support with the cost of childcare.

Proportion of all new EHC Plans issued within 20 weeks (ref ii)

(a) Including Exception Cases

(b) Excluding Exception Cases

Of all new EHC Plans issued during Q1; (a) 42.3% (52 out of 123) including exceptions and (b) 43.0% (52 out of 121) excluding exceptions were issued within statutory timescales. These compare with figures for the comparative period last year of (a) 74.6% (91 out of 122) including exceptions and (b) 74.6% (91 out of 122) excluding exceptions.

Since Q3 2024/25 we have seen a steady decline in timescale performance due to late statutory advice from partners in Health and Social Care. This is primarily as a result of staffing issues and, in relation to social care advice, high volume of demand in the Multi Agency Safeguarding Hub (MASH). A significant amount of work has been undertaken to streamline the process for professionals and work is underway to recruit new staff to the MASH. Timeliness of advice is included as an area of focus in the Area SEND Inspection Improvement Plan, so this is a priority for the Council. There is considerable risk to performance in this area due to the broader demands and capacity pressures for statutory partners. The number of requests for plans continues to rise, and anticipation of SEND reform is driving further demand.

Communications Planning and Performance

Partnership working

A new [Multi-Agency Neglect Toolkit](#) has been created to support the needs of a wide range of professionals in their work with children and young people. The Council's Practice Educator has collaborated with professional stakeholders to ensure that professionals in education, health and early help and social care can access a new model of practice and carry out work that is a priority across the county. The toolkit now includes standardised documents for assessing neglect and resources specific to different professions.

Revenue Budget Summary

Based on current financial modelling, the Q1 predicted outturn for the end of 2025/26 is £174.724m. This is a forecast year-end overspend of £16.664m (**ref xvi**).

In 2025/26 CSD has a net budget of £158.060m. There has been £13.301m additional budget given for growth and inflation, however £3.239m has been removed for permanent savings (**ref**

ix). This equates to a net increase of £10.062m. This year, all £3.239m of savings have been achieved.

CSD's year-end outturn for 2024/25 was £157.585m. This was against a budget of £146.985m, representing a £13.647m overspend. The CSD 2024/25 Q1 forecast was £157.375m, only £0.210m less than the final outturn figure. This shows the accuracy and consistency of the forecasting throughout the year.

The main financial pressure continues to come from the statutory demand-driven areas of Looked After Children, Child Protection, and Home to School Transport.

Not included in the figures reported above is the position of the Dedicated Schools Grant (DSG), which, in accordance with the Schools and Early Years Finance (England) Regulations 2020, is required by local authorities to be shown on their balance sheets. As of 31 March 2025, East Sussex has a cumulative surplus of £2.837m, which is very unusual, as most local authorities have significant deficits. However, there is an in-year forecast deficit of £19.133m on the DSG, which will result in an overall deficit by the end of 2025/26. £15.196m of the overspend is related to costs of provision for children with Education & Health Care Plans. The statutory override has been extended until March 2028, at which point any deficit will then be offset against useable council reserves.

Commissioning and Transformation overspend of £12.284m (ref xiii)

Commissioning and Transformation is a new division in which all LAC placement expenditure sits. It has a budget of £69.600m and forecast expenditure of £81.884m at the end of 2025/26, based on current financial modelling.

£1.593m savings have been approved to come from the division this year at budget-setting and it is set to achieve them (ref iii). This is down to the early intervention workstreams Valuing Care and Connected Coaches. Both programmes have aimed to stepdown looked after children from high-cost placements into placements which meets their needs at a lower cost, or where possible, to reunify the children with their families.

Looked After Children placements

For 2025/26 a budget of £52.183m has been set for LAC placements. £1.000m of this budget is being transferred to pay for the Connected Families teams in Specialist Services, which are focused on prevention activity to support children to remain living with their families. A further £0.100m budget will be contributed to the South-East Regional Care Co-operative (RCC), which has been established to enhance regional commissioning, improve market shaping, and ensure there are sufficient placements to meet the needs of children in care.

LAC placements remain the largest financial pressure within Children's Services, with a Q1 overspend forecast of £12.109m for 2025/26. At the end of 2024/25, the LAC placement overspend was £9.087m.

£15.058m overspend is forecast on agency residential and secure placements, with £0.109m underspend forecast on agency foster carers, £2.465m underspend on agency semi-independent living, and £0.287m underspend forecast on in-house East Sussex foster carers.

The rate of LAC has remained reasonably consistent since the start of 2024/25 at 67 per 10 000, equating to 695 children. This is below the average for England (73.9), and below the expected IDACI rate (70), however is higher than the statistical neighbour average of 62.8. The rate of children entering care has been relatively consistent over the past four years with a slight increase last year, however the rate of children ceasing to be looked after has reduced in the last year and is lower than the England and statistical neighbour rate. This is an area of focus for the service and it is what the financial modelling and forecast overspend is currently based on.

In-depth analysis, modelling and planning has been undertaken for the LAC budget forecast across Children's Services and finance. The 2025/26 forecast includes several assumptions:

- Costs have been calculated based on service level intelligence on each child in terms of what may change in terms of placement (e.g. for placement end dates, step downs, reunifications and

those turning 18). A risk with this model is that placement step downs may not be achievable given the sufficiency challenges nationally, or that children's needs change.

- An estimate for growth has been included in the forecast (£4.488m). This is based on local and national trends, particularly recognising the increasing pressures regarding adolescents with complex needs. This also considers the changes in placement mix we have seen with an increasing percentage of children requiring residential and specialist provision, the increase in costs we are experiencing in supported accommodation market since Ofsted registration became mandatory, and the reductions (a national and local trend) in foster carer sufficiency. A further significant factor is the increase in price across all placement types.
- A 3.4% inflationary increase has been forecast across all care providers for 2025/26. This equates to around £1.926m. Providers are increasingly challenging regarding inflationary increases and they seek higher annual uplifts due to national insurance costs and operational costs. Blanket uplifts are not applied in Children's Services and negotiation takes place on all placements.

The service is ambitious to realise a 3% reduction in LAC numbers this year. It should not be assumed that this will translate to an equivalent 3% reduction in costs across all placement types, as it is more likely that reunifications will be achieved for children in lower cost placements.

The rationale for the projected increase in costs for 2025/26 is provided below:

- 16 children with very high levels of need entered care into high-cost placements in 2024/25. The total 2024/25 forecast for these 16 unplanned entries to high-cost placements was £8.727m. Most of these children entered care in Q3 2024/25 and 7 of these children were included in the top 10 highest cost placements as at the end of 2024/25. These 7 children remain in the top 10 of the highest cost placements (as at the end of Q1 2025/26) due to their complexity of needs (these include children entering care from hospital and adoption breakdowns). These 7 children in high-cost placements are forecast to cost £8.178m in 2025/26. The risk remains of children who are currently unknown to the service entering into care from hospital, youth justice settings, or adoption breakdowns throughout this year and it is hard to quantify a forecast for the unknowns.
- Increase in the number of children in residential provision. In Q1 2024/25, 113 children were placed in residential children's homes (16.5% of all LAC), in Q1 2025/26 this has increased to 130 children (19% of all LAC). This relates to the needs of the children but also the lack of sufficiency in foster carers meaning that children who are suitable for foster care are in some cases having to be placed in residential provision.
- Increase in cost and complexity of the top 20 highest-cost placements in the past 12 months. There has been an 8% increase (from £14,831 per week to an average of £16,063 per week) in the past year, and a 43% increase in the length of placements. These placements are for adolescents with a high complexity of need across social care, health and education. Many children have emotional/mental health concerns, increasing numbers have a neurodiverse profile, and behaviours that challenge. A number require deprivation of liberty orders to ensure appropriate levels of safeguarding. The service has a small number of children currently placed in Care Quality Commission (CQC) registered settings due to the level of need, with no Ofsted registered provision being able to meet needs. These 3.2% (20 children) of LAC numbers, excluding Separated Children, contribute to 21% of the total LAC placement spend, excluding Separated Children.
- Increase in the average price of all placements. This is particularly significant in relation to placements costing over £10,000 per week. In Q1 2024/25, 15 children were in placements over £10,000 per week. This has increased to 21 in Q1 2025/26. This is a national trend as recently highlighted in a report by the Local Government Association. This equates to a weekly increased spend of £105,741 (this would total £5.498m if assumed to continue for the full year).

The following action is being undertaken to mitigate costs and reduce pressure.

- Connected Families Intervention Practitioners (CFIP) – this service has achieved a reduction in children subject to child protection planning in Q1 2025/26. In 2024/25 CFIP delivered £0.650m savings through reunifying children with families, and £6.019m cost avoidance through enabling children on the edge of care to remain living safely within their families. £1.861m cost avoidance has been achieved in 2025/26 through safely reducing the number of children on Child Protection plans and Children In Need plans, this has supported avoidance of children requiring care. This work will further support the reduction in the rate of children becoming looked after and will further contribute to reunification planning.
- Maintained delivery of successful Foundations programme (aimed at avoiding repeat care proceedings for parents/carers who have had children previously removed from their care), Family Group Conferencing and support for Kinship carers.
- Further embedding Valuing Care approach. This has achieved £3.718m of savings to date through step downs and reunifications. Further workforce development and integration into care planning and fostering assessment is underway. Valuing Care panels focus on plans for children and multi-disciplinary working to remove barriers to transition of placements.
- New 'Heading Home' strategy developed to support reunification planning and monitoring.
- A commissioning and placements service was established in 2024/25, with increased capacity. The service is focused on improved market management, challenging provider costs and working at a regional level with the RCC to improve placement sufficiency and management across the South East. It is engaged in local frameworks which are being strengthened through the RCC. Development work is underway with Integrated Care Board's regarding integrated commissioning models to establish consistency.

Income from NHS Sussex has been included in the forecast to jointly fund placements that support the health needs of a small number of looked after children. Work is taking place to continue to increase the level of health contributions to children's care packages.

The Commissioned Services budget will underspend by £0.068m this year due to the suspension of contributions of £0.240m to the NHS this year, with the CAMHS (Children and Adolescent Mental Health Services) adoption service to be delivered in-house and funded from this budget at a cost of £0.100m (a reduction from £0.112m when provided externally), therefore there is a total saving of £0.140m in this area for 2025/26.

Children's Disability Service (CDS) Placements will overspend by £0.245m, with £0.092m small mitigations against the £0.337m pressure in short-term agency placements for children with disabilities. The pressure is including uplifts in fees charged by providers and new commitments for children.

Early Help and Social Care overspend of £2.847m (ref xii)

Early Help and Social Care has a budget of £45.268m and forecast expenditure of £48.115m at the end of 2025/26.

£0.100m savings were approved to come from the division this year and it is set to achieve them **(ref viii)**. This is from a higher level of funding received via the Children and Families grant this year.

The Early Help service is reporting a £0.296m overspend due to Keyworker staffing. A recruitment freeze is in place in order to alleviate the pressure.

The portion of the Looked After Children budget related to staffing sits within Early Help & Social Care. This is currently forecast to be £0.364m overspent, but this will be further scrutinised throughout the year.

Locality Social Work and Family Assessment is forecasting a £1.736m overspend. £1.280m of this is related to salaries of staff members hired to meet demand within the statutory area of Child Protection. The Council is looking at ways of reducing this spend, such as holding vacancies and

reducing the number of newly qualified social workers who are hired. Of the forecast salary spend, only £0.012m is related to agency social workers, with the rest being permanent. East Sussex has one of the lowest levels of agency social workers in the country.

There is £0.695m pressure in Locality relating to accommodation costs for vulnerable families and children, the most significant pressure relates to the Intentionally Homeless families which the Local Authority has a statutory duty towards.

There is a £0.450m pressure within Connected Families (Specialist Services), due to previous invest to save funding being fully utilised in 2024/25. This service is considered essential in delivering cost avoidance and savings through preventive interventions and supporting reunification. It is also key to the Government's social care reforms through the Families First Programme.

There is £2.929m set aside within the Medium-Term Financial Plan for the Localities/Family Help pressure in 2026/27. If available next year, this will help towards the known pressures within the area. In the meantime, there is a plan in place to reduce staffing overspends through natural wastage and staff turnover.

There is £0.031m overspend forecast within the Management team and £0.028m underspend forecast within Separated Children.

Communication, Planning and Performance (including Home to School Transport) overspend of £1.462m (ref xv)

Communication, Planning and Performance has a budget of £33.369m and forecast expenditure of £34.831m at the end of 2025/26.

£0.957m savings were approved to come from the division this year and it is currently set to achieve £0.468m in this financial year and £0.489m in future years. An array of cost reduction measures is taking place within Home to School Transport (see below), which will increase the achieved savings figure throughout the year.

Outdoor Education is forecast to overspend by £0.079m, as the transfer of Buzz Active to Bedes has not yet been agreed but the saving (**ref v**) was deducted from the budget at the beginning of the year. In year mitigations are being sought including staffing structures and management of activity equipment in relation to both sales and purchasing.

There is £0.003m underspend forecast in Planning and Performance, £0.008m overspend forecast in Safeguarding, and £0.053m underspend forecast within Equalities and Participation.

Home to School Transport has a forecast overspend of £1.434m. The forecasts are calculated based on an extrapolated model of current and previous clients, with a growth figure added for recent applications, and an assumption made about unrecoverable income owed by other Local Authorities.

Due to conflicting Government legislation, Local Authorities can take different stances on who pays for looked after children who are placed in and have transport provided by other Authorities. East Sussex aligns with the Education Belongings Regulations 1996 but has now adopted a reciprocal position with the authorities it interacts with.

Of the forecast £29.602m spend, 62% relates to clients with SEND. Spend on these clients is set to increase by 10% from 2024/25. This is linked both to EHCP numbers and unit costs increasing. The increases have slowed since 2023/24, when there was a 19% increase in pupil numbers and 15% increase in unit costs. However, the numbers are set to increase again by 13% this year and the unit costs by 5%. The increase in unit costs is dictated by general inflation as well as the higher National Insurance contributions paid for drivers this year.

Significant work has gone into implementing cost reduction measures within the Home to School Transport service. Plans to optimise routes for the new academic year are underway, with 450 out of 663 taxi and minibus routes having been reviewed. The focus has been on the 25 schools where 75% of SEND pupils are being transported. As a result of this work, there will be 50 fewer routes across 16 optimised schools and 8 fewer taxis. The savings on taxis have been calculated

at £0.200m per year (**ref vi**), and work is ongoing to quantify the results of the rest of the work which is why we anticipate increasing the amount of savings.

Solo routes have been reviewed and there was a reduction of 56 solo routes in July. Most of this is down to leavers, with some down to the optimisation work. There are 211 remaining solo routes, with SEND pupils accounting for 143 of these. There are also 23 Further Education students on solo routes and 23 Alternative Provision students.

A new Personal Transport Budget strategy has been rolled out and 184 families have been contacted with the enhanced offer. To date, a small number of families have accepted and been transferred from a solo taxi contract, resulting in £0.146m annual saving (also included in **ref vi**). This is combined with the £0.200m saving mentioned above to produce the total reported saving of £0.346m.

Education overspend of £0.303m (ref xiv)

Education has a budget of £154.634m and forecast outturn expenditure of £154.937m at the end of 2025/26.

£0.360m savings were approved to come from the division this year and it is set to achieve them (**ref iv**). This has been achieved through a review of staffing and resources across several education teams, along with a reduction in spend on external consultants.

There is £0.205m overspend within the SEND and Safeguarding service. £0.105m of this is for staffing required to deal with the level of demand in the Elective Home Education team, and £0.100m is attributed to agency staff to deal with the demand in the Assessment & Planning team.

Participation and Planning is showing an overspend of £0.126m as a result of both staffing costs and feasibility studies related to works in schools which don't go ahead and can't then be capitalised.

Inclusion and Partnerships is showing an underspend of £0.026m due to their reduction in spend on consultants for schools requiring support.

Central Resources underspend of £0.232m (ref xi)

Central Resources has a budget of £1.279m and forecast expenditure of £1.047m at the end of 2025/26.

Whilst savings of £0.229m were approved as part of budget-setting (**ref vii**), the division has been able to identify savings of £0.107m this year and £0.122m in future years. £0.102m of this year's savings are down to planned underspends in the new attendance function (**ref x**). An additional saving related to the consolidation of back-office functions is taking place but the restructures required won't occur until after 2025/26.

Within this area, £0.177m academisation reserve funding and £0.040m Supported Families funding is being drawn down on in year.

Capital Programme Summary (ref xxx)

The total capital budget for 2025/26 is £2.429m and the forecast spend is £2.908m, an overspend of £0.479m (**ref xviii**).

The overspend is due to the Housing Adaptations for Disabled Children (**ref xvii**). There is no budget set for this programme this year, but it is demand-led and statutory. East Sussex provides top-up funding towards projects which are funded from the Disabled Facilities Grant managed by the district and borough councils within East Sussex. The projects are for the provision of suitable facilities in private residences to enable disabled children to remain living with their families. The £0.479m overspend is due to a backlog of adaptations agreed in prior financial years.

All other projects are forecast to budget.

Performance exceptions

Performance measure	Outturn 24/25	Target 25/26	RAG Q1 25/26	RAG Q2 25/26	RAG Q3 25/26	RAG Q4 25/26	Q1 outturn	Note ref
Rate of Looked After Children (per 10,000 children)	66.7 (691 children)	64.7 (670 children)	R				67.1 (695 children) 60.7 (629 children excl Separated Children)	i
Proportion of all new EHC Plans issued within 20 weeks (a) Including Exception Cases (b) Excluding Exception Cases	(a) 68.5% (b) 71.3%	(a) 65% (b) 70%	R				(a) 42.3% (b) 43.0%	ii

Savings exceptions 2025/26 (£'000)

Service description	Original Target For 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
Looked After Children	1,593	1,593	1,593	-	-	iii
Education	360	360	360	-	-	iv
Buzz Active	107	107	-	107	-	v
Home to School Transport	728	728	346	382	-	vi
All divisions	229	229	5	122	102	vii
Supporting Families programme	100	100	200	-	-	viii
Communication, Planning and Performance	122	122	122	-	-	
Total Savings	3,239	3,239	2,526	611	102	ix
Attendance			102	-	-	x
All divisions			-	-	(102)	
Subtotal Permanent Changes ¹			102	0	(102)	
Total Savings and Permanent Changes	0	0	2,628	611	0	

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
Savings underachieved in-year	-	611	611	
Total	0	611	611	

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Revenue Budget 2025/26 (£'000)

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Central Resources	3,116	(1,837)	1,279	3,061	(2,014)	1,047	55	177	232	xi
Early Help and Social Care	57,503	(12,235)	45,268	64,344	(16,229)	48,115	(6,841)	3,994	(2,847)	xii
Commissioning and Transformation	75,423	(5,823)	69,600	90,599	(8,715)	81,884	(15,176)	2,892	(12,284)	xiii
Education	306,241	(151,607)	154,634	307,964	(153,027)	154,937	(1,723)	1,420	(303)	xiv
Communication, Planning and Performance	37,621	(4,252)	33,369	39,733	(4,902)	34,831	(2,112)	650	(1,462)	xv
Schools	158,386	(158,386)	-	158,386	(158,386)	-	-	-	-	
DSG Non Schools	-	(146,090)	(146,090)	-	(146,090)	(146,090)	-	-	-	
Total CSD	638,290	(480,230)	158,060	664,087	(489,363)	174,724	(25,797)	9,133	(16,664)	xvi

Capital programme 202/26 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget 2025/26	Actual 2025/26	Variation (Over) / under 2025/26 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
Housing Adaptations for Disabled Children's Carers' Homes	1,547	1,547	-	74	479	(479)	-	-	xvii
Schools Delegated Capital	30,326	30,326	1,150	(58)	1,150	-	-	-	
Conquest Centre redevelopment	341	341	-	-	-	-	-	-	
Youth Investment Fund	193	193	-	-	-	-	-	-	
Children's Services Essential System Developments	1,279	1,279	1,279	146	1,279	-	-	-	
Total CSD	33,686	33,686	2,429	162	2,908	(479)	0	0	xviii

This page is intentionally left blank

Communities, Economy & Transport – Q1 2025/26

Summary of progress on Council Priorities, issues arising, and achievements

Economy and environment

Employability and Skills

The Skills East Sussex Engineering Task Group delivered engineering clubs at schools in Hastings in Q1. We also procured partners to deliver eight Skills Bootcamp courses during 2025/26. Delivery of the Bootcamps is scheduled to start in Q2. We are expecting to achieve the targets for the year against both elements of this measure (**ref i**).

225 Industry Champions were supporting schools and colleges with activities such as career talks and Open Doors workplace visits, at the end of Q1. 334 pupils attended Open Doors visits during Q1. A celebration event for Industry Champions was held in June 2025, to thank them for offering over 1,800 young people from 35 schools/colleges 152 Open Doors visits between September 2024 and July 2025.

Working with colleagues in West Sussex County Council and Brighton & Hove City Council, we are currently drafting a Get Sussex Working Plan for submission to the Government in Q2. The plan will have a pan-Sussex overview and 3 implementation plans, one for each authority.

Skills East Sussex celebrated a decade of working to improve local employment and skills levels and boost economic prosperity in East Sussex in Q1. As the county's strategic body for employment and skills, Skills East Sussex has grown from a modest local partnership into a nationally recognised model of best practice. Work over the last decade has included:

- securing over £60m of additional funding for the delivery of employment and skills initiatives and capital infrastructure
- launching six industry sector task groups
- establishing one of the UK's first Career Hubs, which now supports dozens of schools with programmes such as Open Doors, ICAN Careers Fairs and Steps to Success
- developing adult learning and employment programmes such as Moving on Up, Support into Work and Multiply

Apprenticeships

Q1 has seen 41 new apprentice starts and we are now spending, on average, over £100,000 of Apprenticeship Levy funding on apprenticeships monthly. The majority of new apprenticeship starts within the Council have been for management apprenticeship qualifications and within Children's Services for front line care staff. In line with central government changes to the criteria for eligible use of the Levy, enrolments for Level 7 senior leader masters degree apprenticeships are being discontinued at the end of 2025 for anyone over the age of 22 years old.

The Government has recently released a programme of 'Skills Boot Camps' and we are currently working through our approach to ensure that we make the best use of these without detrimentally impacting on the Council's Levy spend.

Cultural investment and recovery

The East Sussex, Brighton & Hove, and West Sussex Local Visitor Economy Partnership (LVEP) has launched the ['How to Sell Sussex to Visitors' toolkit](#). This project was launched in response to the 2021 Sussex Visitor Economy Baseline Review, which identified the need for a clear, unified identity for Sussex. The LVEP has a goal to help grow the visitor economy from £5 billion to £7.5 billion. The Toolkit is supported by a [graphic language document](#) which will be used for joint campaigns. In addition, a series of photography assets are available. With numerous consumer-facing brands already active in Sussex's visitor economy, the primary aim of this project is not to replace these brands, but to promote the broader use of consistent Sussex messaging. A

comprehensive plan to promote the toolkit with the help of the LVEP Advisory Board and Destination Forum is in progress. The resources are being shared with stakeholders, along with a set of social media templates for Sussex Day and English Wine Week.

An [Experience Sussex](#) tourism digital marketing plan is now in place and a campaign on Expedia in Q1 saw almost 1,400 travellers book to visit and over 154 room nights secured. 200 East Sussex businesses are now listed on the Experience Sussex website, and there was a 31% increase in users of the site in Q1 2025/26, when compared to Q4 2024/25.

Business Support

67 businesses in East Sussex were supported through business support programmes in Q1. 47 of these were supported through the Growth Hub, 17 through Newhaven Business Grants and 3 through Rural Business Grants. The support has led to increased profitability, new jobs and new product development.

Environment and climate change

We continue to work both across the organisation and with partners across a range of environment and climate change areas. This included:

- finalising the climate change adaptation toolkit, which will be rolled out to 3 services during 2025/26
- continuing discussions with GB Energy about options for securing third party funding for rooftop solar panels on grant-maintained schools
- continuing to provide environmental advice to local planning authorities in East Sussex
- assessing the tenders for the fourth round of Sussex Solar Together, which will be available to residents in autumn 2025
- continuing to host the [Sussex Nature Partnership](#) and the [Sussex Air Quality Partnership](#)
- continuing to develop the local nature recovery strategy for East Sussex and Brighton & Hove, which is currently planned to be published by early 2026

Planning

100% of County Matter applications were determined within the statutory determination period during Q1. 100% of County Council development applications were determined within 8 weeks or within an agreed extension of time during Q1.

Highways, transport and waste

Highways improvements and road condition

7,080 potholes were repaired in Q1, with 4,903 of these being carriageway potholes; the remainder were primarily footway potholes. We completed 42 road improvement schemes in Q1 to improve the condition of the roads.

Following the exceptionally high percentage of unclassified roads reported as requiring maintenance in 2024/25 further work was undertaken to determine the underlying issues. This validation work raised questions around the accuracy of the condition survey that had been undertaken. A piece of work looking at a sample of the roads that had been surveyed was commissioned from a different highway condition survey contractor, TRL Ltd, to assess the validity of the original results. During Q1 we received the results of this validation work which indicate that the original survey did overestimate the percentage of unclassified roads requiring maintenance. We have discussed these findings with the Department for Transport who have agreed that, due to the data quality issues identified, this result will not be included in their national statistics on unclassified road condition.

As a result of the issues identified it is recommended that the outturn for Q4 2024/25 is updated from 31% to 'not available' in public documentation, including the 2025/26 Council Plan (**ref ii**).

We have not renewed the contract with XAIS, the contractor who was commissioned to carry out the 2024/25 survey, and have commissioned TRL Ltd to do the 2025/26 survey. We are confident that following this change, the issues experienced with last year's survey will not be encountered in future. Each year we assess 50% of the unclassified road network, with 100% of the road network assessed within a two-year period. This goes above the DfT expectation that local authorities will assess their entire road network over a maximum four-year period. The outturns reported are based on combining the results of the surveys from the latest two years. As the survey undertaken in 2024/25 is of insufficient quality to be used the DfT has agreed that we can use the survey results from 2022/23, which looked at the same roads, to calculate our outturn for 2025/26 in the national statistics.

It is proposed that, while this approach is not ideal, in the absence of a suitable alternative, that this is used for reporting against the Council Plan measure for 2025/26. For context, of the 50% of the roads assessed in 2022/23, 16% required maintenance.

Road safety

Planning for the road safety schemes to be constructed during 2025/26 continued in Q1, with 5 schemes scheduled to be completed in Q2.

The Council runs courses aimed at giving children and adults the skills they need for riding their bikes on the road. We delivered 140 Bikeability courses to 1,211 individuals in Q1. 130 'Wheels for All' sessions were delivered to 1,617 attendees in Q1.

Transport and parking

£18.5m of capital funds were allocated to bus priority measures in East Sussex as part of the Government's Bus Service Improvement Plan (BSIP). 5 bus priority schemes across Eastbourne, Newhaven and Peacehaven were identified, and a public consultation on all schemes took place in summer 2023. 3 of the 5 schemes are progressing into detailed design with construction to follow in 2026/27. In Q4 2024/25, a Project Adjustment Request was approved by the Department for Transport to transfer funds from 2 of the bus priority measures to the Exceat bridge project. Approval to reallocate these funds was given by Cabinet in Q1 2025/26. The Council has allocated the 2025/26 BSIP capital funding to the Newhaven bus priority scheme. To meet DfT programme targets the scheme has been split into 2 phases, the Drove phase and the Denton Corner phase. The Denton Corner phase is progressing into detailed design with construction scheduled to follow in 2026/27. The Drove phase is still to be scheduled. We aim to deliver the Telscombe Cliffs to Peacehaven bus priority scheme at the earliest opportunity if future BSIP funding is available.

Following approval by the Department for Transport and the Office for Zero Emission Vehicles, the Council has received the full allocation of £4.441 million from the Government's Local Electric Vehicle Infrastructure Fund, which will support the delivery of on-street electric vehicle charge points across the county. A tender for the procurement of a Chargepoint Operator was published in mid-April, with bids due back by the end of June. Following a period of evaluation and approval, we expect to award the tender in Q2/Q3.

Waste

The 2024/25 outturn (reported a quarter in arrears) for the amount of waste re-used, recycled or composted or used beneficially was 55%. Although total household waste has continued to increase, the recycling and reuse figures have also increased, meaning we met our target for the year.

Rights of Way (RoW) and Countryside Sites

We completed 95% of high priority maintenance work on schedule in Q1. The proactive annual clearance programme has started and the dry weather in Q1 has also enabled bridge projects to begin.

Communities

Trading Standards

Trading Standards made 45 active interventions in Q1 to protect vulnerable people, including installing call blockers and CCTV for vulnerable people who have been repeatedly targeted by scammers. 63 businesses received training or advice from Trading Standards in Q1. This included advice on food standards labelling following notifications from the Food Standards Agency and advice on product safety and trademarks, in particular in response to a national wave of counterfeit Labubu dolls.

Libraries

635 IT for You sessions were attended in Q1. The Library service continues to recruit volunteers to support the sessions. There were 501 enrolments on Family Learning Programmes in Q1, to help people develop their English, maths and language skills.

Revenue Budget Summary

The CET revenue budget is £76.247m and is forecast to overspend by £93k. The largest overspend is in Highways where the cost of electricity for streetlighting and depots is much higher than budgeted (**ref vi**). The underspend in Planning and Environment is in Transport Development Planning where there are staff vacancies and additional s278/s38 income contributions (**ref vii**). The underspending in Communities (**ref v**), and Customer, Library and Registration (**ref iv**) is mostly due to staff vacancies. It is likely that £83k of the planned 2025/26 savings will not be achieved this year (**ref iii**).

Capital Programme Summary

The CET capital programme has a gross budget of £60.245m and there is slippage of £8.096m, overspend of £244k and spend in advance of £13k. The slippage is across the two Bus Service Improvement Plan schemes where project staff sickness has resulted in delays in the delivery of critical tasks. Action has been taken to try and accelerate spend on the projects (**ref ix and x**). The overspend is mostly due to ongoing archaeology on the Bexhill to Hastings Link Road scheme (**ref viii**).

Performance exceptions (Q1 – RAG status Red, Amber, and amendment)**Priority – Driving sustainable economic growth**

Performance measure	Outturn 24/25	Target 25/26	RAG Q1 25/26	RAG Q2 25/26	RAG Q3 25/26	RAG Q4 25/26	Q1 outturn	Note ref
Deliver East Sussex Skills priorities for 2021-2026	a) Delivered seven interventions that meet the Skills East Sussex priorities b) Delivered fourteen embedded numeracy interventions	a) Deliver six interventions that meet the Skills East Sussex priorities b) Eight Level 3 sector related Skills Bootcamp courses delivered	A				a) 1 intervention delivered b) 0 Bootcamp interventions delivered	i

Performance update 2024/25 outturn**Priority – Driving sustainable economic growth**

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	2024/25 outturn	Note ref
Percentage of Unclassified roads requiring maintenance	17%	25%	G	G	G	R	Recommended amendment from: '31%' To 'Not Available'	ii

Savings exceptions 2025/26 (£'000)

Service description	Original Target For 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
Trading Standards	94	94	94	-	-	
Road Safety	18	18	18	-	-	
Registration Service	119	119	119	-	-	
Library – Adult learning	92	92	92	-	-	
Library - Stock	100	100	100	-	-	
Parking – on Street	110	855	855	-	-	
Parking - Other	410	410	410	-	-	
Parking - Rother DC	28	28	-	28	-	
Waste – Booking system	50	50	50	-	-	
Waste	65	65	65	-	-	
Rights of Way and Countryside Sites	48	48	48	-	-	
Highways	50	50	50	-	-	
Economy Division (Service-Wide)	369	369	314	55	-	
Total Savings	1,553	2,298	2,215	83	0	
			-	-	-	
			-	-	-	
Subtotal Permanent Changes ¹			0	0	0	
Total Savings and Permanent Changes	0	0	2,215	83	0	iii

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
Parking Rother DC	-	28	28	
Economy	55	-	55	
Total	55	28	83	

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Revenue Budget 2025/26 (£'000)

Divisions	Planned Gross	Planned Income	Planned Net	Projected Gross	Projected Income	Projected Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Management and Support	6,310	(3,186)	3,124	6,298	(3,175)	3,123	12	(11)	1	
Customer and Library Services	9,642	(4,115)	5,527	9,554	(4,134)	5,420	88	19	107	iv
Communities	3,242	(940)	2,302	3,055	(900)	2,155	187	(40)	147	v
Transport & Operational Services	124,699	(79,780)	44,919	124,832	(79,885)	44,947	(133)	105	(28)	
Highways	22,097	(4,993)	17,104	22,787	(5,162)	17,625	(690)	169	(521)	vi
Economy	2,477	(550)	1,927	2,946	(1,019)	1,927	(469)	469	-	
Planning and Environment	5,832	(4,488)	1,344	5,765	(4,622)	1,143	67	134	201	vii
Total CET	174,299	(98,052)	76,247	175,237	(98,897)	76,340	(938)	845	(93)	

Capital programme 2025/26 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget Q1	Actual to date Q1	Projected 2025/26	Variation (Over) / under Q1 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
The Keep	1,096	1,096	212	-	212	-	-	-	-	
Gypsy and Traveller Site Refurbishment	700	700	137	53	137	-	-	-	-	
Peacehaven Library	-	-	-	-	-	-	-	-	-	
Libraries	5,139	5,139	489	1	489	-	-	-	-	
Broadband	33,800	33,800	338	15	338	-	-	-	-	
Bexhill and Hastings Link Road	126,247	128,347	-	-	200	(200)	(200)	-	-	viii
BHLR Complementary Measures	1,800	1,800	132	3	132	-	-	-	-	
Economic Intervention Fund	8,884	8,884	-	-	-	-	-	-	-	
Economic Intervention Fund - Loans	3,000	3,000	22	9	35	(13)	-	-	(13)	
Community Focused Road Safety Interventions	750	750	422	23	422	-	-	-	-	
Safer Roads Fund A2100	840	840	864	-	864	-	-	-	-	
Climate Emergency Works	8,859	8,903	242	33	286	(44)	(44)	-	-	
Flood and Coastal Resilience Innovation	4,891	4,891	840	17	840	-	-	-	-	
Flood Management SuDS	600	600	-	9	-	-	-	-	-	
Newhaven Port Access Road	23,271	23,271	28	3	28	-	-	-	-	
Local Electric Vehicle Infrastructure	4,541	4,541	500	-	500	-	-	-	-	
Real Time Passenger Information	3,181	3,181	267	(18)	267	-	-	-	-	
Bus Service Improvement Plan	18,500	18,500	5,877	155	1,281	4,596	-	4,596	-	ix
BSIP Passenger Transport	3,815	3,815	183	282	183	-	-	-	-	
Bus Service Improvement Plan 2025-26	4,555	4,555	4,555	-	1,055	3,500	-	3,500	-	x
PAX Software System	37	37	5	-	5	-	-	-	-	
Queensway Gateway Road	3,313	3,313	470	365	470	-	-	-	-	
Hastings and Bexhill Movement & Access Package	9,583	9,583	2,346	150	2,346	-	-	-	-	

Approved project	Budget: total project all years	Projected: total project all years	Budget Q1	Actual to date Q1	Projected 2025/26	Variation (Over) / under Q1 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
Eastbourne/South Wealden Walking & Cycling Package	6,936	6,936	1,892	21	1,892	-	-	-	-	
Hailsham/Polegate/Eastbourne Movement & Access Corridor	2,251	2,251	310	19	310	-	-	-	-	
Eastbourne Town Centre Movement & Access Package A	6,936	6,936	2,290	33	2,290	-	-	-	-	
Eastbourne Town Centre Movement & Access Package B	5,454	5,454	4,328	305	4,328	-	-	-	-	
Other Integrated Transport Schemes	66,646	66,646	4,063	254	4,063	-	-	-	-	
A22 Corridor Package	3,393	3,393	1,112	274	1,112	-	-	-	-	
A22 North of Hailsham	118	118	242	56	242	-	-	-	-	
Community Match Fund	780	780	397	39	397	-	-	-	-	
Emergency Active Travel - Tranche 2	438	438	403	18	403	-	-	-	-	
Area-wide traffic management scheme – Schools Streets	200	200	154	-	154	-	-	-	-	
ATF Eastbourne Liveable Town Centre	274	274	117	50	117	-	-	-	-	
Hastings Town Centre Public Realm and Green Connections	9,689	9,689	772	(82)	772	-	-	-	-	
Exceat Bridge	10,591	10,591	2,587	141	2,587	-	-	-	-	
Queensway Depot Development	1,956	1,956	1	-	1	-	-	-	-	
Urban Tree Challenge	262	262	15	2	15	-	-	-	-	
Core - Highways Structural Maintenance	499,175	499,175	16,667	5,064	16,667	-	-	-	-	
Visibly Better Roads	5,800	5,800	248	(6)	248	-	-	-	-	
Core Programme - Bridge Assessment Strengthening	38,785	38,785	3,480	253	3,480	-	-	-	-	
Core Programme - Street Lighting - Life Expired Equipment	39,248	39,248	2,596	21	2,596	-	-	-	-	
Core - Street Lighting - SALIX scheme	2,961	2,961	-	-	-	-	-	-	-	
Core Programme - Rights of Way Surface Repairs and Bridge Replacement	10,417	10,417	642	130	642	-	-	-	-	
Total CET Gross (Planned Programme)	979,712	981,856	60,245	7,692	52,406	7,839	(244)	8,096	(13)	

Governance Services – Q1 2025/26

Summary of progress on Council Priorities, issues arising, and achievements

Reconciling Policy, Performance and Resources (RPPR)

The State of the County report was considered by Cabinet in June 2025 and Council in July 2025. The report sets out our latest assessment of the demographic evidence base, the policy context and the most challenging financial position the Council has ever faced, which form the backdrop for planning for 2026/27 and beyond. Pressures on services have continued to grow as the needs in our communities increase and become more complex, and costs have escalated due to national factors beyond our control. Funding for local authorities from Government, as set out in the Spending Review in June, will not grow at the same level as need, and significant reforms are planned to the way this funding is allocated to individual councils. If the multi-year settlement to be announced later in the year does not provide the funding we need, other avenues will need to be sought to meet our legal requirement to set a balanced budget. To address the unsustainable financial position, we have taken every possible step, including instituting strict spending and recruitment controls, reprioritising spend, reducing our office estate and maximising income. We have taken the additional and significant steps of bringing forward further difficult service reductions and drawing on service reserves to balance the budget. However, despite all the action we have taken, fundamentally there remains a large gap between the income we currently expect to receive in the coming years and the costs of providing services. We are refreshing the Council Plan and Portfolio Plans for 2025/26 which include some small changes to performance measures and targets to reflect our yearend position for 2024/25. The updated plans, which set out how we will deliver our priorities in the coming year and beyond, will be available on our website in Q2.

Government consultation on the proposed establishment of a Mayoral Combined County Authority for Sussex closed early in Q1, followed by its assessment of the responses received from local people and stakeholders. The consultation followed our successful application, along with West Sussex County Council and Brighton & Hove City Council, to join the national devolution priority programme, working on an accelerated timescale towards a mayoral election in May 2026. Subject to further national and local decisions, work will continue to prepare for the creation of the combined authority, including the legislation required. As part of the Government's separate plans for the reorganisation of local government, the Council has continued to work with district and borough council partners to develop a final reorganisation proposal for a single unitary council for East Sussex, which is due to be submitted to Government in September 2025. This included jointly undertaking a public engagement exercise during Q1. If the proposal is accepted by Government, elections to a shadow authority are expected to take place in 2027.

Corporate Lobbying

Throughout Q1 the Leader and Chief Executive continued to raise issues and priorities for the county with our local MPs, including through a specific update on our State of the County report. This set out the uncertain and stark financial position the Council faces and asked for MPs' support in lobbying Government to recognise the specific and unique needs of East Sussex, which are more acute than much of the rest of the South East, and that these must be appropriately reflected in new funding arrangements.

We continue to draw on broader partnerships and networks at the local, regional and national level to lobby on current priorities, including through the Local Government Association, County Councils Network and South East 7. Chief Officers also continue to influence service specific national policy developments through national professional associations and networks and responses to specific Government consultations within their service areas.

Supporting democracy

During Q1 we supported 26 meetings including: 1 County Council meeting; 2 Cabinet meetings; 9 Lead Member meetings; 6 Scrutiny Committees and Review Boards and 8 other committees and panels. The webcasts of meetings were viewed 2,770 times in Q1. The most viewed meeting was the Council meeting on 20 May 2025, which received 923 views, either live or as a recording.

In Q1 the Member Training and Development programme continued to deliver a range of courses and briefings in support of Members and the roles they hold. Courses delivered included sessions on Early Help and Children's Social Care, Equality Impact Assessments for Elected Members, Highways, and Managing Grass Verges. Most training sessions continue to be delivered remotely with resources, such as slides and a recording from training sessions, being saved to the Councillors' area of the intranet for future reference. The Member Reference Group also met on 4 June and discussed a number of issues, including, upcoming I.T. developments and forthcoming member training and development sessions.

The Council's scrutiny committees have continued to use a variety of approaches to ensure timely scrutiny input on a range of issues in Q1. A reference group on devolution and local government reorganisation held its first meeting, with participating Members from both Place and People Scrutiny Committees. The group considered and commented on the latest position with both programmes of work and agreed to hold further meetings at key points to provide scrutiny input as these progress. The People Scrutiny Committee held its first reference group focusing on national Children's Services Reforms and the local response to these, and continued its reference group work on the Health and Social Care Integration Programme. The committee also received a briefing from Public Health on the Climate Change Impact Assessment. The Health Overview and Scrutiny Committee met in Q1 and considered reports on the NHS Sussex Winter Plan 2024/25 and the Non-Emergency Patient Transport Service.

Health and Wellbeing Board members attended a strategy session on the Life Course Approach as part of the Board's series of 'deep dives' on specific issues which are held 2-3 weeks before each formal meeting to inform the future Health and Wellbeing Strategy.

Q1 saw the start of the busiest time of year for school admission appeals, when cases relating to the September school intake are heard by Independent Appeal Panels. During Q1, a total of 434 appeals were worked on, comprising 194 new appeals received in Q1 and 240 carried over from Q4 2024/25.

Of these, 215 appeals were heard over 37 virtual hearings, with 7 of these hearings extending over multiple days. 182 appeals were either withdrawn by families or became unnecessary because a place at a preferred school became available before the hearing. The remaining 37 appeals are scheduled to be heard in Q2. Of the 215 appeals heard, 40 were successful and 175 were dismissed by the Independent Appeal Panels.

The East Sussex School Appeals Service also received 1 Independent Review Panel request during Q1, which was heard by an Independent Appeal Panel in Q1.

Legal Services

During Q1, Legal services assisted Trading Standards in the successful prosecution of a trader for tobacco and alcohol offences (including selling alcohol and nicotine to minors), resulting in a 12 month suspended sentence, a fine of £230, a victim surcharge of £154 and a costs order for £500. In Q1, the Service also provided advice in relation to one judicial review application, which was transferred to the Immigration Tribunal. The case related to a disputed age assessment of an asylum seeker which had determined he was an adult. The Home Office had also determined this asylum seeker to be an adult. The age assessment conducted by the Council was based on a number of factors other than age, including inconsistencies in his account and his demeanour. The Court found the Council's assessment to be procedurally fair and noted that the decision was finely balanced but nonetheless concluded that on arrival he was a child. Consequently, the Council will continue to be responsible for his accommodation and support until he is 21 or until any earlier resolution of his application for leave to remain.

During Q1 the Service advised in relation to 65 Court of Protection cases compared to 67 in Q1 2024/25 and 65 Community Deprivation of Liberty Safeguards applications compared to 79 in Q1 2024/25. The Service also advised on matters relating to safeguarding vulnerable adults and continuing health care, and inquest hearings. In addition, the Service gave legal advice on 46 adult social care matters.

The Service continues to work closely with Children's Services, providing advice and representation, including in pre-proceedings and court applications for care proceedings. Our priority is to keep children within their family when it is safe to do so, and for public law applications to be a necessary and proportionate response to achieve the best outcome for the child. At the end of Q1 2025/26, there were 40 ongoing pre-proceedings, this is the same number as at the end of Q1 2024/25. At the end of Q1 2025/26, there were a total of 48 ongoing care proceedings for 85 children compared to 56 for 105 children at the end of Q1 2024/25. In Q1 2025/26 concluded proceedings took on average 46 weeks to conclude per child compared to an average of 45 weeks in Q1 2024/2025.

During Q1, the Service completed agreements to secure financial contributions to the Council of over £1.4m, together with the delivery of additions and improvements to the highway network across the county. The Service also advised on 51 new property matters compared to 66 in Q1 2024/25. In addition, the Service has completed two academy conversions in Q1 alongside the legal property work to enable both Uckfield and Rye leisure centres to remain open. The Service also advised on 62 new contract and procurement matters compared to 59 in Q1 2024/25. The Service assisted Income Recovery in securing the recovery and repayment of debts totalling £48,808 in Q1 compared to £29,214 in Q1 2024/25.

Coroner Services

The Council provides staff and accommodation to the East Sussex Coroner in undertaking the judicial role of investigating violent, un-natural or sudden deaths of unknown cause and deaths in custody. Accommodation includes the provision of mortuary, pathology, histology, toxicology and body removal services, as well as court and office accommodation and relevant hardware, software and information technology support.

As an independent judicial officer holding office under the Crown, the Coroner operates entirely independently to the Council in making decisions about post mortems and inquests.

During Q1, 369 deaths were reported to the Coroner compared with 475 in Q1 2024/25. Of those deaths 208 (56%) went on to have a post mortem compared to 232 (49%) in Q1 2024/25. 71 Inquests were opened during Q1 compared to 87 during Q1 2024/25. 66 Inquests were closed in Q1, compared to 102 in Q1 2024/25. This decrease was due to limited disruption to the Service in Q1 where the court rooms were moved to new accommodation at Westfield House. In Q1, 1 inquest with a jury was held, the same number as in Q1 2024/25. In Q1, 12 Inquests in writing were held, which do not require court bookings, compared to 18 in Q1 2024/25. There were 252 open inquests compared to 257 in Q1 2024/25. At the end of Q1 60 Inquests were over 12 months old compared to 43 at the end of Q1 2024/25.

Regulation of Investigatory Powers Act (RIPA)

There were no Authorisations under RIPA during Q1.

Local Government Ombudsman complaints

The Ombudsman issued 26 decisions in Q1. 9 of these cases related to Adult Social Care (ASC), 12 related to Children's Services (CS) and 5 to Corporate Services (CORP). 18 cases were closed before a full investigation for a variety of reasons. This included insufficient evidence of fault, complaints being out of the Ombudsman's jurisdiction, because the complaint had not been through our internal complaint process or because the Ombudsman had sufficient information to uphold the complaint.

Of the 8 cases that were fully investigated 2 related to ASC and 6 related to CS, of which, 7 were closed with the complaint partly or fully upheld as follows:

ASC – The client's mother complained that the Council and its care provider failed to ensure her daughter received all the 1:1 support she had been assessed as needing, resulting in her lacking support with social activities and leading to her becoming withdrawn. The Council accepted the client did not receive all her 1:1 support and offered to pay financial redress for two and a half years. However, the Ombudsman found that the client did not receive all her 1:1 support for three

and a half years from March 2020. The Council has extended the financial redress to cover the period from March 2020.

CS – The client's mother complained that the Council had not provided the education set out in her child's Education Health and Care Plan (EHCP). She said that this impacted her child's education and emotional wellbeing and that it caused her distress and financial strain. The Ombudsman found the Council at fault for a delay of 8 months in providing the education set out in the EHCP. The Council has agreed to apologise in writing to the client for the identified delay and for the impact this had on their education and wellbeing. The Council has also agreed to apologise in writing to the client's mother for the unnecessary and avoidable uncertainty this caused her and to make a payment of £1,900 to remedy the two terms of lost provision.

CS – The client's mother complained that, in respect of the section 17 assessment report regarding her son, the Council failed to arrange a proper assessment visit with them, spoke to the client when he had taken drugs and included inaccurate facts and defamatory information about the client's mother in the report, which it failed to substantiate or correct. The Ombudsman found fault with the Council because it did not arrange a proper assessment visit with the client's mother or allow her the opportunity to comment on negative conclusions reached about her as part of the assessment. The Council has agreed to meet with the client's mother and consider if any further changes to the assessment are possible. The Council has also agreed to apologise to her, pay her £300 and improve its procedures for the future.

CS – The client's mother complained that the alternative provision offered by the Council was not suitable for her son, after he was permanently excluded from primary school. She also complained about delays in reviewing his EHCP. The Ombudsman found no fault in the alternative provision initially offered by the Council. However, there was a delay in reviewing the client's plan which meant the type of interim provision was not changed as quickly as it should have been. The Council has agreed to apologise and pay £200 to the client's mother in recognition of her delayed appeal rights and £1,500 to her son for his educational benefit.

CS – The client's mother complained that her child missed some educational provision. She also complained that there was a delay in holding an annual review and in providing the final EHCP. The Ombudsman found the Council at fault because it did not check that provision was being put in place by a school after it had been told that the child was not attending. The Council has agreed to pay the client's mother £900 in recognition of the uncertainty that this caused.

CS – The client's mother complained that the Council delayed issuing her son's EHCP which meant that she paid school fees for five weeks longer than she otherwise would have done. The Ombudsman found the Council at fault for a delay in issuing the EHCP and it has agreed to apologise for the injustice caused by the delays, pay the client's mother an amount equivalent to the school fees which she unnecessarily privately funded and to pay a further sum of £600 for the child's educational benefit. The Council has also agreed to remind relevant staff of the importance of ensuring EHCPs are issued within the statutory timescales.

CS – The client's mother complained that the Council failed to provide the Speech and Language Therapy and Occupational Therapy from her child's EHCP since September 2023. She also complained that the Council failed to provide suitable education for her child while absent from school and declined to complete an early annual review. The Ombudsman found fault with the Council for a delay in providing some of the EHCP provision from June 2024 until November 2024 and Alternative Provision of education in September 2024. The Council has agreed to apologise to the client's mother and pay her a total of £550 to recognise the distress, frustration and lost opportunity caused.

Web activity

There were almost 1.6 million unique pageviews of the Council website in Q1 from over 824,000 visits. At least 55,000 visits were driven to the website from marketing and publicity campaigns.

The jobs section of the website (previously the highest-traffic section) was moved to the Oracle platform during Q1, with the job adverts still publicly available, but no longer included in the

statistics for the Council's main website. The page for school term dates is now the most visited part of the Council site.

Media and information work

The press office issued 25 press releases in Q1, generating 79 stories, of which 5 were on TV or radio. 119 media enquiries were handled. There was positive coverage of the launch of the Lane Rental Scheme designed to reduce roadwork disruption and good coverage of the annual surface dressing programme. Local Government reorganisation continues to generate enquiries and a press release about the start of the consultation received media coverage.

Effective publicity and campaigns

A campaign to stop people using their phones while driving achieved strong public engagement and initial evidence of behavioural change. Adverts ran on radio, social media and on buses, petrol pumps and bus shelters during Q1. There were 68,000 views of the main campaign web page and 45,000 clicks from YouTube adverts alone. Surveys run before and after the campaign (albeit from a limited sample) suggested a decrease in phone use while driving, 15% said they had read a text message while driving before the campaign and 9% after. The campaign was created by the Council but was also run by partners in West Sussex and Brighton & Hove.

Publicity for a residents' survey on local government reorganisation helped drive more than 5,600 responses (comparing favourably to similar surveys in other counties). The Council's communications team produced a video which was viewed more than 50,000 times on social media and the web and the Council's introductory web page on devolution and Local Government Reorganisation has had 8,000 visits from the public.

South East 7 (SE7)

SE7 Leaders and Chief Executives met jointly in Q1 to share information on how councils were responding to common challenges. The Board discussed proposed changes in Integrated Care Board budgets and geographies, reflecting on the significant risks for councils. Other areas of discussion included local government reorganisation (LGR) proposals, pension reforms, and the Connect to Work programme being piloted in East Sussex. SE7 Chief Executives also continue to meet regularly and in Q1 discussed Government proposals for reforming local authority funding, shared pressures in SEND, and devolution and LGR, including with officials from the Ministry of Housing, Communities and Local Government.

When they met in Q1, Leaders and Chief Executives also discussed shared lobbying priorities. In light of the Spending Review on 11 June, the Board agreed that SE7 remained an important voice for the needs of the South East as distinguished from London. This was identified as a key lobbying message alongside specific areas of focus, including the need for Government to address the potential impact of NHS reforms, street works by utilities companies, and bureaucratic burdens exacerbating councils' costs. The partnership continues to work collaboratively to identify opportunities for voicing these messages as effectively as possible.

Revenue Budget Summary

Governance Services' has a net budget of £9.265m and at Q1 is forecast to underspend by £80k. The underspend is mostly on staff costs however staff costs can fluctuate in year especially in the Legal and Coroner services and this position is likely to change.

Performance exceptions (See How to read this report for definition)

Performance measure	Outturn 24/25	Target 25/26	RAG Q1 25/26	RAG Q2 25/26	RAG Q3 25/26	RAG Q4 25/26	Q4 25/26 outturn	Note ref
None								

Savings exceptions 2025/26 (£'000)

Service description	Original Target For 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
Member Services	32	32	32	-	-	
Performance, Research and Intelligence	99	99	99	-	-	
Communications	62	62	62	-	-	
Coroners Offices	40	40	40	-	-	
Total Savings	233	233	233	0	0	
			-	-	-	
			-	-	-	
Subtotal Permanent Changes ¹			0	0	0	
Total Savings and Permanent Changes	233	233	233	0	0	

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
	-	-	-	
	-	-	-	
	-	-	-	
Total	0	0	0	

¹ Where agreed savings are reasonably unable to be achieved other permanent savings are required to be identified and approved via quarterly monitoring.

² Temporary funding will only replace a slipped or unachieved saving for one year; the saving will still need to be made in future years (or be replaced with something else).

³ The slipped or unachieved saving will form part of the department's overall variance - it will either increase an overspend or decrease an underspend. The saving will still need to be made in future years (or be replaced with something else).

Revenue Budget 2025/26 (£'000)

Divisions	Planned Gross	Planned Income	Planned Net	Projected Gross	Projected Income	Projected Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Corporate Governance	5,790	(115)	5,675	5,728	(115)	5,613	62	0	62	
Corporate Support	3,977	(387)	3,590	3,945	(373)	3,572	32	(14)	18	
Total Governance	9,767	(502)	9,265	9,673	(488)	9,185	94	(14)	80	

Capital programme 2025/26 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget Q1	Actual to date Q1	Projected 2025/26	Variation (Over) / under Q1 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
No current programme for Governance	-	-	-	-	-	-	-	-	-	
Total GS Gross (Planned Programme)	-	-	-	-	-	-	-	-	-	

This page is intentionally left blank

Strategic Risk Register – Q1 2025/26

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
Page 61 5	<p>RECONCILING POLICY, PERFORMANCE & RESOURCE</p> <p>There is ongoing uncertainty in relation to future funding levels, the longer-term local government funding regime and the impact of national reforms, particularly across Children's Social Care and Adult Social Care. The impact of a period of high inflation/cost of living are leading to higher demand for Council services and have increased the direct cost of providing services. Together these create a risk of insufficient resources being available to sustain service delivery at the agreed Core Offer level to meet the changing needs of the local community.</p> <p>Our revenue budget for 2025/26 includes a draw from reserves to provide a balanced budget alongside implementing savings. Total strategic reserves are projected to be £4.5m by 2029, which excludes any additional draws required to balance budgets in 2025/26 or beyond. This compares with a cumulative deficit of £70.8m by 2028/29. We are reliant on the multi-year settlement in 2026/27, fair funding review and business rates review delivering sufficient funding to meet the needs of our residents.</p> <p>Additionally, there are risks and uncertainties regarding the capital programme over the current Medium Term Financial Plan period and beyond, which could impact on the ability to deliver the Council's priorities and set a balanced budget. Funding uncertainty (including capital grants, receipts and developer contributions), inflation, supply chain issues and high interest rates could all constrain our ability to implement our Capital</p>	<p>We employ a robust Reconciling Policy, Performance and Resources (RPPR) process for business planning, which ensures a strategic corporate response to resource reductions, demographic change, and regional and national economic challenges; and directs resources to priority areas. We take a commissioning approach to evaluating need and we consider all methods of service delivery. We work with partner organisations to deliver services and manage demand, making best use of our collective resources. We take a 'One Council' approach to delivering our priorities and set out our targets and objectives in the Council Plan. We monitor our progress and report it quarterly.</p> <p>The Council reviews and updates its 20-year Capital Strategy annually as part of the RPPR process, which sets the framework in which the capital programme is planned and allows the Council to prioritise investment to support its objectives. The development and delivery of the capital programme is overseen by a Capital Strategic Asset Board (CSAB), which is a cross departmental group, who also hear from Departmental Capital Board/Sub Boards who oversee priority areas.</p> <p>Our plans take account of known risks and pressures, including social, economic, policy and demographic changes and financial risks. However, we continue to operate in changing and uncertain contexts. Current and forecast economic conditions continue to shape a very challenging financial outlook both for the Council itself and many of the county's residents and businesses. Alongside this we continue to face ongoing challenges as a result of the persistent legacy of Covid, the increased cost of living and other national and international factors. We will continue to use the latest information available on these challenges to inform our business planning. On 10 June 2025, the Lead member for Resources and Climate Change approved the commissioning of CIPFA to undertake a resilience and governance review in relation to the financial challenge faced by the Council. Officers will consider the recommendations in the report and take forward actions accordingly.</p> <p>We will also continually review our performance targets, priorities, service offers and financial plans, and will update these as required. As part of this we will continue to take action wherever we can to mitigate financial and service delivery pressures – making best use of new technology, investing in our workforce, seeking efficiencies, and checking that our services are effective and provide value for money.</p> <p>We lobby, individually and in conjunction with our networks and partners, for a sustainable funding regime for local government in general and for children's social care and adult social care specifically, to meet the needs of the residents of East Sussex. If the funding reforms do not lead to</p>	Red

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
	Strategy and increase the pressure on the revenue budget via increased borrowing costs.	an increase in funding for our services, we will need to consider further options, including seeking Exceptional Financial Support.	
12 Page 62	<p>CYBER ATTACK</p> <p>The National Cyber Security Centre (NCSC) has highlighted the enduring and significant threat to UK infrastructure. From ransomware attacks to AI-enabled intrusion, malicious actors are looking to maximise their disruptive and destructive efforts in an increasingly connected world.</p> <p>Cyber-attacks are growing more frequent, sophisticated, and damaging when they succeed. Ransomware remains the most significant cyberthreat to the UK, primarily driven by financially motivated organised crime groups.</p> <p>The UK's Strategic Defence Review acknowledges daily cyber-attacks as a persistent threat and emphasises a shift towards digital warfare capabilities. Amid a rise of state aligned groups, whilst the UK is not disproportionately targeted, there is an increase in aggressive cyber activity and ongoing geopolitical challenges. There is an accelerated need to keep pace with the dynamic threat landscape.</p> <p>Furthermore, while AI presents huge opportunities, it is also transforming the threat landscape. Cyber criminals are adapting their business models to embrace this rapidly developing technology - using AI to increase the volume and impact of cyber attacks against citizens and organisations. Meanwhile the proliferation of advanced cyber intrusion tools is lowering the barrier for entry to criminals and states alike.</p>	<p>Most attacks leverage software flaws, gaps in boundary defences or social engineering-based insertion methods (such as legitimate looking emails which trigger viral payloads or impersonation of Service Desk support). These are becoming harder to identify and filter and rely on user security vigilance in tandem with technical controls.</p> <p>IT&D use modern security tools to assure our security posture: Monitoring network activity and identifying security threats; Keeping software up to date with regular patching regimes; Continually monitoring evolving threats and re-evaluating the ability of our toolset to provide adequate defence against them; Ongoing communication with the security industry to find the most suitable tools and systems to secure our infrastructure. IT&D continues to invest in new tools, which use pre-emptive technology to identify threats and patterns of abnormal behaviour.</p> <p>Services hosted in ISO 27001 accredited Orbis Data Centres.</p> <p>As well as mitigations against attack, the following measures are currently in place to minimise the impact should there be a successful attack:</p> <ul style="list-style-type: none"> • Behavioural analysis systems defend against hostile activity • Resilient systems enhanced with immutable backups enable quick recovery • Robust protocols for response escalation and communication 	Red
22	<p>DELIVERY OF ORACLE IMPLEMENTATION</p> <p>There is a risk that the overall implementation of Oracle (across phases 1 to 3) may not achieve the outcomes planned which results in:</p> <ul style="list-style-type: none"> •higher delivery costs 	<p>Phases 1 and 2 of the implementation, covering Enterprise Performance Management, Finance, Procurement, Oracle Helpdesk and Recruitment, are now live and have successfully exited the period of 'hypercare' (effectively the warranty period for the build quality of the system). These areas of Oracle functionality are now in BAU and the operational risks are therefore being managed on a day-to-day basis through the functional areas and through the Oracle system support team, with the support from the Oracle programme where required. This includes keeping documentation and training materials up to date, managing the Oracle quarterly updates and resolving any queries or issues that may arise, as for any other BAU type activity.</p>	Red

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
Page 63	<ul style="list-style-type: none"> •longer timescales •a reduced quality of back office services from a substandard technical implementation •risk of not meeting statutory or contractual requirements such as payments of Pay as You Earn (PAYE) / National Insurance (NI), pensions, suppliers and employees •general organisational issues •an inadequate control environment •lack of user buy-in and adoption due to a lack of organisational readiness impacting on core business processes •additional pressure on business as usual capacity from high resource demands during delivery •risk to employee wellbeing from high workloads and delivery timescale <p>Failure to implement would result in the use of an unsupported and unlicensed system (or subject to ransom charges on some level of support) as the SAP system passes its expiry date and would miss out on efficiencies that can be gained through the new system.</p>	<p>Phase 3 (payroll, and employee and manager self-service) is currently in its planning stage. An earliest realistically achievable go-live date for this phase is currently being considered, the delivery of which will include appropriate governance (including risk identification and mitigation, as well as audit), technical implementation, organisational readiness and plans for post go-live support.</p> <p>To complete the phase 3 implementation, it is necessary to ensure that sufficient programme resource is in place, and this is therefore kept under constant review. In addition, a positive ongoing working relationship with our implementation partner, Infosys, needs to be in place. The project lead and other key stakeholders therefore have regular conversations with Infosys senior staff and escalate issues where necessary.</p> <p>It is also necessary for the organisation to prioritise programme activity at key points in time and this is also therefore kept under constant review</p>	
15	<p>CLIMATE</p> <p>Mitigation: the Council needs to play its part in meeting both the international agreement to keep the average global temperature increase under 1.5°C above pre-industrialisation levels, as well as the legally binding national target to reach 'net zero' by 2050.</p> <p>Adaptation: the Council needs to adapt relevant services to the predicted impacts of climate change in East Sussex, including more frequent and intense flooding, drought, episodes of extreme heat, and accelerated coastal erosion. If services are not sufficiently adapted to climate change this will lead</p>	<p>Climate change mitigation: the Council's science-based target is to reduce scope 1 and 2 carbon emissions by 50% every 5 years (equating to 13% per year). The focus is on buildings, as they contributed 79% of carbon emissions in 2020/21, though funding constraints mean that the target is extremely challenging to meet.</p> <p>The target for 2025/26 is for the delivery of a further 10 capital schemes, as part of business-as-usual asset management work. In Q1 a total of 5 schemes were completed. A pipeline of additional projects is being developed. The estimated outturn is for 10 capital schemes to be completed this year.</p> <p>Climate change adaptation: the Council is working to ensure that all relevant Council service areas will integrate adaptation into their service planning by 2030 (within the constraint of the resources available). In addition, the Council has some direct responsibilities for county-wide climate change adaptation, for example as the Lead Local Flood Authority.</p>	Red

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
	to an increase in heat related deaths (particularly amongst the elderly), damage to essential infrastructure, property damage from flooding, and disruption to supply chains.	<p>The target for 2025/26 is to develop service-based guidance and tools on integrating climate adaptation and trial with 3 services. The 3 service areas are currently being identified. The corporate Climate Emergency Board oversees progress for both mitigation and adaptation.</p> <p>Ultimately there is not sufficient funding available for the Council to be able to keep pace with the science-based target to half emissions every five years. Although grant funding will be sought to mitigate against this, it is unlikely to be sufficient. The council will continue to work on what it can to reduce emissions with the funding it has available including working with its supply chain on Scope 3 emissions.</p>	

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
<div>20</div> <div>Page 65</div>	<p>PLACEMENTS FOR CHILDREN AND YOUNG PEOPLE IN OUR CARE</p> <p>Inability to secure sufficient high quality placements for children in our care, suitable accommodation for care experienced young people and respite provision, leading to significant financial pressure and poorer outcomes for children/young people.</p> <p>The risk of the failure of one or more key providers in the independent sector is an increasing concern, set against necessary regulatory tightening of profit which might further impact the market.</p>	<p>Effective demand management, robust management of front door</p> <p>Delivery of early help services, implementation of Family Hub programme throughout 2023-24, and Level 2 Family Keyworkers</p> <p>Implementation, monitoring and evaluation of Edge of Care 'Connected Families', The Family Hubs programme has been implemented across East Sussex delivering early intervention and support within communities, Connected Families (Connected Coaches and Intensive Practitioners), Foundations, SWIFT are delivering intensive evidence based interventions alongside Social Workers to maximise the opportunity for children to be cared for within their own family. There has been a 14% reduction in the number of children subject to child protection plans since February 2024, this is as a direct result of the launch of the Connected Families Intensive Practitioners (CFIP service).</p> <p>Further delivery of kinship/Special Guardianship Order placements.</p> <p>Capital bid for Sorrel Drive.</p> <p>In 2023/24 Children's Services worked with IMPOWER to enhance our approach to using data to shape placement sufficiency. We have developed trajectory planning, implemented the 'Valuing Care' approach to ensure children receiving the right care for their needs and value for money achieved, and improved support for in house foster carers, including an investment in allowances. An analysis of the children becoming Looked After during Q1 2024-2025, indicates that a high proportion (81%) are entering into foster care or kinship care provision rather than residential care. Fostering Recruitment & Retention Strategy completed. East Sussex County Council is part of the South East Sector Led Improvement Programme, Regional Fostering Strategy and piloting Mockingbird hub.</p> <p>Uplift to fostering allowance (for in house carers, Special Guardianship Orders, Kinship carers) approved by the Chief Management Team to help secure sufficient supply of in house foster carers as an alternative to more expensive care packages.</p> <p>The valuing care tools have been embedded into the business as usual with a strong focus on reunification. In Q4 A strategic group was set up to drive forward the valuing care agenda which will report into the Transformation Board chaired by the Director of Children's Services.</p> <p>Fostering allowance uplift has been made part of the recruitment drive. Both elements are attempting to mitigate the increased costs due to the lack of placements for Looked After Children. Q1 has seen a significant rise in foster carer applications in this period. The new Duty and Commissioning team have added capacity to the service and we are already seeing impact with placements and prices.</p> <p>Q2 has continued the trajectory above with tighter discussions and process, however the market continues to present a challenge.</p>	<div>Red</div>

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
19	<p>SCHOOLS AND INCLUSION, SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (ISEND)</p> <p>For Children with Special Educational Needs. Inability to secure statutory provision due to lack of availability of specialist placement within the county and increasing demand for placements in this sector. This would put the Council at risk of judicial review and/or negative Local Government Ombudsman judgements for failing to meet our duties within the Children and Families Act 2014, with associated financial penalties and reputational damage.</p>	<p>Effective use of forecasting data to pre-empt issues.</p> <p>Work with statutory partners to develop contingency plans.</p> <p>Work with the market to increase provision where needed.</p> <p>Expanding internal interim offer for children.</p>	Red
Page 66 1	<p>ROADS</p> <p>Extreme weather events over recent years, including the last winter, have caused significant damage to many of the county's roads, adding to the backlog of maintenance in the County Council's Asset Plan: and increasing the risk to the Council's ability to stem the rate of deterioration and maintain road condition.</p>	<p>The changing climate is now influencing the rate of road deterioration, with more extreme events such as warmer wetter winters; and drier summers punctuated by unseasonal heavy downpours (drying and shrinking the substructure of roads). Additional funding over the last few years has helped maintain road condition, however, the latest condition and funding modelling showed the potential for continued deterioration over the next 10 years.</p> <p>The highway's maintenance budget for 2025/26 only includes government grant. In previous years we have increased spend through borrowing. We no longer have the flexibility to borrow because of the broader revenue pressure on Council services. This means the level of funding available is below the £25 million needed each year to keep our roads in a steady condition. This funding shortfall, alongside rising costs, presents a considerable challenge in maintaining current standards across the whole network. As a result, we are now taking a more targeted approach to managing network condition—prioritising routes of highest importance to ensure we maintain a safe and resilient core network.</p> <p>This means making difficult decisions about where limited resources can have the greatest impact. In East Sussex, we are focusing on A and B roads and key non-principal routes* that form part of our resilient network, because they are vital for emergency services, public transport, and the local economy. Mitigations include encouraging road users to report potholes so we can intervene as soon as possible in accordance with our policies; closely managing the operational performance of the highway contractor; and lobbying Government for additional investment as, without it, it will be increasingly difficult to manage the risks of further decline.</p> <p>In conjunction with this, new technologies and materials are being trialled to introduce improvements to practices and ensure works are as efficient as possible. This includes introducing a new Asset Management system with enhanced capabilities for data management and funding modelling, and introducing smart street lighting systems that allow greater control over levels of lighting, reducing energy consumption.</p>	Red

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
		<p>* Due to poor delivery planning by the appointed contractor, the routine Coarse Visual Inspection (CVI) survey of the U-road network, used to produce data for maintenance planning, is recommended to Cabinet to have a 'zero return' for 2024. This area will be re-surveyed, by a new highway condition survey contractor, in 2026 to re-establish a reliable condition baseline for that area. See Appendix 6 for full details.</p>	
<div>Page 67</div> <div>4</div>	<p>HEALTH</p> <p>Failure to secure maximum value from partnership working with the National Health Service (NHS). If not achieved, there will be impact on social care, public health and health outcomes and increased social care operational and cost pressures, as well as shared Integrated Care System objectives for jointly managing patient flow through our System.</p> <p>An increase in activity and complexity in the presentation of patients through our acute hospital sites, has resulted in an increase in the NCTR (No Criteria to Reside) numbers and presents a system risk in respect of adequate patient flow.</p> <p>Integrated Care Board (ICB) operating costs and programme funding will need to reduce by 50% by Q3 2025/26 as per a national mandate. For NHS Sussex this means a reduction of 53% which presents a risk to the way ESCC works with the NHS to jointly commission services locally and get the best value out of the collective resources available for our population, and could have implications for the Sussex Integrated Care System (ICS) which would impact on alignment with the Sussex Combined Mayoral Authority Devolution plans.</p>	<p>East Sussex was allocated £5,088m, as part of the national Government Discharge Fund Grant for 2024/25, to support local authorities to build additional adult social care and community-based reablement capacity to reduce hospital discharge delays by delivering sustainable improvements to services for individuals - focussed on improving discharge to home, alongside increased therapy and assessment provision and associated plans to reduce the use of bedded discharge pathways. Collaborative work continues with ICB and NHS colleagues on our Hospital Discharge Transformation work and how as a system we can support and expedite discharges from both local and out of county hospitals, to address the increase in the number of patients who no longer meet the Criteria to Reside (NCTR) in an acute hospital bed. In light of this, two Hospital Social Work Teams currently support discharge either through established routes via SPOT purchase or Discharge To Assess beds in the community. Additional capacity has been provided through joint ESCC and ICB investment. This was utilised through a temporary increase of D2RA ('discharge to recover and assess') and spot-purchased beds in the community to the end of Q1 2025/26. An additional scheme to expedite discharges of self-funding patients from acute sites was commissioned with Xyla. This supports 15 placements a month and oversight of this is through place-based Operational Executive (OPEX). System funding allocations have been agreed for Q1 2025/26 for Hospital Discharge Schemes, the use of which is being monitored at Place.</p> <p>Building on our ICT development work in 2024/25, we have now established the shadow leadership infrastructure for our 5 Integrated Community Teams (ICTs) in East Sussex across primary, community and social care, linking with mental health, VCSE and housing. This will enable the development of joint local action plans based on population needs and challenges and aligned to the strategic objectives of our health and care system, building on relevant tests of change and other pilot activity to support integrated care through closer working at the neighbourhood level. Over time this is expected to reduce the need for urgent and unplanned attendance and admission to hospital, through moving to a model of better coordinated and proactive multi-disciplinary care for people with complex health and care needs, for example due to multiple long term conditions and frailty.</p> <p>In March 2025 it was nationally mandated that Integrated Care Board (ICB) operating and programme funding costs will need to reduce by 50% by Q3 2025/26, with running costs of £18.76 per head of weighted population set as a national target for ICBs, excluding certain services. This target means each ICB, or the regions they are a part of, must reduce their overall spend per head of weighted population to this level. For NHS Sussex this equates to a reduction of 53%, and comes on top of already having recently restructured significantly to deliver a 30% running costs reduction in 24/25. This presents a risk to the way ESCC works with the NHS to jointly commission services locally and get the best value out of the collective resources available for our population. This could also have implications for the Sussex Integrated Care System (ICS) more broadly, for example if the ICS footprint changes to a larger scale to accommodate the reduction, which would impact on alignment with the Sussex Combined Mayoral Authority Devolution plans. A national ICB model blueprint has recently been produced which describes the future strategic role of ICBs, and</p>	<div>Red</div>

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
		signals potential transfers of current Continuing Healthcare, SEND and safeguarding functions, all of which would need primary legislation to enact (and would therefore be post cost reductions). Notwithstanding feedback about the lack of engagement with Local Government (LG) as a key partner, and the importance of coterminous footprints with the NHS for a future Sussex MCA, NHS Sussex will 'cluster' with NHS Surrey Heartlands and NHS Frimley from Q3 2025/26 prior to the creation of a combined NHS Surrey and Sussex ICB from Q1 2026/27. Discussions are ongoing to secure appropriate (East Sussex) Place based decision making, resource allocation and local authority representation within the new NHS organisation.	
23	LOCAL GOVERNMENT REORGANISATION AND DEVOLUTION Both the proposed creation of a new Mayoral County Combined Authority for Sussex and the proposed transition from a two tier local authority arrangement to a unitary government model for East Sussex will have a significant effect on our workforce. These are likely to lead to additional workloads for staff over the next few years. The timescales for implementation are challenging and will place considerable additional pressures on teams. This could result in resources being diverted from the ongoing delivery of services and a consequential deterioration in service delivery.	<p>Through our RPPR process we will continue to review the resources required to support Devolution and Local Government Reorganisation and will lobby Government for additional funding to help support the significant additional workload this will place on the Council. We will also continue our work on supporting staff through change and will ensure all staff are aware of the full range of support available to them.</p> <p>Additional mitigations will be implemented as the potential impact on both the Council and our local area becomes clearer.</p>	Amber
9	WORKFORCE An inability to attract and retain the high calibre staff needed in key services and roles could lead to a reduction in the expertise and capacity required to deliver statutory services to our residents, including to prevent harm to children, young people and vulnerable adults at the required level and standards, impacting on the achievement of the Council's strategic objectives.	<p>A number of strategies have been put in place to support our recruitment and retention aims. Work being undertaken includes:</p> <ul style="list-style-type: none"> - ongoing use of apprenticeships, traineeships, intern arrangements and more flexible work arrangements etc as a way of bringing in new talent to the Council. - the launch of a new recruitment website 'East Sussex County Council Careers' which contains a range of engaging content about working for the Council as well as step by step guidance on applying for our jobs. - the delivery of mentoring to young people in care by Adecco (the Councils Agency supplier) as part of their social value offer. - engagement with employees at ESCC who are under 25, to get feedback on what attracted them to the Council as an employer; and to begin establishing a forum for young people to highlight any issues, and to attract candidates from a younger demographic to the Council. - continued delivery of inclusive recruitment training to managers - ongoing promotion of guidance to managers on making reasonable adjustments for disabled candidates. - guidance on the use of volunteers as a route into the workplace is being developed. The intention is for such opportunities to support people who are out of work to come back into the workplace through gaining confidence and experience of work 	Amber

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
		- a review of the current leadership development offer following the delivery of our two leadership development programmes: 'Ladder to Leadership' and 'Head of Service Masterclasses'.	
18	<p>DATA BREACH</p> <p>A breach of security/confidentiality leading to destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. A personal data breach is a security incident that has affected the confidentiality, integrity or availability of personal data regardless of whether information has been accessed, altered or disclosed via electronic or manual means. While AI presents huge opportunities, used inappropriately, the risk of data breach is heightened.</p> <p>Risks to individuals, reputational damage, fines from the Information Commissioner's Officer (ICO), compensation claims.</p>	<p>Policy and guidance procedures in place to support practice.</p> <p>Data Protection Officer (DPO), Caldicott Guardians and Information Governance Officers monitor breach reporting and put in place mechanisms to minimise recurrence.</p> <p>Staff training to develop awareness. E-learning and policy delivery mechanism expanded to enhance skills and increase awareness of responsibilities under General Data Protection Regulation legislation.</p> <p>Technical security measures operated by Information Technology and Digital (IT&D), including access control and segregation of duties.</p>	Amber

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
6	<p>LOCAL ECONOMIC GROWTH</p> <p>The devolution of powers, responsibilities, functions and funding through a Mayoral Combined County Authority (MCCA) for Sussex will lead to significant changes, impacts and opportunities for East Sussex County Council (ESCC) in enabling and supporting the local economic growth for our residents, businesses and visitors.</p> <p>Possible consequences if the devolution is not managed successfully include:</p> <ul style="list-style-type: none"> • Ineffective structures and mechanisms to position and make the case for local economic growth in East Sussex • The county unable to access future investment opportunities if East Sussex does not influence strategy development and adoption to determine strategic priorities at MCCA level • Lack of development of a credible pipeline of investments that will seek to maximise the levels of funding • Lack of funding secured from MCCA for major programmes, which then limits our ability to raise GVA and productivity in the area; • Loss of an effective 'business voice' through the current local economic growth board (Team East Sussex) and its various subgroups able to provide intelligence and set the strategic direction for the county. 	<p>In July 2025 the Government approved the Sussex and Brighton MCCA, to cover East Sussex, West Sussex and Brighton and Hove, to be established from May 2026.</p> <p>At this stage the details are unclear as to how the devolved functions will operate between the new MCCA and existing upper tier authorities (and then subsequently the unitary authorities, as a result of Local Government Reorganisation from May 2027). Our risk control/response will be adjusted as information becomes available to consider the wider impact / opportunity this will have on the local economy through the development at a Sussex wide level of jointly agreed strategies and the resulting funded and commissioned programmes.</p> <p>As part of our initial response to mitigate these risks we are undertaking the following:</p> <ul style="list-style-type: none"> • new Local Transport Plan 4 to 2050 is in place and we are developing a series of accompanying transport modal strategies, alongside investment plans to support the implementation of the devolved MCCA transport powers. • We and strategic partners are developing an investment plan in 2025 to accompany the 'East Sussex Prosperity to 2050' economic growth strategy to articulate our investment propositions and asks to the new devolved MCCA and Government, whilst also addressing the Governments emerging Industrial Strategy and Sector Plans. • We run the East Sussex Growth Hub services and Government have confirmed funding 2025/26 and in future years will provide a multi-year funding settlement for 2026-28. • We ensure the business voice continues to be heard through Team East Sussex, our local strategic advisory economic growth board for the county, which continues to meet on a quarterly basis. <p>The Council is in a good position to mitigate risks on employment support and skills as it will be contributing to the development of the Get Sussex Working Plan by September 2025 and the Local Skills Improvement Plan by March 2026, alongside delivering major Government funded programmes for Connect to Work, Skills Bootcamps and Careers hub to name a few.</p>	Amber
21	<p>Annual Care Act reviews and Deprivation of Liberty Safeguarding (DoLS) assessments</p> <p>Demand exceeding capacity for annual Care Act reviews and Deprivation of Liberty Safeguarding (DoLS) assessments</p>	<ul style="list-style-type: none"> • These are known issues for virtually all local authorities with social care responsibilities as this activity falls within our duties under the Care Act 2014 and Mental Capacity Act 2005. • We have measures for Care Act reviews and DoLS assessments included in the Council Plan for scrutiny from Members and the public. As of Q4 2024/25, we are meeting our target for adult Care Act reviews (outturn is 6 days against a target of 6 days) and carer Care Act reviews (outturn is -1 day against a target of 6 days, meaning reviews started on average 1 day before their proposed start date). We are also meeting our target for the number of people with a DoLS episode awaiting allocation of a Best Interest Assessor (429 people against a target of 650). • We use regular benchmarking. For example, we have the 3rd lowest number of reviews overdue by more than 12 months out of 18 local authorities in the South East (comparing March 2025 data to August 2023 South East data, which is the latest available). <p>Mitigations and actions:</p>	Amber

Ref	Strategic Risks	Risk Control / Response and Post Mitigation RAG score	RAG
		<ul style="list-style-type: none"> We are continuing to increase the number of reviews completed year-on-year to help meet increasing demand, and to prioritise reviews according to people's needs. The number of adult Care Act reviews completed increased by 10% in 2024/25 compared to 2023/24, and the number of carer reviews increased by almost 9%. A project to reduce Care Act waiting times began in April 2024. Since then, the median wait time for adult and carer reviews (combined) has reduced from 7 days to 3 days. As of March 2025, there were no carer reviews overdue by more than 12 months. We have oversight of performance at all levels of the Council to ensure visibility, accountability and grip. Weekly and monthly reporting is sent to Operational Managers at all levels, and then scrutinised by the Waiting Times Steering Group and the Improvement and Assurance Board on a regular basis. Since October, we have piloted the delegation portal with our strategic partner Care for the Carers, making it easier and quicker for them to process carer reviews. Young carers reviews are undertaken by Imago Community, ensuring a timely assessment and review for this cohort. 	

This page is intentionally left blank



CHARITY COMMISSION
FOR ENGLAND AND WALES

Independent examiner's report on the accounts

Section A

Independent Examiner's Report

Report to the trustees/
members of

Charity Name
ASHDOWN FOREST TRUST

On accounts for the year
ended

31st March 2024

Charity no
(if any)

800437

Set out on pages

1-22

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended 31/03/2024.

Responsibilities and
basis of report

As the charity's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent
examiner's statement**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Charities Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

** Please delete the words in the brackets if they do not apply.*

Signed:

Date: 15/1/2025

Name:

Caroline Clarke

Relevant professional
qualification(s) or body
(if any):

ACA

Address:

66 High Street

Lewes

BN7 1XG

Section B

Disclosure

Only complete if the examiner needs to highlight material matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).

Give here brief details of any items that the examiner wishes to disclose.

ASHDOWN FOREST TRUST

Income & Expenditure Account for the year ended 31 March 2025

2023/24	Income	2024/25
£		£
(70,000)	Rent of Golf Course	(70,000)
(2,836)	Bank Interest	(4,702)
(72,836)		(74,702)
	Less Expenditure	
65,100	Conservators of Ashdown Forest - Grants	65,100
540	Fees	540
(7,196)	(Surplus)/Deficit	(9,062)

Balance Sheet as at 31 March 2025

2023/24		2024/25
£		£
1,200,000	Fixed Assets: Land and Buildings	1,200,000
179,924	Current Assets: Cash at Bank	188,986
(540)	Current Liabilities: Sundry creditors	(540)
1,379,384		1,388,446
	Representing:	
1,200,100	Reserves: Endowment Fund	1,200,100
179,284	General Reserve	188,346
1,379,384		1,388,446

This page is intentionally left blank



Summary of Report: Tree Condition by Savills Arboriculture

Overview

In 2024, the Conservators of Ashdown Forest (CoAF) introduced a new industry-standard policy for tree safety, which has been implemented across the Forest since its approval.

It is based on zoning areas by risk within the Forest and conducting surveys on a three-year cycle. The primary focus of the inspection is the management of health and safety regarding trees, both internally and adjacent to third-party properties and boundaries within the high-use northern regions of the Forest.

The report recommends remedial tree work, including its locations and projected costs, based on a small tree surgery team. The first survey highlighted a significant potential cost to the organisation, estimated at £113,700 for the first year's work. This exceeds our budget for the current financial year by a substantial amount.

See Table 1 for a breakdown of the recommendations, timescale and estimated cost.

Immediate Actions:

COAF has already carried out the very urgent and urgent (3 months) work shown in the report (costing £200 and £ 6,300). That leaves £107,200, and our current budget will cover approximately another £8,000. We are also in discussions with neighbouring owners about some of the trees, but the significant majority of identified trees will be our responsibility.

Future Years 2 and 3:

As highlighted, this constitutes part of a three-year proactive cycle of inspections and related work. We have increased the budget for 2026-27, although those surveys will be carried out this winter when we will have more information.

Ashdown Forest Trust

We understand that there is £179,000 of unrestricted funds in the Ashdown Forest Trust, and that we need to apply for these funds either through a grant or for a specific purpose. The Conservators believe tree management could be considered necessary to provide an 'amenity and place of resort for members of the public', Ashdown Forest Act 1974.

Proposal

CoAF will assess ways to minimise costs in years 2 and 3 of tree management, but we don't have the necessary funds to cover this level of expenditure from the first year of the survey. Thus, we propose that the AFT fund £99,200 to ensure the site remains safe for the 1.4M visits to the Forest.

Mark Pearson,
CEO, Conservators of Ashdown Forest

Table 1: Breakdown of works, Savills Arboriculture

Timescale	Number of trees/groups	Estimated time (hours)	Rate per hour	Appendix	Total estimated budget costs
Very urgent	1	2	£100	A	£200
Urgent - 3 months	13	63	£100	A	£6300
High - 6 months	88	403	£100	A	£40,300
Moderate - 12 months	140	632	£100	A	£63,200
Low - 12 months	25	37	£100	A	£3700
Total	267	1137	-	-	£113,700

East Sussex assessment

[How we assess local authorities.](#)

Assessment published: 3 October 2025

About East Sussex

Demographics

East Sussex is a local authority within the South East of England, with 5 district councils in their boundary. There is a population of 546,000 people with a mixture of market towns, rural and coastal communities. East Sussex has an index of multiple deprivation score of 4. However, there are areas of great deprivation within East Sussex with 6.7% of the area now in the most deprived decile.

The population is largely people aged between 18 to 64 years old. There is an ageing population in East Sussex with 26% of the population aged 65 or over, compared to the England average of 18%. 20% of the county's population are aged over 70 years old, compared to the England average of 13.7%. East Sussex has a higher percentage of people who identify as White British at 93.88%. 2.26% of people identify as Mixed or Multiple, 2.13% identify as Asian or Asian British, 0.82% identify as Black, Black British, Caribbean or African and 0.91% of people identify as other in East Sussex.

There is an Integrated Care System (ICS) covering the whole of Sussex and an NHS Sussex Integrated Care Board (ICB). There are 2 acute hospitals within the local authority area, 5 community hospitals and 1 Sussex wide mental health provider.

East Sussex has been under no overall control politically since 2023, with a Conservative minority administration. There are 50 elected members made up from 23 Conservative, 12 Liberal Democrats, 5 Labour, 5 Green, 2 Independent Democrats and 3 Independent.

Financial facts

- The Local Authority estimated that in 2023/24, its total budget would be **£829,131,000.00**. Its actual spend for the year was **£936,062,000.00** which was **£106,931,000.00 more** than estimated.
- The Local Authority estimated that it would spend **£275,813,000.00** of its total budget on adult social care in 2023/24. Its actual spend was **£288,828,000.00**, which is **£13,015,000.00 more** than estimated.
- In 2023/24 **30.86%** of the budget was spent on adult social care.
- Approximately **10290** people were accessing long term Adult social care support, and approximately **1975** people were accessing short term support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local Authority rating and quality statement scores

Good: Evidence shows a good standard (67%)

Summary of people's experiences

People's views were mostly positive about the local authority. Although, there were delays for Care Act assessments. When people were supported by the local authority, they felt listened to, their views respected and that their care plan was person centred.

People had carers assessments completed for them, however, there was mixed reviews about the effectiveness of carers reviews and the support people received throughout the assessment. The local authority had recognised a gap in their carers' offer and had been working with people to co-produce a new carers strategy.

People told us they had a positive experience with the local authority's reablement offer. It had supported them to re-gain independence after a hospital admission, and they were provided with exercises and equipment to support their return home independently.

People had been working in co-production with the local authority around their website and ensuring information on there was accessible and easy read documents were available for people. They told us they were looking at the removal of acronyms in documents so that information provided by the local authority was more accessible to people.

The local authority had an Involvement Matters Team which was a co-production group for people with lived experience. This team would support with co-production of strategies and development of local authority services. People told us they felt their feedback was listened to and used to implement change.

Summary of strengths, areas for development and next steps

There were waiting lists in place for all Care Act processes across East Sussex. There was a plan of reducing these which was a clear focus for the local authority, but work was still ongoing around this. Data was shared across all local authority staff, so all staff had a clear understanding of targets. There was clear leadership oversight of the waiting lists in place to ensure people remained safe.

The local authority was developing Integrated Community Teams to provide partnership working with the local authority front line teams and health professionals, housing and the voluntary, community, faith and social enterprise (VCFSE) sector to ensure robust and consistent support for people. At the time of the assessment this was in the early stages of development and delivery.

The local authority had recognised a gap within care provision for people with complex needs, which meant support was taking longer to be put into place for people or they were needing to be placed out of area. The local authority was working on supported living accommodation and working in partnership with providers, the ICB and district councils to solve this gap in care provision.

Co-production was a real strength for the local authority, they regularly involved experts by experience and people using services to input on strategic commissioning and local services. The local authority had created co-production panels such as the citizens panel and the Involvement Matters Team, who were made up of people who used services and supported the voice of people in East Sussex.

There were delays around hospital discharge within East Sussex due to the capacity of discharge to assess beds. This was causing longer stays for people in hospital putting pressure on people, the local authority and partners. The local authority was working with partners to address this issue.

Local authority staff had good knowledge and clear understanding of their role within safeguarding and the processes in place. These processes supported people to remain safe. Staff worked in partnership with the local Safeguarding Adults Board and had a Safeguarding Development Team Lead sitting within each locality team to ensure oversight. Staff felt well supported within their decision making around safeguarding.

The local authority had structures and processes in place. The workforce was passionate about supporting people to achieve positive outcomes and there was a strong leadership team in place to support them. The local authority had good knowledge of their area, the people living there and the demographics. There were challenges in terms of discharge and gaps within the care market.

The local authority had clear development, and improvement plans in place around waiting lists, discharge delays and prevention strategies. Although they were not fully implemented at the time of the assessment, action plans were in place and being worked towards. There were also plans in place around the development of supported living properties to support the gap in care provision.

Theme 1: How the local authority works with people

Assessing needs

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. People told us their initial contact with the local authority was easily accessible and they could contact them by telephone. The local authority hosted a single point of contact for adult social care and community health services called Health and Social Care Connect (HSCC). The HSCC was developed in collaboration with NHS partners to provide accessible information, advice and guidance for people in one place. HSCC was a service operating 24 hours a day, 7 days a week all year round and could be contacted by people or professionals in a range of ways such as, email, telephone, type talk, British Sign Language (BSL) and through their IT portal.

Referrers could access multiple health and care pathways through HSCC, with qualified nursing staff who also triaged referrals when required. Local authority staff such as, social workers, would undertake Care Act assessments once triaged. HSCC provided access to out-of-hours urgent response services for adult social care and community health. They could provide or signpost information and advice or send the contact as a referral to the most appropriate service within adult social care or community health. Out-of-hours could also refer to urgent response services and emergency duty services if required. Staff told us that when a person required an assessment, the team would gather all the relevant information and would triage the call to see which team would best suit the service needed.

The approach to assessment and care planning was person-centred and strength based. The approach reflected people's right to choice, built on their strengths and assets and

reflected what they wanted to achieve and how they wished to live their lives. People told us they felt listened to throughout their Care Act assessment and that their views were heard and respected. People told us they appreciated being able to be supported by a family, friend or carer. People received copies of their assessment or review once these were completed. Care plans documented clear processes for people to follow if they were to need further support from the local authority or their needs had changed before their next review. People told us how they would contact the local authority if they needed to.

A strengths-based approach document demonstrated the local authority's approach to assessments, noting the assessor should use an approach that looked at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities. Care plans were person centred focusing on what's important to the person and focusing on their strengths and what they could do. Staff told us they used a strength-based approach within Care Act assessments and focused on what people could do.

Adult Social Care Survey (ASCS) 2024 data showed 66.80% of people were satisfied with care and support in East Sussex, which was better than the England average of 62.72%. 80.58% of people who feel that they have control over their daily life, which was better than the England average of 77.62% and 48.29% of people who reported that they had as much social contact as they wanted with people they like, which was better than the England average of 45.66%. This was reflected in the feedback we received from people.

The local authority was in the early stages of developing their Integrated Community Teams (ICT). These were broken down into 5 locality areas across the county. The local authority was working with partners such as, primary and community health services, borough and district councils, mental health, the ICB and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to develop an integrated offer of health, care and wellbeing throughout the ICTs. The aim was this would support assessments and streamline support for people who needed services.

Timeliness of assessments, care planning and reviews

Assessments, care planning and reviews were not always completed in a timely manner or up to date and the local authority had waiting lists in place. Some people told us they had initial contact with the local authority in February 2024, and an assessment was not started until June 2024. Data provided by the local authority showed the median days wait for Care Act assessments was 17 days and the maximum was 345 days. There were 86 adults who had waited more than 6 months for an assessment. Leaders told us they were aware people waiting for Care Act assessments could mean their needs deteriorated whilst not receiving support. However, they were trying to ensure they were meeting people's needs in the interim and minimising the wait where they could.

In April 2024 the local authority initiated a project to reduce waiting times for assessments and improve performance on reviews. Local authority data provided showed there were 1368 people with an overdue care review by 0-6 months, 503 people who were overdue by 6 to 12 months and 703 people were more than 12 months overdue for a review. Data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) 2024 showed 57.39% of long-term support clients were reviewed, this was similar to the England average of 58.77%.

The average wait time from first contact with the local authority to start of an adult's initial assessment was 36.7 days, the median waiting time was 17 days. The local authority implemented improved standard communications for people awaiting an assessment. For cases that were non-urgent, people would receive a letter of information on estimated waiting times, who to contact if their needs were to change and information on other local support services available. Leaders told us work had been carried out to look at people who were currently waiting to identify if prevention methods could be implemented before a Care Act assessment took place. Leaders worked with HSCC to identify prevention methods at the first initial contact.

In 2023 the local authority had undertaken assurance work to ensure that robust arrangements were in place to manage risks associated with waiting lists. While this work highlighted that every team had appropriate arrangements for managing waiting lists, there were differences in how each service managed this and they recognised the need to streamline processes. This was addressed in 2024 when an enhanced, standard, process for managing waiting lists and communicating with people on waiting lists was implemented across adult social care. Staff told us they look at each person's case and assess if they were safe. Staff could discuss cases with more senior staff or could go straight to the local authority adult safeguarding hub. Cases were prioritised using a RAG rating with urgent cases taking priority and cases were constantly reevaluated and reprioritized. Staff told us waiting lists were managed by local authority senior Management, however, they were regularly communicated to front line team members so they had an awareness of numbers of people waiting.

Performance on waiting times was reported monthly and formally reviewed every 6 weeks at the Waiting Times Steering Group. The Waiting Times Steering Group was created in line with the April 2024 project to improve waits. Waiting times were also reviewed 6 monthly at the Improvement and Assurance Board, to ensure visibility and accountability. Staff told us they shared waiting list data with both the steering group and board, as well as with the senior leaders at the local authority. Leaders told us they had a good understanding of waiting lists and improvements were being made. Heat maps were produced with data on waiting lists (showing the areas of high and low numbers) and sent out weekly. This supported the management of key performance indicators (KPI).

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs and assessments, support plans and reviews for unpaid carers were undertaken separately. People told us the local authority had completed carers assessments for them, however, there were mixed reviews about the effectiveness of them and the support they received through the assessment. Local authority staff completed carers assessments and reviews and there were carer assessment specialists who completed assessments at the front door to the local authority. Survey of Adult Carers in England (SACE) 2024 data showed 26.16% of carers felt that they had control over their daily life, which was somewhat better compared to the England average of 21.53%. 33.28% of carers reported that they had as much social contact as desired, which was similar compared to England average of 30.02%.

There was a carers pathway operational instructions document which provided guidance for all operational staff on carers' pathways. A carer's assessment could be completed with the carer over the phone or face-to-face. It could also be completed by the carer, and this was known as a supported self-assessment. Practitioners were expected to consider a person's needs and wishes when deciding the best way to carry out the carer's assessment. If a carer contacted the local authority requesting that their overdue review was completed, the team would complete a review on the phone or refer to a locality team if the review could not be completed over the phone.

Care Act assessments for unpaid carers were not always completed in a timely manner. Local authority data provided showed there were 301 unpaid carers waiting for a Care Act assessment. The median wait was 1 days, and the maximum wait was 298 days. Staff told us it had been identified they were supporting a high number of carers in crisis, including those who were unpaid carers for individuals who self-funded their care and support. A partner organisation was commissioned for 2 posts to complete unpaid carers reviews and had just been funded for additional posts to support the local authority with the back log of carers assessments. Partners told us the local authority were aware of their backlog for assessments, and they were aware the local authority had funded additional posts to help reduce this. Leaders expected this additional resource would speed up the assessment process and reduce waiting times.

Unpaid carers could be provided with advocacy, benefit advice, personal budgets and counselling. Different teams across the local authority told us they were encouraged to provide extra support for unpaid carers, this could be in the form of extra visits, phone calls or being on the end of the phone when needed. Unpaid carers were contacted within 28 days of first contact, although this could be just to inform them of their position on a waiting list. Survey of Adult Carers in England (SACE) 2024 showed 7.41% of carers accessing training for carers which was better than England average of 4.30% and 43.24% of carers were satisfied with social services which was somewhat better than the England average of 36.83%. 79.05% of carers felt involved or consulted as much as they wanted to be in discussions which was better than the England average of 66.56%.

Care Act assessments for young unpaid carers were completed in a timely manner. Local authority data provided showed there were 21 people waiting for an assessment as of 30TH June 2024. The median wait was 20 days and the maximum wait was 39 days. The local authority commissioned an external provider to support young unpaid carers in the county. They offered reassessments and reviews to all young unpaid carers at 1-year from their previous assessment or when they became aware of a change in circumstance for the family. The family or unpaid carer could contact them at any point to request a review or reassessment and there was no waiting list in place for these. They reported that 70% of young carers have a review or reassessment each year.

Help for people to meet their non-eligible care and support needs

People were given help, advice, and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. HSCC was the single point of access for adult social care, where they would signpost, provide information and give advice to people if they did not have eligible care needs. Staff were able to see if the person had been in contact with them before and any advice given. HSCC would use the online directory to find services to signpost people to. Staff provided an example of a

case that was not eligible for Care Act provision, but the person was experiencing loneliness and isolation. Through signposting to a buddy service they were able to support the person to reduce their isolation without the need of a commissioned service.

Leaders told us HSCC were trained in providing signposting, information, advice and guidance and if somebody had contacted before they would review the local authority response and whether the person did need further Care Act support. The local authority had not got a systemic approach to the management oversight or recording of contact for people with non-eligible needs at the time of assessment to monitor whether signposting had been effective for people.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. The local authority had an eligibility criteria policy and guidance in place to ensure consistency in decisions was applied. Where people were not happy with decisions made about their care and support people could make an appeal or complaint.

The local authority had an appeals process guidance in place to support the completion of an assessment or review. It supported staff through the range of reasons people may appeal, the process of appeal and complaints process if the appeal could not be resolved. The local authority had provided data for the number of appeals for care act assessments, support and funding. They had received 48 appeals of which 40 had been closed and 8 remained open for period 2023/24. Out of 48 appeals, 19 were upheld and 4 were partially upheld.

The local authority had a 2-stage process for appeals. Stage 1 would be allocated to a Team Manager to collate all information which would then be reviewed by senior managers for a decision. The Team Manager would then contact the person with the outcome. If the person was unhappy with this, this would go to stage 2 where the Assistant Director of Operations would decide an outcome. The Team Manager would then contact the person with the outcome of this.

There was a total of 19 appeals which were agreed from stage 1 of the local authority's appeal process. There were 7 appeals at stage 2 of which 4 were closed and 3 were currently open. Majority of the themes were in relation to property disregard and disability related expenditure.

Financial assessment and charging policy for care and support

Financial assessments for people were not always completed in a timely manner and there were large waiting lists for support. Local authority data provided in December 2024 showed 311 people were waiting for a financial assessment. The median wait for a financial assessment was 1 days and the maximum days wait was 190 days. The number of people waiting for a financial assessment had reduced by 29% since the start of 2024.

Information around financial assessments was not always made clear to people. Some people told us they had been provided with information on care charges, and costs were clearly identified. Whilst others told us they did not understand the financial assessment process and there was a lack of communication from the local authority on how financial

contributions were calculated. Financial assessment and charging were one of the service areas with the highest complaints rate at 59 complaints. Although, this did see a reduction of complaints by 34% compared to the year before. The uphold rate of complaints was 64% which was higher than the departmental average.

Partners told us sometimes processes within the local authority were quite slow, with financial assessments being an area for improvement. However, the local authority recognised this. Consequently, the local authority had initiated a project to improve financial assessments by improving waiting times for people and reducing waiting lists. Also improving communication regarding financial assessments including working with volunteers from the Citizen Panel to design and test new versions of written communications.

There was a charging for care and support policy in place as part of the financial assessment process, where mental capacity and communication needs were assessed before the financial assessment. Third parties such as people's representative's and interpreters were involved during the financial assessment, as and when needed. As well as a charging for care and support policy there was a Financial Assessment process which was intended to provide guidance for operational staff, and finance and benefits assessment staff on financial assessment processes.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. The local authority had commissioned an independent advocacy provider to deliver all statutory advocacy services across the county, which included Care Act advocacy. This supported people who lacked capacity or had significant difficulty in engaging with Care Act processes so they could access the assistance they needed. In 2023/24 their advocacy provider supported people in 2,562 instances.

Partners told us the local authority had a good understanding of advocacy services. The knowledge and understanding of advocacy within the senior members of the team was good, but this could vary in front line staff teams. Partners were involved in providing training to address any gaps in advocacy knowledge and raising awareness of advocacy services.

Staff told us advocacy was easily accessible, and they were able to make referrals to the advocacy provider. Local authority staff were able to contact the advocacy provider via telephone to discuss any urgent referrals or discuss anything before a referral is made. From the point the referral was made it was around a 2 week wait for an advocate to be allocated to support. Advocacy would support people to communicate through Care Act processes and the advocate provided a written report to the social worker within a week.

Supporting people to lead healthier lives

Score:

3 - Evidence shows a good standard

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority works with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The local authority had a preventative service offer which included their telecare only support to around 4,500 people which supported people to remain at home. Telecare is technology that enables people to remain independent and safe in their own homes. There was also a range of Public Health preventative services, including warm homes grants and an integrated health and wellbeing service. People told us they used the technology offer of a lifeline alarm. This offered them assurance when they were at home alone that they could access support quickly if they needed to and supported them to remain living independently at home.

Leaders told us about the preventative agenda of the local authority which included embedding Occupational Therapists and assistant Occupational Therapists within districts and boroughs. These staff were upskilled to trusted assessor roles so they could assess for straight forward adaptations and support people to remain at home. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs to facilitate speedy and safe transfers from hospital.

People told us the local authority had supplied them with equipment around their home enabling them to return home after a hospital admission. The local authority had clear guidelines and instructions set out on how staff in the local authority would secure the provision of minor adaptations for people who have eligible needs, and who lived in East Sussex. The provision of minor adaptations applied to people regardless of whether they lived in public or private housing. The local authority website had information on help to use or move around your home safely. It told people how they could apply for equipment

and if they were eligible for equipment. Major adaptations guidance set out the process and funding of major adaptations in properties.

The local authority worked with partners on preventative offers to support people to remain healthier for longer. Each year the local authority worked with a local organisation supporting to organise a 2-month long programme of events focussing on older people keeping physically, emotionally and socially active. ASCS 2024 data showed 93.04% of people who use services who feel clean and presentable, which was similar to England average of 93.28%. 94.88% of people who use services who get adequate food and drink, which was somewhat better compared to the England average of 93.71%.

Survey of Adult Carers in England (SACE) 2024 data showed 15.07% of carers able to spend time doing things they value or enjoy, which was similar to England average of 15.97%. 93.47% of carers who found information and advice helpful, which was significantly better than the England average of 85.22%. ASCS 2024 data showed 75.46% of people who reported that they spend their time doing things they value or enjoy, which was somewhat better compared to the England average of 69.09%.

Provision and impact of intermediate care and reablement services

The local authority had a Joint Community Reablement and Rehabilitation (JCR) service. The JCR was made up of two complementary services, adult social care provided JCR's specialist domiciliary reablement care which was free for up to 6 weeks. East Sussex Healthcare NHS Trust provided the JCR occupational therapy and physiotherapy. The two parts of the service worked in tandem or independently dependent on people's needs. Staff told us they worked closely with the NHS to identify any ongoing therapy needs for people. Adult social care funding for JCR provided the care and support and there were no waiting lists in place for this service. JCR offered short term packages of care with an emphasis on the person regaining their independence to return home. JCR worked within local hospitals and would meet with health care professionals daily to see who may be able to be supported by the project.

JCR was originally commissioned to support people to maintain independence in the community, however, JCR now supported hospital discharges with 43% of referrals from acute wards. Around 3% of referrals were from gateway wards that support admission avoidance. JCR reablement worked with around 2000 people a year. A key indicator for the service would be at the end of the intervention the client would no longer require a package of care. In 2023/24 72% of clients did not require on-going care after receiving JCR support. ASCOF 2024 data showed 90.77% of people 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation, which was somewhat better than the England average of 83.70% and supported the evidence we found.

People told us they had used the local authority's reablement service within a care home following a hospital admission, which was an intermediate care reablement service. Reablement support was provided to people for several weeks which enabled them to regain independence and return home. People told us this service was very good and provided them with daily exercises and equipment needed to support their reablement.

Access to equipment and home adaptations

Local authority data in June 2024 provided showed people awaiting assessments for equipment were 254 OT assessments and 66 Sensory assessments. The median wait time was 4 weeks for OT and 7 weeks for Sensory and the maximum wait was 22 weeks for OT and 24 weeks for Sensory. 90% of assessments were completed within 28 days, and all cases were triaged by risk and prioritised by category. However, waiting times meant people were not always getting support at times this was needed.

The local authority described their Occupational Therapy (OT) offer as a key component of their prevention priority. They offered OT clinic appointments to people with relatively straight forward needs, and requiring a preventative service so they can be seen quickly. Simple equipment was prescribed immediately, and minor adaptations were done via photographs and measurements brought to the clinic or a follow up visit.

Leaders told us they would invite people to the OT clinics, and they could test out and see which equipment best suited them prior to making any decisions. This promoted independence and kept people at the centre of the assessment and in control of their own support. There were 3 sites for OT clinics which were in Bexhill, Lewes and Eastbourne. The OT's worked in a strength-based practice way identifying what people can do rather than what they can't do and looking at the least restrictive option in terms of support and adaptations.

People told us they received walking aids from OTs for indoor use as well as walking aids to support them outdoors. They had follow up appointments on their equipment and knew who to contact if they needed further support around equipment. Local authority data provided showed people awaiting equipment following an assessment were 525 cases. The maximum waiting time for equipment was 148 days. It had been identified the wait would generally be because of specialist equipment. The local authority considered making a referral to the Housing Solutions Worker where available in all cases where an adaptation was not technically feasible or was likely to cost more than £10,000. The guidance also highlighted what would constitute as a standard or complex need and how to apply for the Disability Facilities Grant (DFG). Mandatory DFG were administered by the housing department of the local district or borough council.

The Integrated Community Equipment Service (ICES) covered the process and purchasing of community equipment provided to assist people with daily living needs. The equipment provider was responsible for the procurement, delivery, collection, repair, maintenance, decontamination and disposal of community equipment including skin pressure relief.

The local authority Occupational Therapists (OTs) had been seconded into District and Borough Councils. This had allowed for integrated working with housing related services, including larger housing adaptations. Assessments were undertaken regardless of whether the person lived in public or private sector housing. Individuals who were identified as self-funding were offered information and advice, including on major adaptations, to ensure their needs were appropriately met. They provided equipment and minor adaptations via the Integrated Community Equipment service.

There were around 8,000 users of monitored Technology Enabled Care (TEC) alarms; these were only available to people who met Care Act eligibility criteria. Staff told us there

were opportunities within commissioning around TEC such as, Robotic pets as companions. An example was provided where a robotic cat had a significant positive impact for one person which supported the person confidence to leave their home for a hospital procedure. There were clear intentions by the local authority around the use of TEC aligning the current service with the requirements of health partners. This included links with Telehealth and implementing a mobile response service, implementing a short-term service to support hospital discharge and placing a greater importance on the information received from equipment used in people's homes. The local authority were continuing to develop their technology offer.

Staff told us about challenges with equipment commissioning around implementing adaptations to property, particularly private rental properties. To overcome this, they expanded the range of equipment adaptations available for providers for example, temporary steps instead of structural changes. If equipment was not available, they could spot purchase through local suppliers, providing better outcomes for people.

Provision of accessible information and advice

There were guidelines in place for staff working in HSCC as this was the first point of contact for people accessing services or advice. The guidelines expected on initial calls was to collect information, signpost and give advice. Staff told us the aim is to make every contact count and there was an emphasis on ensuring support was provided for every call whether that be a further Care Act assessment need, signposting to another service or information sent out. ASCS showed 67.35% of people who use services find it easy to find information about support, which is similar to England average of 67.12%. People gave mixed responses in relation to accessible information about services. Some people told us they were emailed documents to review information and advice that could support them, whilst others said they did not receive information or had to ask for information.

The local authority's website had guidance on how to access adult social care services and information and advice for people already using services. There was East Sussex Community Information service directory on their website which provided information for people trying to find services, events and activities. People told us the online directory was an online service that was not promoted enough as a useful resource.

There was also a directory called 1space, this allowed people to search for what they were looking for, such as specialist services within their locality areas and this would then provide a list of services in East Sussex.

Staff showed us 1Space and told us the directory was updated annually to ensure information was correct. The site was accessible where you could change format and language however this was not necessarily straightforward and instructions for changing the language were only in English. Health and Social Care Connect referred people to the website and should someone need further assistance with digital access (digital exclusion), staff would encourage them to go to a local library, or they would print it off for them if needed. Staff told us the most common thing people had looked for on the site was support with maintaining independence, but it was not clear to what extent this data was used to inform other areas or decision making within adult social care.

The local authority website outlined support and services offered for unpaid carers. Information could be provided in fact sheets, care line magazine online or an e-newsletter.

Leaders told us the scrutiny board were looking at unpaid carers support and making sure that signposting to services was readily available for them. The Survey of Adult Carers in England data showed 71.90% of carers who find it easy to access information and advice, which was better than England average of 59.06%.

The local authority had a clear goal for services to simplify language and communication used to make information easier to understand. BSL leaflets and videos were accessible and included information about assessments, ongoing support, charging, independent advocacy, unpaid carers support and making a complaint.

Direct payments

People told us they received direct payments from the local authority. The direct payment process was easy to understand, and payments were received on time and as planned. The Adult Social Care Outcomes Framework (ASCOF) 2024 data showed 28.12% of service users who receive direct payments, which was somewhat better than the England average of 25.48%. 39.72% of service users aged 18-64 who receive direct payments, which was similar to England average of 37.12% and 17.01% of service users aged 65 and over who receive direct payments, which was somewhat better than the England average of 14.32%.

The local authority had a direct payments policy in place which stated direct payments should be offered to everyone where possible to provide flexibility, and choice of care and support received. Everybody would have all the relevant information and time to make an informed decision regarding whether they would like a direct payment.

Staff told us members of the Direct Payments Team and social workers were able to undertake joint visits to people to explain direct payments and the process involved. An example was provided where a joint visit took place for a person and their unpaid carer. There was some confusion around direct payments and what this support could offer and what the carers role was in direct payments. The joint visit enabled local authority staff to go through direct payments in more detail, provide information in an accessible format and discuss different account options.

There was a direct payment champion in each neighbourhood team, and they would come together to meet every 4 weeks. They ran drop in events fortnightly where people who receive direct payments and local authority staff could come in for support. There were 1388 people who received direct payments in East Sussex, however, there was a slight downwards trend due to a variety of reasons such as people moving from living at home to care homes, and the accessibility of people being able to recruit personal assistants (PA).

Staff told us since the COVID-19 pandemic there had been less uptake for people who wanted to work in a PA role. The local authority was doing advertisements to try and attract people to the roles and support this. The local authority had a strategic partnership in place with an external agency for direct payments, who could support people with finding and employing PA's. There was a recruitment and training platform where PA's could advertise their availability for work and people looking to find a PA could advertise their job vacancy.

There was a Service Development Manager to oversee direct payments and develop the offer of direct payments in two phases. These phases were to improve the current

processes based on the feedback and knowledge the local authority already have, and co-produce with local people, direct payment users and other stakeholders, a direct payments action plan to support greater up take of these.

There was a direct payment action plan 2023/25 which supported plans to raise awareness within local authority teams of direct payments, provided training and support to staff around direct payments. There were improvements identified with responsible people named. Staff told us that training on direct payments had been delivered to all neighbourhood teams to raise awareness of direct payments.

Equity in experience and outcomes

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. The local authority had an Equality, Diversity and Inclusion (EDI) Strategy 2024 to 2027. The strategy focused on 4 key areas, delivering leadership on equality and demonstrating commitment, engaging effectively with residents to make improvements, delivering quality services that reflected the diverse needs of local people and building a diverse workforce with equality confidence, knowledge and skills.

The strategy included baseline measures so that the local authority could monitor progress and evaluate effectiveness. The Performance Board oversaw the progress of this strategy and data was used to direct work and monitor outcomes. Staff told us data was provided to the Performance Board and to operational teams. Operational teams would discuss the data in team meetings and look at how they can improve the data sets from an operational level. The EDI strategy action plan was co-developed with a range of groups, including those representing people who used services, staff, VCFSE partners and the ICS.

The local authority had a good understanding of their local demographics which included rural areas. The local authority provided examples of how Equality Impact Assessments (EqIA) had improved quality and action planning. For example, the EqIA was used to support the provision of transport and additional drivers to facilitate access to learning disability day services for those affected by rurality and complex needs. EqIA were undertaken as part of the EDI strategy. The local authority used surveys, demographic information and feedback from stakeholder forums to undertake a rigorous assessment of impact and avoid unintended, unequal consequences of change. Staff told us EqIA's took place as part of the commissioning process, identifying actions needed under equality

matters in line with the EDI strategy ensuring appropriate communication so seldom heard groups were not excluded from access to services.

The local authority had good knowledge of current and future challenges for example, coastal economic challenges and coastal climate challenges. Leaders told us they were looking at the what the future effects of climate change had on people living in coastal communities that could lead to health inequalities such as, the rising temperatures and the impact this can have on people. They were working with care providers in coastal areas around adapting care plans for people. For example, the majority of care homes had conservatories attached to them which people living there would like to use and may not understand the effects this could have on their health in hot weather. There was a health impact assessment underway to look further into these challenges and how this may impact on people.

The People Scrutiny Committee held a review of the EDI strategy. This was to identify key groups of people less likely to engage with services. The local authority had gathered data internally and from partners in the Voluntary, Community and Social Enterprise sector (VCFSE), staff engagement sessions and engagement with intermediaries representing seldom heard communities. 6 monthly reviews had taken place to review actions suggested by the scrutiny committee,

The scrutiny review of EDI identified several communities who were seldom heard. Gypsy, Roma and Traveller communities were one of the groups recognised due to cultural barriers and finding it hard to build trust with others outside of the community. This led to poor health, inequalities in accessing health care and poor access to education. The review led to recommendations being made to address gaps in equalities and to reach seldom heard groups. The local authority had a Gypsy Roma Traveller team to support and engage with the community. The team did not conduct assessments but would refer or signpost onto appropriate teams, such as the neighbourhood team and they supported members of the community through assessment processes.

The local authority was working to provide services appropriate to people's cultural needs for now and in the future. The local authority was a part of the community of practice circle which aimed to address concerns of LGBTQ+ people about future care in care homes or in their own home. The local authority worked with providers around EDI in their services which included, LGBTQ+ inclusivity for older people. There were plans within the local authority EDI strategy for training, improved engagement with partners working with LGBTQ+ community and improved understanding of data including gaps. Leaders told us they had less diversity in the local authority area than other places in England and they were using and understanding census data to get a picture of who and where people were in East Sussex, this included a deeper understanding of the LGBTQ+ communities. The local authority had included consideration to reaching harder to reach communities such as, LGBTQ+, refugees and asylum seekers and those digitally excluded within their adult social care strategy and had created a communication plan.

Inclusion and accessibility arrangements

The local authority had an Accessible Information Standard policy and Sourcing Interpreting, Translation and Communication support guidance in place. This supported with ensuring people could access and understand information that was provided to them.

Staff would consider people with a disability, impairment or sensory loss, and ensured they were able to get information in a format they understood.

The local authority provided clear guidance for staff about using interpreters and translators. This included when to use a qualified interpreter, the process for requesting an interpreter or translation, and a checklist for working effectively with an interpreter. Staff told us they always looked at communication methods for people and how best to communicate with them before starting any work. They would look at advocacy, picture boards, Makaton and easy read documents to ensure the person could be involved in the Care Act process.

There was a corporate Translation and Interpreting Framework of preferred translation providers. There were direct contact details for all interpreter providers on the framework so that they could also be accessed in an emergency or out-of-hours. Leaders told us the local authority had translation services they used which staff had been trained on and knew how and when to access the service. They would translate all core documents and strategies into the most used languages. Staff told us the translation service was easy to use and had a positive impact on providing care and support. Partners told us the local authority could do more when it came to sharing equality diversity and inclusion work sharing data, to help stakeholders better understand the needs of the local community.

The local authority worked with people to develop accessibility of information. People told us they had been working in co-production with the local authority around their website and ensuring information on there was accessible and easy read documents were available for people. They told us they were looking at the removal of acronyms in documents so people could better understand information.

Staff told us data from people with protected characteristics was recorded to gain a deeper understanding of the needs of the county. Looking at communication needs and disabilities, this information could provide a better understanding of the population. An example was provided about the Ukrainian community. The data allowed the local authority to look at the needs of the Ukrainian community better and identify additional support that would be required.

BSL users were able to contact the local authority using a BSL interpreting service. This was a free of charge service that allowed people to connect via video call to an interpreter, who would then call the local authority and translate information between them. Staff gave us an example where a person had contacted the local authority and had used BSL interpreters. The use of this service allowed the person to fully express their needs to the local authority and make sure their voice was heard.

Theme 2: Providing support

Care provision, integration and continuity

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The Joint Strategic Needs Assessment (JSNA) identified the current and future health and wellbeing needs and strengths of local communities. There were clear plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The local authority had a much older population profile than the country as a whole and deprivation levels that varied significantly across the county. There were 5 JSNA priorities which had been agreed at the East Sussex Health and Wellbeing Board which were, building blocks of good health, importance of a life course approach, reducing health inequalities, improving healthy life expectancy and mental health and wellbeing.

There was an information service site that brought together research and analysis resources to provide information and intelligence statistics on the social, economic and demographic character of East Sussex. Data was divided into different areas, these included but were not limited to health and social care, deprivation, housing and crime and community safety. The local authority had detailed guidance about using the site and the different types of data available on it.

The local authority analysed data from several sources to look ahead and acknowledge emerging and future needs. This included data from the 2024 State of the County, Focus on East Sussex report, JSNA and the research site. The Market Position Statement highlighted data points around the following as of most interest to the adult social care market to help guide and influence service development, age, disability, population change, life expectancy, long term illness, dementia, people receiving long term support, deprivation and multi-morbidity and the adult social care workforce.

Partners told us the local authority had a good understanding of the needs of the local community and that they would seek input from stakeholders to understand local needs if there were any gaps in their knowledge. They considered the local authority to have good

insight into local health inequalities. They also confirmed the local authority provided translation services to people where needed.

Local authority data provided showed there were a total of 342 out of area placements. 60 of these were made in the last 12 months. Out of area placements for older people were nearly always made at the request of the person or their family, as market capacity locally was not an issue. For younger people, particularly where they had multiple complex needs, it could be the case that their needs may be more difficult to meet locally. This included specialist services for people with sensory impairments or specific health conditions. Sometimes, out of area placements for younger people were made at their request, a common reason being they wanted to stay living in an area where they had attended college or similar. The local authority had recognised specialist services as a gap within care provision and the local authority were looking to increase the market to support people.

Staff told us challenges identified were increasing in complexity of people's needs. Housing for specialist need was an unmet need, and they were currently offering interim support packages whilst they worked towards making longer term decisions and preparing providers to deliver necessary care. An example was provided where a person transitioning from children's services to adult services with challenges and they needed to prepare the new provider. They signposted the new provider to trauma informed training specifically to that individual and supported them to hire staff who spoke the same language.

Market shaping and commissioning to meet local needs

The local authority Market Position Statement January 2025 told us that there were around 2,719 people in receipt of a homecare package. There were 3 'primary' homecare areas in East Sussex (Hastings and Rother, Eastbourne and Polegate and Seaford and Havens) with 2 Lead Providers covering each. There were a further 6 'secondary' homecare areas, with each having a single lead provider. The local authority reported that for the year 2023/24, capacity exceeded demand in the homecare market. This led to the approved list for care providers being closed to new applicants. ASCS 2024 data showed 74.30% of people who use services who feel they have choice over services, which is somewhat better than the England average of 70.28%.

Staff told us commissioning teams had oversight of commissioned services with providers after the contract was delivered and this added a lot of value. It provided on-going management, overview of quality and service delivery, and held providers to account for the contract. They provided advice and guidance to the provider market, particularly for supported living, setting expectations and understanding of needs, fitting with regulated services and good practice guidance. To ensure safe working conditions for staff, commissioners told us, the new contracts now have a clear statement about modern slavery, providers have been engaged with to ensure this is understood. Staff told us they were adaptive to changing markets. An example of this was the strategic mental health VCFSE provider that had flexibility built into the contract to adapt to future needs.

Partners told us the local authority's model of commissioning was accessible and supportive of all providers. There was good dialogue, and they met quarterly with the local authority contracts and commissioning team to look at Key Performance Indicators (KPI)

which were set at the beginning of a contract. KPIs set could be reviewed at any time, and they were able to be adjusted dependent on the service.

Ensuring sufficient capacity in local services to meet demand

The local authority had identified there was a gap in provision for people with very complex and challenging needs and the lack of suitable provision presented a significant issue across partners, especially when placements broke down. Leaders told us there was a gap for services for young male autistic adults. The local authority Market Position Statement acknowledged there was a gap in provision in the county for people with particularly complex and challenging conditions. The local authority told us they had well established and positive relationships with the small number of providers who were able to support these individuals in very specialised placements, however, they said they were often only able to find appropriate accommodation out of the county. To try to address the demand for highly specialist placements within county, the local authority had partnered with system colleagues which included the Integrated Care Board, Mental Health Foundation Trust and District and Borough colleagues to plan a strategic approach to look at how they could collectively respond to this challenge.

There were 139 supported living accommodation services for people with a learning disability. The local authority was looking to work with providers to increase opportunities to meet the needs of younger adults, and to increase supported living accommodation for people with complex needs and behaviour that require specialist support. The local authority told us they were increasing capacity in the supported living market for people with a learning disability by reconfiguring 3 bungalows from residential care to supported living and remodelling another council site to create 7 self-contained flats.

There were 120 providers and 165 services for older people's residential and nursing care. 53 providers and 110 services for specialist residential and nursing care. Around 87% of placements were provided by independent operators or small groups, compared to the national average of 56% and occupancy levels averaged 80%.

Staff told us there were Staying Well hubs in Lewes, Bexhill, Hastings, Eastbourne and Uckfield that could offer support to those diagnosed with mental health conditions. There was a waiting list but referrals generally took 2-4 weeks. The local authority provided a range of community mental health support services which were free and available to any adults living in East Sussex who were living with mental health challenges. These services included but were not limited to, 7 Wellbeing centres providing community-based support, peer support services and staying well spaces.

Providers told us there was an emphasis on prevention, delaying the needs for people and as a result they had been involved in workshops around the prevention strategy. Providers thought more could be done between the local authority and VCFSE to get ahead, in order to prevent closure of services and support more prevention. There was not sufficient care and support available to meet demand. The number of referrals for supported living accommodation exceeded the number of available vacancies in the market, specifically for people with additional or complex needs or who were seeking a particular accommodation type or locality. Data provided by the local authority for the length of time people had waited for their homecare or supported living service to begin due to lack of capacity was 5 days. The total number of people on the waiting list was 4. The reason for waiting was one person required a care worker that could speak another language, one requested specific

call times and two were in rural locations, one of which required a small package that providers deemed commercially unviable.

Data provided by the local authority for the number of time people had waited for their residential or nursing home service to begin due to lack of capacity was 11.5 days for residential general, 10.9 days for residential dementia, 10.9 days for nursing general, and 12.8 days for nursing dementia. Some people may wait a little longer for more specialised services, for example if bariatric care is required (for people who are overweight or obese).

The local authority had 3-day services for people with a learning disability Beeching Park in Bexhill, Linden Court in Eastbourne and St Nicolas Centre in Lewes. People told us they had a choice out of day services they wanted to use, and the service was suitable for their needs. Transport was provided for people using the day service to and from their house.

Staff told us they had a contract hierarchy for homecare with 6 lead providers and 43 approved providers. They would approach lead providers first and subsequently go through approved list after that. Timescales for high priority support was 3.3 days and low priority 4.3 days. Individuals' choice of provider would overrule the hierarchy and could move to a direct payment option if that was required. The implementation of this provider framework had happened recently in recognition of changes necessary to ensure a sustainable market.

Ensuring quality of local services

Partners told us they provided quarterly performance reports to the local authority as part of their quality assurance processes. They were able to provide information on trends, themes and concerns which could impact their work. The local authority had a risk assessment tool used for both working age and older people's residential and nursing care homes. The risk assessment tool drew on a range of data and intelligence sources and provided an appropriately weighted score for each service. The data covered a wide range of variables including CQC ratings, capacity and occupancy, placement activity, pricing and safeguarding or other concerns. This profile was used to inform the work and priorities of the Market Support Team and provided service level information impacts should a service move into a business continuity situation.

The Market Support Team supported 176 providers and services over 600 visits or virtual support calls and meetings during 2023. The team-maintained knowledge of the provider market and risks through CQC ratings, meetings with local CQC Inspectors, care home providers, and meetings with the Integrated Care Board (ICB) through the multi-agency Market Oversight Panel (MOP). CQC data showed 76.62% of Nursing care homes in East Sussex had been rated as good, 77.66% of Residential care homes had been rated as good, 72.63% of Home care service providers had been rated as good and 83.33% of Supported Living providers had been rated as good.

Partners told us there had been challenges when there was a change in need and an individual required a new assessment and uplift of support hours, resulting in the provider not being paid correctly for completing the extra support. Providers felt they had to go from team to team and in one example had waited 6 to 8 months for this to be rectified.

Ensuring local services are sustainable

Local authority data provided showed there were 10 contract hand backs relating to service closures in the last 12 months of which 6 were residential care homes, 1 supported living service and 3 homecare services. A further homecare service decided it was no longer able to sustain a viable business due to its position on the contract hierarchy as they were lower on the list of suppliers that the local authority would approach.

The local authority told us they had transitioned from an actual care delivered to rostered care method of funding and operated a model with two lead providers in each main geographical area. Providers were previously paid based on specific call times logged by staff, now the local authority were paying what providers have rostered for care being delivered. The rationale behind this change was to ensure sustainability in the market and make sure that staff were paid appropriately with contracts including travel time for staff. Results of this change showed capacity in the home care market had increased, good supply, minor waiting lists and quick allocation of care. The rostered care model could be monitored using data and changes made where necessary for example if travel time needed to be extended.

A number of nursing homes had closed in the past 10 years and the majority of new homes opening had offered residential care. The local authority told us that a key element of pressure moving forward would therefore be the provision of affordable nursing care. They also identified a high concentration of services in the east of the county, which may impact on options and ease of access for people living in the north or west of the county, and that capacity in all areas would need to be increased to meet an increased demand for complex dementia nursing care and older age adults with alcohol or substance misuse issues.

The local authority told us that it provided a range of support to providers, including support from the Market Support Team, weekly provider e-bulletins with 4,500 subscribers, a range of sector specific groups and forums, learning disability, autism and housing partnership boards, support with recruitment and a free training offer. Adult Social Care Workforce Estimates 2024 data showed 50.94% ASC staff with care certificate in progress or partially completed, or completed, which was similar to England average of 55.53%.

There were 3 dedicated staff to support with recruitment of new staff into the care sector from the local authority, through promotion at careers fairs, colleges and universities, the Armed Forces Network, a website targeting people over 50's project, various charities and partnership with recruitment agencies. Candidates were supported with free training, interview preparation and coaching. Lead providers were also offered grant funding towards the costs of recruiting overseas workers. Adult Social Care Workforce Estimates 2024 data showed 5.82% adult social care (ASC) staff vacancy rate which was somewhat better than England average of 8.06% with a 0.28% ASC staff turnover rate which was similar to England average of 0.25%. Leaders told us the local authority did a lot of work around home care and overseas recruitment, over 200 people from Romania, Albania and the Far East were employed which resulted into a number of hours injected into the care market.

Partnerships and communities

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was committed to improving services and worked in partnership to support this. Partners told us the local authority valued them, and they had strong links with adult social care and public health. They participated in developing local authority strategies through their involvement in the Adult Social Care Strategy Steering Group, Community Oversight Board, East Sussex Health and Care Partnership Board and the Financial Inclusion Group. The local authority had a plan setting out their ambitions and what they planned to achieve by 2027 for example, keeping vulnerable people safe and helping people help themselves. The plan clearly outlined working in partnership with local services to ensure the best outcomes for people living in East Sussex.

Partners told us they worked in partnership with the local authority and other providers to co-ordinate the provision of information and advice across the county. Partners met with the local authority regularly to share learning and ensure consistency as well as reporting activity to help inform their strategies. There was a Health and Social Care Partnership Executive Board that oversaw specific transformation programmes and the Better Care Fund (BCF). A Sussex wide integrated care strategy called Improving Lives Together provided a strategic approach for ensuring the BCF across all parts of Sussex was focused on delivery of key priority areas via a shared delivery plan. The BCF played a significant role in driving improvement in all the key areas through integration and pooling resources to support delivery of shared priorities. Partners told us senior leaders within the local authority were supportive and constructive. They worked together to align aims and goals.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. The local authority worked with health partners on 2 section 75 agreements. A section 75 agreement is between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. The 2 agreements in place were

with the Community Equipment Service (ICES), which facilitated a fully pooled budget for community equipment and minor adaptations. A second was with the Sussex Partnership NHS Foundation Trust which funded posts within adult social care Forensic Teams. Leaders told us relationships with health were robust and provided a strong foundation for conversations about sensitive issues, for example continuing health care funding arrangements.

The local authority worked in co-production with people with lived experience to support the direction of adult social care services. People told us they had a lot of interaction with the local authority and had been involved with a co-production group who supported with staff training, interviews and produced easy read documents. The Involvement Matters Team (IMT) had completed campaigns around health inequalities with local providers and ran workshops which supported peers with staying safe online. The IMT was made up of adults with learning disabilities who used adult social care services. The IMT had a structured plan from 2023 to 2026 to improve the lives of people with a learning disability in East Sussex. People from the IMT were also members of the Learning Disability Partnership Board (LDPB) who met every 3 months. Partners told us work done by the LDPB helped people to socialise and connect with others in their community. For example, they had held a festive party for people to attend helping to prevent loneliness and isolation during December 2024.

Some people told us their experience of the commissioners at the Council was they were too focused with KPIs which measure the number of people accessing services but not the quality of the services delivered. The IMT were heavily involved in co-production and service development across the county. They delivered parts of adult social care training, supported peers to use digital tools safely and created specific questions and KPI's for tenders whilst sitting on tender panels.

The local authority recognised the vital role unpaid carers had in supporting people and had been working on a carer's partnership plan with a target of this being implemented in 2025. This was a 5-year plan and was being co-produced with unpaid carers, the Integrated Community Board (ICB) and partners. Previous negative feedback from some unpaid carers was received on the current carers offer which indicated the service could be improved. The carers partnership plan set out the priorities of a strategic, joined up approach to meet the needs of carers across the county which included future commissioning plans. Staff told us the carers partnership plan was the overarching commitment to unpaid carers from adult social care and the voluntary and community sector.

Arrangements to support effective partnership working

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. Leaders told us the BCF spend was jointly agreed by the NHS and the local authority. The Health and Wellbeing Board was attended by local authority leaders, NHS, public health, police and VCFSE. The board led on the Joint Strategic Needs Assessment (JSNA) development, the shared delivery plan and the BCF. The Better Care Fund provided a range of services through small grants for example dementia training, cookery, arts activities, targeted support for black and ethnic minority carers, carer support in hospices, digital support, and telephone befriending.

The local authority had a long-standing Section 75 agreement in place for the Integrated Community Equipment Service (ICES) which facilitated a fully pooled budget for community equipment and minor adaptations. They had joint funding agreements in place for S117 aftercare with the Integrated Care Board and a section 75 agreement, which funded posts in the adult social care forensic team. Forensic social work is the application of social work to issues and questions related to the law and legal systems.

The local authority is part of the Sussex Integrated Care System (ICS). The NHS Sussex Integrated Care Board (ICB) worked with the local authority as one of the three places in the Sussex ICS area and there was an East Sussex Health and Care Partnership that enabled joint working across organisations to deliver the Health and Wellbeing Board Strategy and associated plans and activities. Leaders told us relationships with the NHS trust were positive and that the local authority and NHS have a mature relationship where they could have difficult discussions and challenge each other. Partners told us they could have open conversations with the local authority and could challenge where needed within these discussions. Partners and the local authority both had a good working relationship with each other and were able to navigate difficult situations together.

People told us about the 'ladder of involvement' which listed from top to bottom, co-production, participation, consultation and information. People told us they had been working in co-production with the local authority for many years on a range of projects, for example, projects relation to wellbeing. This included their involvement in the retendering of the wellbeing services commissioned by the local authority and the Neighbourhood Mental Health Transformation project.

The local authority hosted the Autism Partnership Board, which met at least three times a year and worked to support autistic people and their carers to lead fulfilling and rewarding lives. In response to the National Strategy for Autistic children, young people and adults 2021 to 2026, adult social care and children's services initiated a cross-sector project to co-produce a partnership action plan to implement the strategy in East Sussex. Key development and delivery partners included the Autism Partnership Board, NHS, Autistic people and the Police.

The local authority provided regular and sufficient support working in partnership with care providers. The local authority met regularly with the local registered care association, to support providers. Examples of the support provided were recruitment of staff, regular newsletters and a market support service. The Market Support service was a team within the local authority who would offer support and strengthen the independent care and support market, improve and sustain quality improvements, prevent business failure or service deterioration and identify and address business continuity and sustainability concerns.

Partners told us a 2-year Commissioning Excellence Programme had started from April 2023, which delivered workshops based on practical peer-led learning. The multi-partnership programme aimed to develop East Sussex as a centre of excellence for VCFSE commissioning. This would be done by improving communication, dialogue, trust and understanding between statutory commissioners and VCFSE organisations, to enable the culture shift necessary to achieve sustained change.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. The local authority listened to feedback from people to create better outcomes. People told us in they felt listened to and their feedback was implemented and acted on. An example was provided where people on the East Sussex Lived Experienced Advisory Group questioned the Mental Health Oversight Board why they had not been asked what priorities should be taken over the next year. People told us this was immediately taken on board, and priorities were implemented in consultation with them with immediate effect.

Partners told us they worked jointly with adult social care on discharge and admissions avoidance. They were working together to look at how they could support people in the community where they were ready for discharge, to avoid delays. There was a Discharge to Assess model which saw 80 beds jointly funded by the local authority and health. People could access this support through either health or adult social care led assessments, with the target length of stay being 28 days. Local authority data showed average length of stay was currently 27 days. Staff told us capacity within this model fluctuated and the hospital team was working on different approaches, for example, discharging people with a higher package of care at home to facilitate earlier discharge.

The local authority had Joint Commissioning Teams in place which enabled an integrated approach to commissioning support for people across the health and social care system. They hosted the Adult Social Care and Health Joint Commissioning Team, and the Mental Health Joint Commissioning Team. Jointly commissioned services were available to people whether their support needs were being met by the local authority or the NHS. This avoided unnecessary hand-offs and silo working.

East Sussex Care Homes Plan was a joint plan between the local authority and NHS Sussex which showed the commitment to integration. The plan set out 15 different areas which provided actions, outcomes and timelines for the development of the Enhanced Health in Care Homes service (EHCH). East Sussex Care Homes Group (ESCHG) would oversee the EHCH rollout locally and bring together all care homes related work in the county. Membership of the ESCHG included ICB, local authority commissioners, providers, GPs, Ambulance, Healthwatch, and care home managers.

The local authority was in the process of developing a Carers Partnership Plan which had been coproduced with carers. This would incorporate key themes identified in a Carers Partnership Plan workshop held in February 2024. They were also using previous feedback from a range of surveys and Census data.

Working with voluntary and charity sector groups

The local authority had effective relationships with VCFSE groups. Partners told us they were involved with a group which was a committee of statutory providers and VCFSE members. The local authority DASS co-chaired this with the agency who supported unpaid carers. The meeting provided space for strategic conversations and to co-produce solutions. VCFSE had influence in strategic decision making and Partnership Plus were seeking to strengthen their relationships with the Health and Wellbeing Board. Partnership

Plus was jointly initiated by the local authority and VCFSE to reset the relationship between them to work more collaboratively.

In partnership with the East Sussex VCFSE partners and NHS Sussex the local authority had established the East Sussex Commissioning Excellence Programme, which was aimed to develop East Sussex as a centre of excellence for VCFSE commissioning. Partners told us the commissioning excellence programme had led to changes in how things were commissioned and led to delegation of commissioning. For example, mental health services now had a lead provider model in place which was recognised and actioned through the programme.

Some people told us they had participated in the mental health experts by experience work for a couple of years, and the local authority was passionate about promoting the voices of people with lived experience. An expert by experience is a person who has personal, lived experience of a type of health or care service, or who cares for somebody receiving a service. The local authority had 2 main mental health experts by experience groups. The first group was a dedicated participation service delivered by voluntary care sector partners and the second was their own Experts by Experience Programme who ran workshops to help people develop their skills and confidence to get more involved in co-production opportunities and focus groups for the experts by experience to feed into.

Leaders told us they supported the VCFSE sector and helped them to develop in East Sussex. The local authority had worked hard on relationships with VCFSE and done a lot of collaborative work which they were proud of. Leaders told us they could see the value of the VCFSE as for example, they had supported the rehoming of 2000 Ukrainian migrants in East Sussex. The local authority had commissioned a social consultancy service to carry out a review of voluntary sector activity across the county, to help them understand the support that was available and identify any potential gaps.

Partners told us there were approximately 3500 voluntary sector stakeholders who worked across the county. The VCFSE alliance received some local authority funding to focus on supporting any strategic work. The alliance had been able to provide good support to local authority commissioners to inform them of what was needed locally. They also told us they had supported the local authority to improve working conditions across the sector which had reduced competition and improved collaboration between VCFSE providers.

Theme 3: How the local authority ensures safety within the system

Safe pathways, systems and transitions

Score:

2 - Evidence shows some shortfalls

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

There was a case risk management policy which was aimed at all operational staff. This was supported by practice standards, case monitoring documentation and training. Staff told us they had a policy in place when looking at referrals. The team would look at high risk which would be contacted immediately or within 48 hours, medium risk which would be contacted within 1 week and low risk which would be contacted within 2/3 weeks with a contact letter also sent out.

The local authority had quality assurance oversight of the independent care sector ensuring risks to people were minimised, and the care sector was supported. The local authority had a Market Oversight Panel (MOP) which was multi-agency two-weekly forum chaired by adult social care staff. The forum shared information about the independent care sector to identify potential risks to people, understand risks and impacts on the wider market and providers and was a coordinated support to the market. The MOP could make recommendations to suspend a service, which would then be ratified by Departmental Management Team. Other decisions such as the provider agreeing to a voluntary embargo were also considered by the MOP.

There were 2 acute hospitals within the local authority area and 5 community hospitals placed in, Bexhill, Lewes, Crowborough, Uckfield and Rye. There was a hospitals pathway acute in-patient assessments process map for people who were admitted to an acute hospital ward. Useful good practice reminders to staff were outlined on top of the process map for discharge such as; ensure carers are identified and assessed, safeguarding concerns identified and reported, case notes recorded of all conversations and equipment

identified for discharge to be assessed by OTs in hospital. Clear actions outlined for discharge pathways 0 to 3.

Some partners told us they had handed care home contracts back to the local authority and robust procedures and support was in place for them. They received weekly meetings with the local authority to safeguard and manage risks of the closure. Each person had an allocated social worker and partners worked closely with the brokerage team to find suitable alternative placements for people. Partners told us the support was unprecedented for people and staff throughout.

Safety during transitions

The local authority had suitable processes in place to support people with transitions to adult social care. They had a transitions charter in place which set out what young people could expect from the transition service. It highlighted they would be respected, recognised and valued, and their views and opinions would be considered and responded to. People told us they transitioned from children's services to adult services around the age of 18 to 19. They had a social worker visit them every few weeks during the transition period and throughout the process it was clearly identified what was important to the person. Choices of placements and options were offered, with the opportunity to explore care provisions with social workers before agreeing to support.

Services and processes supported a young person with support needs or young carer to prepare for and move successfully from using children's services to using adult services. The Care Act required a local authority's adult social care to carry out a child's needs assessment, known as a transition assessment, for young people approaching their 18th birthday who are likely to have needs for care and support after they reach 18. Staff told us link workers would start working with a person at 14, they would attend all statutory meetings and provided information around the transition. The team would then work with a person who was 17 1/2 years old giving 6 months for the full transition from children services to adult services. Once the core assessments were completed brokerage would start sourcing placements when the person became 18.

There was also a transition service pathway process map which outlined the key age and school years when the transition service or the Children Disability Service support young people in transition to adult social care needs. It had clear information for staff to follow when a Young Person is 17.5 years old in terms of referral and process as well as post education aged 19-25 years.

Hospital discharge was not always completed in a timely manner for people and there were delays with discharging people. Staff told us of the challenges faced by Discharge to Assess (D2A) capacity. The local authority was discussing with system partners capacity in D2A beds. Leaders told us there was an impact on people being delayed in hospital, the ambition was to get people out as soon as possible. Delayed discharge position was discussed monthly within leadership meetings. There had been more than a 10% reduction in hospital delays and there were low delays in terms of NHS community services. The local authority was working with partners to find a solution to the delays with discharge; however, this issue had not yet been resolved at the time of assessment.

Staff told us the discharge to assess team tried to keep consistency of social workers allocated to homes that have D2A beds, to build better relationships with nursing staff and management. This supported joined up care for people to achieve better outcomes. They would aim to complete assessments within 28 days to make longer term plans. Partners told us the D2A assessment bed capacity was reduced which had affected discharge planning.

There were clear processes for practitioners to follow for when a person was discharged from an acute hospital and there were discharged to assess teams from the local authority within the hospitals. There were 4 pathways for discharge called pathway 0,1,2 and 3. Pathway 0 was discharging home with no support, pathway 1 was for a person to return home with care and support, pathway 2 was for reablement at home or intermediate care and pathway 3 would be for people needing to go to D2A beds for further assessment.

Contingency planning

Contingency planning was recorded within people's care plans for either the individual being supported or their unpaid carer. There was a section within support plans which referred to 'Dealing with Risk and Contingency Planning' where local authority staff could record specific contingency plans and risks for people. Some people told us they had not needed support from the local authority for contingency planning, however, they felt the local authority would be supportive if contingency planning was needed such as if care was needed at short notice. Whilst other people had told us they relied on family members support in the event of an emergency.

The local authority had a Business Continuity Plan which covered adult social care essential services for vulnerable adults within the community. The plan covered a range of areas including what to do in the event of staff shortages, loss of a building, technological failure and loss of an external service provider. There was a business continuity manager assigned to each department who was responsible for liaising with the business continuity team and planning coordinating department. The business continuity manager would ensure all staff were aware of the business continuity plans and how they worked.

A Business Continuity Group took overall ownership of the actions of the Business Continuity Plan. In the event of business issues with providers, the Service Solutions Team would negotiate the transfer of care for individuals to alternative service providers.

The Procurement Team would support the service providers with concerns regarding TUPE and contract terms. The Market Support Team would support service providers in addressing disruption or closure and prevent further closures.

The local authority had contingency measures in place to support providers in exceptional circumstances. They had supported services in business continuity situations, including illness, fire, flood and reduced staffing. They initially focused on providing expert advice and supporting the development of an action plan, however, in exceptional cases where time-limited additional help could be provided. Examples included emergency provision of meals, cleaning and hygiene services and support to access temporary care staff. Partners told us where they had supported emergency placements for people the local authority were supportive and kept in close contact with partners to ensure the person remained safe.

The local authority operational teams had Business Impact Assessments which incorporated business continuity plans. There were clear processes in place to manage a council wide incident and there was a volunteer list of Major Emergency Team (MET) responders who had volunteered to support in emergencies.

There was a risk management plan to mitigate and minimise disruption in the event of an emergency such as, loss of buildings, technological failure or staff shortages. The plan covers the impact for critical services and allowed them to explore ways to mitigate risk to protect individuals. There was a departmental emergency plan to support in the identification of vulnerable people and would actively work with families, volunteers and the community to support people in need of support. The DASS and Health were the strategic leads in event of an emergency and were the main leads to co-ordinate and determine the response level from the local authority. The role of adult social care in the event of an emergency was to ensure that adult social care services were delivered within the available resources. All the initial notifications of an emergency went to the departmental emergency manager and then down through the hierarchy of adult social care.

The local authority utilised a flow diagram which provided directions on what actions should be undertaken if a regulated care and support provider reports disruption or closure. The procedure stipulated that client safety and continuity of care for the individuals should be primary with regular meetings to manage the issues. When the local authority received a notification from a provider highlighting future closure there were several actions which must be implemented to manage the risk to the service users accessing the service. The first meeting with the provider would identify a few issues including the timescales of closure, circumstances and gather a full client list. They would ensure that meetings with providers in the event of a closure covered the following subjects, a full situation update, services issues including staff and communication and client management with key information and risks.

Safeguarding

Score:

3 - Evidence shows a good standard

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Safeguarding is the process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed to be unsuitable do not work with them.

There were effective systems, processes, practices to make sure people are protected from abuse and neglect. Safeguarding referrals were received and triaged by HSCC. There was a dedicated safeguarding team within HSCC called the safeguarding hub. Safeguarding concerns could be raised to HSCC via telephone, email or through an online form. An Emergency Duty Team (EDT) were in place to address urgent issues outside of normal working hours to ensure 24/7 coverage.

Safeguarding enquiries were undertaken by neighbourhood teams and the ethos of 'safeguarding is everyone's business' was embedded across the local authority. Staff told us neighbourhood teams completed safeguarding enquiries to ensure consistency for the person subject to the enquiry as the professional was already known to the person. Adult Social Care Survey 2024 data showed 70.73% of people who use services who feel safe, which was similar to the England average of 71.06%. 84.38% of people who use services who say that those services have made them feel safe which was somewhat worse than the England average of 87.82%.

SACE 2024 data showed 85.43% of carers who feel safe, which was somewhat better than the England average of 80.93%. Within the process of the local authority's client and carer satisfaction survey, Listening to You, there was a unique code to identify people where there may be a safeguarding issue, or if the individual made it clear they wanted a response. Each survey was screened, and if action was needed this was referred to the appropriate team.

The local authority had effective processes for quality assurance oversight of safeguarding. A Safeguarding Development Team (SDT) led on strategic development and improvements to safeguarding for the local authority. The SDT undertook and reported on safeguarding audits and provided support to neighbourhood teams on all areas which related to safeguarding. The team also led on managing allegations against people in positions of trust and had close links to the Safeguarding Development Board Manager and Safeguard Adults Board (SAB).

A case allocation tool had been developed by the SDT which would assess the complexity of a case and identified the level of experience a practitioner undertaking the Lead Enquiry Officer (LEO) role would need. Leaders told us there was a clear business plan and set of priorities for safeguarding. Each neighbourhood team had a member of the SDT. Safeguarding audits were key assurance around practice, and they had increased the number of audits being undertaken as part of quality assurance.

The local authority worked closely with the Safeguarding Adults Board (SAB). There was a clear outline of the role and purpose of the Safeguarding Adults Board and how they worked together with the local authority. There was a plan in place which shared both the local authority and SAB's vision, areas of partnership working and five strategic priorities, which continued unchanged from the 2024-2027 plan. Leaders told us the vision for safeguarding was clear and collectively owned, with an ethos of making sure everyone is safe.

Data provided in the Adult Social Care Workforce Estimates 2024 showed 55.52% of independent/local authority staff completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was significantly better than the England average of 37.58%. 65.11% of independent/local authority staff completed safeguarding adults training, this was significantly better than the England average of 48.70%.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental ability to do so for themselves. When people in care homes and hospitals are deprived of their liberty in a safe and correct way, to receive care and treatment. This is legally authorised under the Mental Capacity Act 2005 and is only done in the person's best interests and when there is no other way to look after them.

Responding to local safeguarding risks and issues

The SDT recorded learning activity that took place in neighbourhood teams following the publication of a Safeguarding Adult Review (SAR). The SDT used a safeguarding learning checklist to monitor how and when learning had been disseminated. They were working to increase learning opportunities for each future SAR. Learning was disseminated across the local authority and partners through learning briefings at meetings, podcasts and SAR action plans.

Multi Agency Risk Management (MARM) meetings were set up because of feedback from SAR's where it was identified that there had been insufficient opportunities for partners to jointly discuss complex, high risk situations. The MARM brought professionals together to ensure that there was a forum to do this. The MARM meetings had been reviewed and decided to continue to effectively manage risks across the county. The Safeguarding

Adults Board (SAB) would support to identify homelessness needs and there was also a rough sleeping coordinator as part of the MARM.

There was a commissioned SAR's tracker in progress on actioning recommendations. Evidence provided by the local authority on their SAR's tracker showed all the actions rated across nine Safeguarding Adults Reviews were green or amber, this showed actions were actively being worked on and completed. Actions were RAG rated and provided a clear and consistent snapshot of current progress towards publication. Timescales and lead officers were included within the action plan, with expected sign-off dates.

Leaders told us the common themes from SAR's were mental health, substance misuse, alcohol and self-neglect. We were told these needed a focus moving forwards, however, informing other partners was not done in a systemic way currently. The local authority had developed a multi-agency working policy and had recognised the need for more effective partnership working, with a focus on this over the next few years. When there were multiple different SAR's of a similar nature these would be placed into 8 themes, which management would have oversight of and focus on. There was a safeguarding steering group for adult social care actions where oversight was provided of these taking place. The SAB also produced reports drawing together themes. Staff told us there was an increasing complexity of safeguarding which had resulted in increased focus of reflective practice. This has improved team confidence and capability.

There was an organisational safeguarding pathway in place at the local authority which told us how they managed suspected organisational abuse. It took the form of an algorithm in four stages, concern, decision making and enquiry, planning and review, and closure. The local authority gave past examples of where suspected organisational abuse took place and the decision-making processes around them, the planning of actions, the use of Independent Chairs and the importance of professional curiosity and proportionality. The guidance was currently under review, following feedback from a Local Government Association peer review regarding large scale enquiries.

The local authority had carried out reviews following deaths from domestic violence. In lessons learned they found that there was always a focus on people to manage the risk and keep themselves safe. The review found that agencies must do more to reinforce measures against perpetrators. This included continuing to assess risk, particularly when new information came to light and ensuring professionals had awareness of support options. It also recognised raising awareness for informal carers and health partners, as well as the need to raise awareness of cuckooing across all agencies and safeguarding teams. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation resulting in them losing control of their property. It's an illegal practice that often involves exploiting individuals who are more vulnerable, isolated or struggling. The property may then be used for criminal activity, including drug dealing, sexual crimes and storing weapons.

Responding to concerns and undertaking Section 42 enquiries

The local authority responded appropriately and in a timely manner to safeguarding concerns. Local authority data told us the number of safeguarding concerns which had developed to section 42 safeguarding enquiries were 1815 in a 12-month period. All section 42 enquiries would be allocated to an LEO within 5 days and there were no waiting lists for allocation. A section 42 enquiry is the action taken by a local authority in response

to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect.

The local authority identified that their safeguarding conversion rate from concern to section 42 enquiry was high, compared to regional comparisons. The local authority Safeguarding Steering Group undertook an audit and found out of 37 cases only 1 should have been logged as a concern. Local authority data showed an audit by the Safeguarding Steering Group concerning the conversion of concerns into general safeguarding enquiries and Section 42 enquiries. The overall conversion rates from February 2023 to January 2024 was 54.2% for general enquiries and 40.2% for Section 42 enquiries. These were higher than the national average, at 33% and 29%. Areas for learning and improvement were identified and recommendations made following the conclusion of the summary report. These included investigating the reasons why the rate of contacts and enquiries were rising and to consider convening staff briefings to improve communication.

Staff told us that safeguarding referral rates could fluctuate with no month looking the same. Staff would look at if cases required additional support from other areas before progression to a S42 enquiry. If issues could be resolved from input from other areas for example, housing, they would try to resolve these first. Managers had oversight of all cases and supported staff with the direction cases needed. If staff decided that a section 42 enquiry was not appropriate and a manager disagreed, the manager would override the decision. There was a safeguarding pathway in place for staff at the local authority. Where safeguarding concerns were not progressed to a section 42 concern the safeguarding pathway would support staff to identify if other support is needed.

The local authority had a high number of people awaiting a DoLS authorisation. Data provided by the local authority for DoLS applications showed there were 961 people on the waiting list. The median wait time was 13 days and maximum wait time was 332 days. The highest risk applications were prioritised for a rapid response. DoLS applications that were prioritised with a 7-day response were for people that did not have a potential Relevant Person Representative (RPR), people that had a Paid RPR or the person had a short-term DoLS in place. Where requests did not meet the above criteria, they were allocated based on the length of time that they had been on the waiting list. To address the waiting times for DoLS and to reduce wait times, the Departmental Management Team (DMT) had agreed to the recruitment of an additional 2.5 posts within the DoLS service to address the backlog. Progress was monitored through the monthly Steering Group for waiting times and reviews, and through the fortnightly Operational Management Team (OMT) meetings.

Relevant agencies were not always informed of the outcomes of safeguarding enquiries when it is necessary to the ongoing safety of the person concerned. Partners told us they did not always receive a response from the local authority when submitting safeguarding concerns. This left providers assuming low level safeguarding's had not been accepted or closed. We also heard when section 42 enquiries were carried out the response from the local authority was inconsistent. In some cases, there had been regular safeguarding meetings between the provider and local authority along with visits from the Market Support team, but this had not happened consistently. They told us whilst there were robust procedures in place, they had found the communication from the local authority regarding the outcomes of referrals to be poor at times. They told us they did not always receive constructive feedback from the local authority when referrals did not meet section 42 criteria and told us there had been some challenges with their relationship due to this.

Making safeguarding personal

Making Safeguarding Personal (MSP) was embedded across the local authority and was included in relevant training. The local authority provided training to their own staff as well as staff working for provider organisations, with training based around safety and safeguarding. A specific training offer of Making safeguarding personal enquiries was offered to LEO's.

The local authority told us auditing was used in relation to safeguarding enquiries. The audit would identify certain areas such as, evidence of the empowerment of people, the protection of people, prevention, proportionality, partnership and accountability. The local authority had audited 37 safeguarding cases for the year 2023/24. The audit's identified MSP was evidenced within safeguarding cases, for example, MSP was at the centre of decision making. People's views were accounted for whilst ensuring the right balance of risk reduction.

The safeguarding adult's pathway in the local authority had an emphasis on the need to ensure that the person subject to enquiry or their representative were kept informed where appropriate. Safeguarding Adults Collection (SAC) 2024 data showed 98.77% of individuals lacking capacity who were supported by an advocate, family or friend which was significantly better compared to the England average of 83.38%.

Theme 4: Leadership

Governance, management and sustainability

Score:

3 - Evidence shows a good standard

The local authority commitment:

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements at all levels within the local authority. The local authority used Adult File audits to understand how practitioners, teams and services had worked with adults and their family. Each member of staff who completed Care Act assessments would have at least two case files audited each year, completed by the Practice Managers or Senior Practitioners of the person they supervise. Staff told us this was a positive process for quality assurance, accountability and to see where improvements could be made in their practice.

The Quality Practice and Assurance Framework aimed to provide a range of resources to help support service delivery for example, manage risk, monitor and review practice within teams and ensure the voice of the person accessing the service was central. The framework consisted of five components, standards, staff competencies, supervision and appraisal and case file audits. The local authority had quality assurance and resource panels. The purpose of these were to ensure adult care assessments were robust and strength based and that support plans had considered prevention wellbeing and choice. Staff told us the previous audit system had been old and not fit for purpose, prompting the creation of a new quality practice assurance framework and a temporary role, within the Principal Social Worker team, for them to oversee its implementation and develop improved auditing practice. They reported this had been a positive process with good opportunities to share learning and good practice across teams.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. The Principal Social Worker hosted and supported a range of forums where professional development materials and opportunities were promoted, and practice issues could be discussed. The local authority had an internal scheme of authorisation by the Director of Adult Social Care dated April 2024. This was a formal document which set out clear lines of delegation from the Director of Adult's Social Care and health to Departmental Management Teams. Staff told us leaders were approachable and supportive at the local authority.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. There was a Risk Management Framework which set out the local authority's policy on risk management and its strategy for effective identification, assessment and management of risks. Management and

leaders regularly reviewed the register and where appropriate de-escalated or escalated risks. The register included key measures associated with discharging their duties under the Care Act. Each year they had an Internal Audit Strategy and Annual Audit Plan which takes account of identified risk areas.

Performance on waiting times was reported monthly and formally reviewed 6-weekly at the Waiting Times Steering Group. Staff told us they had monthly KPI's that were monitored within the management data pack and that information fed into the performance board. New guidance had been launched on how to manage waiting times and waiting lists. There was a real emphasis on ensuring teams knew the importance of data and accurate recording of data is everyone's role. Leaders told us waiting lists were a key risk area with regards to the management and assurance in relation to keeping people safe. There were mechanisms in place to identify those at risk and manage risk appropriately. The local authority was working to reduce the waiting lists and used data to help them identify challenges that may arise.

Strategic planning

The local authority uses information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans. The local authority collected data about ethnicity and communication preferences which was collated and analysed to inform strategic planning within their EDI strategy, for translation and interpreter services. The local authority's EDI ambition was to create fair, safe, accessible and inclusive care and support services. There was a scrutiny review of equality and inclusion in the local authority adult social care. The review looked at a range of evidence such as, information provided by the department, internal data, external reports and case studies. The review board found that there were several groups which could have better engagement and several barriers which may be preventing people within these groups from accessing services. The review identified who seldom heard groups were, what some of the barriers were to accessing services, and potential solutions to remove these barriers and increase engagement. Recommendations were made by the board and an action plan formed, which was being worked on at the time of assessment.

The local authority's political and executive leaders were well informed, and the scrutiny process was effective. The scrutiny committee would receive regular data from adult social care and had regular contact with adult social care leaders. Leaders told us there was a robust scrutiny process, however, members felt breadth of remit within this was too broad. For example, Children's and Adults' Services have been amalgamated so a review for children's transport takes place in the same meeting as adult social care, meaning they would not be able to go into depth. There were no plans for a scrutiny process change at the time of assessment.

The local authority had a co-production group in place who were able to support with strategic planning. The local authority had an adult social care strategy called 'What Matters to You' which had been driven by what people's priorities were and had been developed in co-production with the Citizens Panel. The panel would continue to work with the local authority beyond the launch of this strategy to review the impact of changes and holding the local authority to account.

The local authority told us the IMT were involved within the Strategic Commissioning Framework. The IMT was facilitated by the local authority but made up of adults with learning disabilities who drew on services. The IMT were heavily involved in co-production and service development across East Sussex. For example, creating specific questions and Key Performance Indicators (KPI's) for tenders, sitting on tender panels and the production of easy read documents. A member of the IMT also co-chaired the Learning Disabilities Partnership Board.

The local authority was developing a Prevention Strategy. The strategy had a clear focus on prevention and wellbeing to reduce care and support needs. However, this strategy was not a final document and was currently a planning and discussion document. Some leaders told us they were making a good start with the prevention strategy. Records showed the amount of prevention schemes and funding was the challenge. They told us covering statutory duties and providing services in line with the Care Act was priority. Other leaders told us further work is required to achieve collective understanding with members of the prevention strategies.

Information security

The local authority had a secure database which could share case management data if needed, as well as data feeds from key partners like community health. Adult social care data was available to health colleagues and access to health data for local authority staff was being progressed.

Partners told us there was no one system that both health and social professionals could access. They did have an integrated data set that provided summary notes and basic information to social care professionals, but this did not give details. This was primarily used for people with Section 117 funding or CHC funding. Staff told us although there was no shared data system due to close partnership working information was accessible from partner colleagues where needed.

There were multiple data policies in place such as, Data Protection and Information Security Policy which covered the standards and procedures staff should follow when handling personal data, Data in Transit Policy which covered guidance on appropriate security measures when transferring information between secure locations and Special Category Data Policy which outlined standard and procedures staff should follow when handling sensitive data.

Safeguarding data from HSCC was sent to quality assurance weekly. The data system also allowed for safeguarding enquiries to be linked which staff could see a holistic picture of themes and trends of safeguarding.

Leaders told us the cabinet received quarterly data on adult social care and could ask for data at any point. The DASS would also cover performance data in weekly meetings with the Lead Member.

Learning, improvement and innovation

Score:

3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning, improvement and development. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively.

Staff told us about the numerous opportunities for career progression and staff development. The local authority had an in-house team that delivered adult social care training for council staff, as well as for staff in a broad range of independent care sector settings. The training offer included, Care Act duties, Learning on Specific Conditions, Mental Capacity Act, Equalities, Diversity and Inclusion, and Safeguarding Adults.

Training requirements were identified in supervisions and team events, with the in-house team who designed and deliver bespoke training on request. As well as e-Learning courses the local authority offered professional development sessions and reflective practice sessions.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. Staff were encouraged to bring case studies to reflective practice sessions and discuss learning from past case experiences. This promoted shared knowledge and experience amongst the wider teams and allowed professional best practice discussions, which benefited not only the more experienced professionals but also the newly qualified social workers who were at the beginning of their careers. Staff told us they were encouraged to join networks with other professionals both locally and nationally, widening that level of peer support beyond the local authority team.

The local authority provided a workstream summary around steps they had taken to maintain knowledge and awareness of relevant legislation. The objective of this work stream had been to provide long term assurance about the staff's legal literacy, for staff to understand key legislation in particular the Care Act and for them to demonstrate how to apply it to practice

Staff demonstrated a good understanding of the legislative frameworks in which they worked under including the Mental Capacity Act 2005, they provided examples of how to use this legislation when working with people who lacked capacity to make their own

decisions. Staff demonstrated their understanding of a person's right to make unwise decisions and how they would support a person to remain safe if a decision they had made was deemed to be unwise and risky.

The local authority had a Competency Framework relating to safeguarding and mental capacity that formed part of a social workers annual appraisal to ensure competencies in both are met and training needs identified around issues of capacity.

There was support for continuous professional development. The local authority recognized that people would seek support when in crisis. Many of the calls the contact team received could be emotionally challenging for the professional taking the call. People may be at crisis point unable to cope in their caring role or be physically unable to look after themselves. People may be dealing with a mental health crisis and feel isolated or suicidal. Staff told us that they received a lot of calls from people feeling emotionally low and suicidal. Having emotive calls regularly could impact on the worker and therefore the local authority has provided workers with emotional resilience training and emotional support allowing workers to recognize their own feelings when taking calls that may provoke an emotional response.

Staff told us that they received a robust 6-month induction training programme. Staff had a 2-week training package before shadowing other professionals in their roles. This allowed new staff members to learn and ask questions in a supportive environment.

Staff told us that it was vital new staff had a clear understanding of the local authority pathways, process and policies before they have their own workload to complete. This training package allowed staff to learn in a classroom training environment and be supported with more hands-on work with real people requiring local authority support.

Staff could have additional supported supervision sessions in their first few months until they were confident in their roles. Staff had access to learning courses and could seek guidance and support from more experienced team members and managers. Staff told us that the senior leadership team were very visible within the local authority and staff could approach senior leaders if they required support.

The local authority advocated a strengths-based practice (SBP) model with a strong emphasis on wellbeing, choice and self-direction. SBP training was launched in East Sussex in 2019 with an 18-month training schedule covering: Strengths-Based Approaches, Support Planning and Positive Risk Enablement.

Staff recognised the importance of language and how they used language when assessing people under the Care Act. Many unpaid carers might not acknowledge themselves as a carer or wish to be identified as a carer especially if they were a young carer for a parent or sibling. Therefore, tailoring the language used when completing carers assessments such as asking, "what tasks do you help with" instead of asking "what caring responsibilities do you have", could provide the carer with a more personalised approach to their assessment making it seem a less formal process giving the assessor the opportunity to focus on the strengths of person being assessed.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improve people's social care experiences and outcomes. Partners told us how the Principal Social Worker within adult social care had requested the organization share their expert knowledge and experience in a training

session with local authority staff. The training session centred around the role of advocacy within the Care Act and the local authority duties. The awareness raising session improved practitioners' knowledge of how advocacy could be used to support individuals through a statutory process and how and when to refer into the advocacy organisation.

Coproduction was embedded throughout the local authority's work. Experts by Experience informed us that they had been involved in a co production project with the local authority named "What Matters Most to You" which resulted in 6 topics being identified that matter to service users. Right care, Right place, Right time, Information and Communication, Cost of Living now and in the Future, Suitable Home, Personal Connections, Group Activities, Hobbies and Volunteering were topics identified from the local authorities co production work.

A piece of co production work took place where the local authority wrote to all recipients of direct payments for feedback of the service. They looked at what things were important to people and it was a focused piece of co-production with individuals of lived experience. Staff told us they met with people every month to discuss what the new model would look like before this was created and implemented. A strategic partner was commissioned because of this new system and the local authority continued to work with them. They worked alongside the Direct Payments team to support individuals and the growth of direct payment.

The local authority had also used Experts by Experience in their staff training programs, as part of their interview panels for recruitment. We heard how Experts by Experience had been used to produce easy read documents and this work was that successful that the Experts have been approached by other organisations to complete easy read documents for them. Easy read documents are documents produced for people who may struggle to read and understand complex language, they include no jargon and straightforward language with a mix of pictures.

The local authority had also contributed to an article for learning disability week on this topic. They highlighted the importance of access to easy read documents and training to professionals about issues people with learning disabilities experienced.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. The local authority promoted the use of their membership to research into practice in order to support newly qualified social workers NQSW's, continual professional development and evidence for competencies.

The local authority also held events to inform practice, promoting social care events to staff on their intranet site for such training as trauma-informed practice, self-neglect and promoting live events which were relevant to their practice. During World Social Work Week, the local authority promoted their celebrations of world social work week on their intranet which included them hosting a social work matter drop in and presentations relating to various themes such as safeguarding practice and strengths-based practice.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategies, improvement activity and decision making at all levels.

In 2023/24 the local authority received their biggest number of complaints in relation to assessments (80 complaints). This accounted for 24% of all the complaints. Of these 80 complaints 10% were in relation to social care, 11% were in relation to financial assessments and 3% were in relation to blue badges. The most common issue was about delay in assessments. Leaders told us waiting lists had been raised within scrutiny committee. The local authority had implemented changes to support with waiting times, such as, regular communication with people whilst waiting and signposting to services who may be able to support in the meantime.

The local authority used complaints to help them to improve services and they had 258 recorded actions for these. Actions from complaints have included, individual staff development, team development and service and organisational development. This had been actioned through policy reviews, improvement projects, training and communication. Examples included a review of the direct payments process to provide information at an earlier stage and develop how teams worked together.

1 September 2025

Carolyn Fair
Director of Children's Services
St Anne's Crescent
Lewes
BN7 1UE

Dear Ms Fair

Focused visit to East Sussex children's services

This letter summarises the findings of the focused visit to East Sussex children's services on 30 to 31 July 2025. His Majesty's Inspectors for this visit were Rodica Cobarzan, Steve Bailey and Zafer Yilkan.

Inspectors looked at the local authority's arrangements for children in need and child protection planning.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework.

Headline findings

Children in need in East Sussex, and those who are the subject of a child protection plan, are receiving services that make a positive difference for them and whose effectiveness is being continually developed.

The senior leadership team, with strong corporate support, continues to invest in services for vulnerable children. Leaders have continuously developed and refined services to ensure they have a positive impact on children's lives.

There is a strong focus on providing integrated, multidisciplinary support to children and families. This approach ensures that children and families benefit from consistent, high-quality practice that supports their progress and improves their lives.

There is relentless focus on supporting a stable and committed workforce, enabling staff to develop their skills and feel valued within the council. Leaders are actively creating the right conditions to strengthen social work practice and improve the quality of services for children and families.

What needs to improve in this area of social work practice?

- The timeliness with which child protection strategy meetings are held, as this is not consistently timely for all children (outcome 3, national framework).

Main findings

Children and families receive support and intervention at the appropriate level for their needs. Children benefit from ongoing assessments and interventions that are strengthened by a multi-agency approach, particularly through the involvement of specialist staff who work with adults and are focused on domestic abuse, mental health or substance misuse and family group conferences. This approach helps improve children and families' circumstances and reduce risks.

When children's circumstances do not improve, and risks increase, appropriate action is taken promptly for most children to protect them and prevent harm.

A small number of children experience delays when a child protection strategy meeting is required. However, when risks are urgent, the holding of strategy meetings is consistently prioritised. As a result, these few children do not benefit at the earliest opportunity from plans created by a multi-agency network to reduce risk while the investigation is ongoing. Once held, child protection strategy meetings are attended by the relevant professionals, who appropriately consider the level of risk and the impact on the children involved. There is timely progression to child protection conferences when required.

Children's plans are proportionate to their identified needs and provide clear information on how children and their families will be helped. Most plans have specific measurable timescales. Safety planning is proportionate, realistic and well recorded. Plans are created in collaboration with families and professionals, and build on the strengths and resources within the family's network and the wider community.

Meetings such as child in need meetings, core groups and child protection conferences are held regularly and well attended by key partner agencies and family members. These meetings support effective information-sharing and allow plans to be adapted in response to the families' changing needs. Child protection chairs provide effective oversight of plans through midway reviews. Minutes of meetings are clear. They have a strong child focus, while remaining sensitive towards parents.

Social workers build meaningful and trusting relationships with children and their families. The local authority's chosen model of practice is well embedded, with social workers consistently delivering thoughtful, creative and kind support. Visits to children are tailored to their individual needs and often take place more frequently than the statutory timescales.

Direct work with children informs their plans and reviews well, and is supported by a wide range of tools and observations that help to capture and understand children's lived experiences. This work is further strengthened by the involvement of connected family intervention practitioners and connected coaches, Swift and other adult-facing

workers who, together, form a strong network of support that delivers life-changing work for children and families.

Children's social workers involve family members from the earliest stages of interventions, even before the formal family group conferences take place. They support everyone involved to contribute to sustainable changes that the wider network is working on achieving together.

When the support provided to children by a child protection plan is not sufficient to safeguard them, there is timely escalation into the pre-proceedings stage of the Public Law Outline. This is an area of practice that has improved since the last inspection. Letters before proceedings are used appropriately to help parents or carers to understand the concerns and what actions need to be taken. There is effective oversight of children's welfare and the difference that interventions are making through the process. Families are offered an increased level of support and services from a multidisciplinary team. Kinship assessments are enabling an increasing number of children to remain safely within their family network.

Children on the edge of care but not receiving support through the pre-proceedings process can also benefit from exemplary and transformational support from an integrated multidisciplinary team of social workers, connected coaches and therapists. As a result, many children are supported to remain living at home with their families.

The local authority response to children living in private fostering arrangements has improved since the last inspection. All children now receive timely visits from social workers and assessments are completed promptly to support with decisions about these arrangements.

Social workers consistently use a neglect toolkit to better understand the impact of neglect on children and to help to ensure that support and decision-making take into account and are focused on children's lived experience. Well-co-ordinated, multi-faceted help is provided promptly, with its impact kept under regular review. Social workers remain curious about the underlying needs of parents as causal factors, when there are concerns about neglect. They build strong relationships that allow them to revisit difficult or sensitive conversations, ensuring that interventions are best targeted to promote sustainable change. For a very small number of children, interventions are less timely, and the cycle of neglect is repeated before decisive action is taken.

Social workers in East Sussex generally receive timely and appropriate supervision, although there is some inconsistency in the quality of recording. Social workers report that supervision provides valuable support and opportunities to reflect on practice. In most circumstances, records capture the necessary information to support families' progress. However, actions set in supervision are not consistently

reviewed, which limits the ability of managers and staff to effectively evaluate progress made.

The strong and comprehensive quality assurance framework is supported by a wide range of audits, including monthly systemic, thematic and multi-agency audits. These provide valuable insights that contribute to the local authority's continuous improvement plan. Leaders are aware of areas for development, including the need for greater consistency in the incorporation of feedback from children and families, as well as in how monthly audits capture the quality and impact of direct practice.

Alongside qualitative information to understand and strengthen practice, leaders are making good use of quantitative information. While existing performance management systems are used well, they rely heavily on the manual extraction of data and data analysis which is resource intensive, and does not support managers and leaders as well as they might and could act as a brake on continued progress.

Leaders have a clear understanding of their strengths and areas for development. The local authority's self-evaluation is reflective and demonstrates a commitment to learning, developing social work practice, and responding to areas where development is needed. This understanding has been used by the Director of Children's Services and her wider leadership team to drive ongoing improvement in the quality and impact of services for children.

Ofsted will take the findings from this focused visit into account when planning the next inspection or visit.

Yours sincerely

Rodica Cobarzan
His Majesty's Inspector

(2) Access to Information Procedure Rules

1. SCOPE

These rules apply to all meetings of the Council, overview and scrutiny committees, Audit Committee, area committees (if any), the Standards Committee and regulatory committees and public meetings of the Leader, Cabinet and individual Cabinet Members (together called meetings).

2. ADDITIONAL RIGHTS TO INFORMATION

These rules do not affect any more specific rights to information contained elsewhere in this Constitution or the law.

3. RIGHTS TO ATTEND MEETINGS

Members of the public may attend all meetings subject only to the exceptions in these rules.

4. NOTICES OF MEETING

The Council will give at least five clear working days notice of any meeting by posting details of the meeting at County Hall, Lewes, East Sussex (the designated office).

5. ACCESS TO AGENDA AND REPORTS BEFORE THE MEETING

The Council will make copies of the agenda and reports open to the public available for inspection at the designated office at least five clear working days before the meeting, subject to any exceptions provided in the legislation. Where a meeting is convened at shorter notice, a copy of the agenda and associated reports shall be available for inspection from the time the meeting is convened. Where an item is added to the agenda later, the revised agenda, and any report shall be made available to the public when the item is added to the agenda. Save that there is no requirement for a copy of an agenda, item or report to be available for inspection by the public until a copy is available to members of the decision-making body.

6. SUPPLY OF COPIES

The Council will supply copies of:

- (a) any agenda and reports which are open to public inspection;
- (b) any further statements or particulars necessary to indicate the nature of the items in the agenda; and

- (c) (if the proper officer thinks fit), any other documents supplied to councillors in connection with an item to any person on payment of a charge for postage and any other costs.

7. ACCESS TO MINUTES ETC AFTER THE MEETING

The Council will make available copies of the following for six years after a meeting:

- (a) the minutes of the meeting [or records of decisions taken, together with reasons], excluding any part of the minutes of proceedings when the meeting was not open to the public or which disclose exempt or confidential information;
- (b) a summary of any proceedings not open to the public where the minutes open to inspection would not provide a reasonably fair and coherent record;
- (c) the agenda for the meeting; and
- (d) reports relating to items when the meeting was open to the public.

8. BACKGROUND PAPERS

8.1 List of background papers

The proper officer will set out in every report a list of those documents (called background papers) relating to the subject matter of the report which in his/her opinion:

- (a) disclose any facts or matters on which the report or an important part of the report is based; and
- (b) which have been relied on to a material extent in preparing the report but does not include published works or those which disclose exempt or confidential information (as defined in Rule 10) or in respect of Cabinet reports, the advice of a political adviser.

8.2 Public inspection of background papers

The Council will make available for public inspection for four years after the date of the meeting one copy of each of the documents on the list of background papers.

9. SUMMARY OF PUBLIC'S RIGHTS

A written summary of the public's rights to attend meetings and to inspect and copy documents must be kept at and available to the public at County Hall, Lewes, East Sussex.

10. EXCLUSION OF ACCESS BY THE PUBLIC TO MEETINGS

10.1 Confidential information - requirement to exclude public

The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed.

10.2 Exempt information - discretion to exclude public

The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed.

Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

10.3 Meaning of confidential information

Confidential information means information given to the Council by a Government Department on terms which forbid its public disclosure or information which cannot be publicly disclosed by Court Order.

10.4 Meaning of exempt information

Exempt information means information falling within the following categories as set out in Part 1 of Schedule 12A of the Local Government Act 1972 (subject to any condition):

Category	Condition
1. Information relating to any individual	
2. Information that is likely to reveal the identity of an individual	
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).	Information within category 3 is not exempt if it must be registered under various statutes, such as the Companies Act or Charities Act as set out in paragraph 8 of Schedule 12A of

CONSTITUTION – PART 4 – RULES OF PROCEDURE

	the Local Government Act 1972 (as amended). Financial or business affairs includes contemplated as well as past or current activities.
4. Information relating to any consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.	Information within category 4 is only exempt if and for so long as its disclosure to the public would prejudice the authority in those or any other consultations or negotiations in connection with a labour relations matter. "Labour relations matters" are as specified in paragraphs (a) to (g) of section 218 of the Trade Unions and Labour Relations Act 1992, i.e. matters which may be the subject of a trade dispute.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.	
6. Information which reveals that the authority proposes: (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment	Information within category 6 is exempt only while disclosure might give an opportunity to a person affected by the notice, order direction to defeat the purpose for which the notice, order or direction is to be given or made.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.	

10.5 Information falling within any of categories 1-7 is not exempt by virtue of that paragraph if it relates to proposed development for which the local planning authority can grant itself planning permission under Regulation 3 of the Town and Country Planning General Regulations 1992.

10.6 Information which falls within any of categories 1 to 7 above and which is not prevented from being exempt by either the condition to category 3 or Rule 10.5 is exempt information if and so long as in all the circumstances of the case

the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

11. EXCLUSION OF ACCESS BY THE PUBLIC TO REPORTS

If the Deputy Chief Executive, as the proper officer, thinks fit, the Council may exclude access by the public to reports which in his or her opinion relate to items during which, in accordance with Rule 10, the meeting is likely not to be open to the public. Such reports will be marked "Not for publication" together with the category of information likely to be disclosed.

12. APPLICATION OF RULES TO THE CABINET

Rules 13 - 24 apply to the Cabinet, its committees and individual Cabinet Members. If the Cabinet, its committees or individual Cabinet Members meet to take a key decision then it must also comply with Rules 1 - 11 unless Rule 15 (general exception) or Rule 16 (special urgency) apply. A key decision is as defined in Article 13.02(b) of this Constitution.

This requirement does not include meetings, whose sole purpose is for officers to brief members.

13. PROCEDURE BEFORE TAKING KEY DECISIONS

Subject to Rule 15 (general exception) and Rule 16 (special urgency), a key decision may not be taken unless:

- (a) a notice (called here a forward plan item) has been published on the forward plan 28 days before a key decision is to be made in connection with the matter in question; and
- (b) where the decision is to be taken at a meeting of the Cabinet, its committees or individual Cabinet meetings, notice of the meeting has been given in accordance with Rule 4 (notice of meetings).

14. THE FORWARD PLAN

14.1 Period of forward plan

Forward plans will be prepared by the Leader to cover a period of four months, beginning with the first day of any month. They will be prepared on a monthly basis and subsequent plans will cover a period beginning with the first day of the second month covered in the preceding plan.

14.2 Contents of forward plan

The forward plan will contain matters-items which the Leader has reason to believe will be the subject of a key decision to be taken by the Cabinet, a

committee of the Cabinet, individual members of the Cabinet, officers or under joint arrangements in the course of the discharge of an executive function during the period covered by the plan. It will describe the following particulars in so far as the information is available or might reasonably be obtained:

- (a) the matter in respect of which a decision is to be made;
- (b) where the decision taker is an individual, his/her name and title, if any and where the decision taker is a body, its name and details of membership;
- (c) the date on which, or the period within which, the decision is to be made;
- (d) the identity of the principal groups whom the decision taker proposes to consult before taking the decision;
- (e) the means by which any such consultation is proposed to be undertaken;
- (f) the steps any person might take who wishes to make representations to the Cabinet or decision taker about the matter in respect of which the decision is to be made, and the date by which those steps must be taken;
- (g) a list of the documents submitted to the decision taker for consideration in relation to the matter on which a key decision is to be made;
- (h) the address from which, subject to any prohibition or restriction on their disclosure, copies of, or extracts from, any document listed is available;
- (i) that other documents relevant to those matters may be submitted to the decision maker; and
- (j) the procedure for requesting details of those documents (if any) as they become available.

~~The forward plan must be published at least 28 days before the start of the period covered. The proper officer will publish once a year a notice in at least one newspaper circulating in the area, stating:~~

- ~~(a) that key decisions are to be taken on behalf of the Council;~~
- ~~(b) that a forward plan containing particulars of the matters on which decisions are to be taken will be prepared on a monthly basis;~~

- ~~(c) — that the plan will contain details of the key decisions to be made for the four month period following its publication;~~
- ~~(d) — that each plan will be available for inspection at reasonable hours free of charge at the Council's offices;~~
- ~~— (e) — that each plan will contain a list of the documents submitted to the decision takers for consideration in relation to the key decisions on the plan;~~
- ~~(f) — the address from which, subject to any prohibition or restriction on their disclosure, copies of, or extracts from, any document listed in the forward plan is available;~~
- ~~(g) — that other documents may be submitted to decision takers;~~
- ~~(h) — the procedure for requesting details of documents (if any) as they become available; and~~
- ~~(i) — the dates on each month in the following year on which each forward plan will be published and available to the public at the Council's offices.~~

Exempt information need not be included in a forward plan and confidential information cannot be included.

15. GENERAL EXCEPTION

15.1 If a matter which is likely to be a key decision has not been included in the forward plan, then subject to Rule 16 (special urgency), the decision may still be taken if:

- (a) the decision must be taken by such a date that it is impracticable to defer the decision until it has been included in the next forward plan and until the start of the first month to which the next forward plan relates;
- (b) the proper officer has informed the chair of a relevant overview and scrutiny committee, or if there is no such person, each member of that committee in writing of the matter about which the decision is to be made;
- (c) the proper officer has made copies of that notice available to the public at the offices of the Council and on the Council's website; and
- (d) at least 5 clear days have elapsed since the proper officer complied with (b) and (c).

16. SPECIAL URGENCY

16.1 If by virtue of the date by which a decision must be taken Rule 15 (general exception) cannot be followed, then the decision can only be taken if the decision taker (if an individual) or the chair of the body making the decision, obtains the agreement of the chair of a relevant overview and scrutiny committee that the taking of the decision is urgent and cannot be reasonably deferred. If there is no chair of a relevant overview and scrutiny committee, or if the chair of the relevant overview and scrutiny committee is unable to act, then the agreement of the Chairman of the Council, or in his/her absence the agreement of the Vice Chairman of the Council is required.

16.2 As soon as reasonably practical after the decision maker has obtained agreement under 16(1) that the decision is urgent and cannot reasonably be deferred, the decision maker must publish a notice on the Council's website setting out the reasons that the meeting is urgent and cannot reasonably be deferred.

17. REPORT TO COUNCIL

17.1 When an overview and scrutiny committee can require a report

If an overview and scrutiny committee thinks that a key decision has been taken which was not:

- (a) included in the forward Plan; or
- (b) the subject of the general exception procedure; or
- (c) the subject of an agreement with a relevant overview and scrutiny committee chair, or the Chairman/Vice Chairman of the Council under Rule 16;

The committee may require the Cabinet or individual Cabinet Members to submit a report to the Council within such reasonable time as the committee specifies. The report must include details of the decision and reason for the decision, the decision maker and, if the executive are of the opinion that the decision was not a key decision, the reasons for that opinion. The power to require a report rests with the committee, but is also delegated to the proper officer, who shall require such a report on behalf of the committee when so requested by (the chairman or any 3 members). Alternatively the requirement may be raised by resolution passed at a meeting of the relevant overview and scrutiny committee.

17.2 Cabinet's report to Council

The Cabinet or individual Cabinet Members will prepare a report for submission to the next available meeting of the Council. However, if the next meeting of the

Council is within 10 days of receipt of the written notice, or the resolution of the committee, then the report may be submitted to the meeting after that. The report to Council will set out particulars of the decision, the individual or body making the decision, and if the Leader is of the opinion that it was not a key decision the reasons for that opinion.

17.3 Quarterly reports on special urgency decisions

In any event the Leader will submit quarterly reports to the Council on the Cabinet or individual Cabinet Member decisions taken in the circumstances set out in Rule 16 (special urgency) in the preceding three months. The report will include the number of decisions so taken and a summary of the matters in respect of which those decisions were taken.

18. RECORD OF DECISIONS

After any meeting of the Cabinet, any of its committees or individual Cabinet members, whether held in public or private, the proper officer will produce a record of every decision taken at that meeting as soon as practicable. The record will include a statement of the reasons for each decision, any alternative options considered and rejected at that meeting and a record of any conflict of interest relating to the matter decided which is declared by a member of the decision making body.

19. CABINET MEETINGS RELATING TO MATTERS WHICH ARE NOT KEY DECISIONS

The Cabinet will decide whether meetings relating to matters which are not key decisions will be held in public or private. In accordance with the Council's policy of openness there is a presumption that all meetings of the Cabinet or individual Cabinet Members will be held in public, except where considering exempt or confidential business.

20. NOTICE OF PRIVATE MEETING OF THE CABINET

Members of the Cabinet or its committees will be entitled to receive three clear working days notice of a meeting to which they are summoned, unless the meeting is convened at shorter notice as a matter of urgency.

21. ATTENDANCE AT PRIVATE MEETINGS OF THE CABINET

- a) All members of the Cabinet will be served notice of all private meetings of committees of the Cabinet, whether or not they are members of that committee.
- b) All members of the Cabinet are entitled to attend a private meeting of any committees of the Cabinet.

- c) The head of the paid service, the chief financial officer and the monitoring officer, and their nominees are entitled to attend any meeting of the Cabinet and its committees. The Cabinet may not meet unless the proper officer has been given reasonable notice that a meeting is to take place.
- d) A private Cabinet meeting may only take place in the presence of the proper officer or his/her nominee with responsibility for recording and publicising the decisions.

The provisions of Rule 18 (Record of Decisions) will apply.

22. DECISIONS BY INDIVIDUAL MEMBERS OF THE CABINET

22.1 Reports intended to be taken into account

Where an individual member of the Cabinet receives a report which he/she intends to take into account in making any key decision, then he/she will not make the decision until at least 4 clear working days after receipt of that report.

22.2 Provision of copies of reports to overview and scrutiny committees

On giving of such a report to an individual decision maker, the proper officer will give a copy of it to the chair of every relevant overview and scrutiny committee as soon as reasonably practicable, and make it publicly available at the same time unless it is exempt or confidential.

22.3 Record of individual decision

As soon as reasonably practicable after an executive decision has been taken by an individual member of the Cabinet or a key decision has been taken by an officer, he/she will prepare, or instruct the proper officer to prepare, a record of the decision, a statement of the reasons for it, any alternative options considered and rejected and a record of any conflict of interest declared by any executive member. The provisions of Rules 7 and 8 (inspection of documents after meetings) will also apply to the making of decisions by individual members of the Cabinet. This does not require the disclosure of exempt or confidential information or advice from a political assistant.

23. OVERVIEW AND SCRUTINY COMMITTEES ACCESS TO DOCUMENTS

23.1 Rights to copies

Subject to Rule 23.2 below, a member of an overview and scrutiny committee (including its sub-committees) is entitled to copies of any document which is in the possession or control of the Cabinet [or its committees] and which contains material relating to

- (a) any business transacted at a meeting of a decision making body of the Council, the Cabinet [or its committees]; or
- (b) any decision taken by an individual member of the Cabinet; or
- (c) any decision made by an officer of the authority in accordance with executive arrangements

Subject to Rule 23.2 below, where a member of a overview and scrutiny committee requests a document set out above, the executive must provide the document as soon as reasonably practicable and no later than 10 days after the request is received.

23.2 Limit on rights

No member of an overview and scrutiny committee is entitled to:

- (a) any document that is in draft form;
- (b) any part of a document that contains exempt or confidential information, unless that information is relevant to an action or decision they are reviewing or scrutinising or intend to scrutinise (any such exempt or confidential information to be treated as such); or
- (c) the advice of a political adviser.

23.3 Where the Executive determines that a member of an overview and scrutiny committee is not entitled to a copy of a document for a reason set out in 23.1 or 23.2 above it must provide a written statement setting out its reasons.

24. ADDITIONAL RIGHTS OF ACCESS FOR MEMBERS

24.1 Material relating to previous business

All members will be entitled to inspect any document which is in the possession or under the control of the Cabinet [or its committees] and contains material relating to any business previously transacted at a private meeting unless either (a) or (b) below applies.

- (a) it contains exempt information falling within paragraphs 1 to 7 of the categories of exempt information; or
- (b) it contains the advice of a political adviser

Subject to the advice of the Proper Officer members may in certain circumstances be able to inspect a wider range of documents on a confidential basis if it is shown to be necessary to carry out their role as Councillors.

24.2 Material relating to key decisions

All members of the Council will be entitled to inspect any document (except those available only in draft form) in the possession or under the control of the Cabinet [or its committees] which relates to any key decision unless paragraph 24.1 (a) or (b) above applies.

24.3 Nature of rights

These rights of a member are additional to any other right he/she may have.

25 PROCEDURES PRIOR TO PRIVATE MEETINGS

25.1 At least 28 clear days before a private decision-making meeting (a meeting where some or all of the report(s) contain exempt or confidential information) of the Cabinet, committee of the Cabinet or an individual member of the Cabinet, a notice of the intention to hold a meeting in private must be published on the Council's website.

25.2 The notice referred to in 25.1 must include a statement of the reasons for the meeting to be held in private.

25.3 At least five clear days before a private meeting, the decision-making body must publish a further notice of its intention to hold a meeting in private. This notice must include a statement of the reasons for the meeting to be held in private; details of any representations received by the decision making body about why the meeting should be open to the public; and a statement of its response to any such representations, the statement of response in respect of Cabinet will be agreed by the Chair of the Cabinet, or in their absence, the Vice-Chair of the Cabinet.

25.4 Where the date by which the meeting must be held makes compliance with 25.1 impracticable the meeting may only be held in private where the decision maker (if an individual) or the chair of the body making the decision, obtains the agreement of the chair of the relevant overview and scrutiny committee that the taking of the decision is urgent and cannot be reasonably deferred. If there is no chair of a relevant overview and scrutiny committee, or if the chair of the relevant overview and scrutiny committee is unable to act, then the agreement of the Chairman of the Council, or in his/her absence the agreement of the Vice Chairman of the Council is required.

25.5 As soon as reasonably practical after the decision maker has obtained agreement under 25.4 that the decision is urgent and cannot reasonably be deferred and that the meeting should be held in private, the decision maker must publish a notice on the Council's website setting out the reasons that the meeting is urgent and cannot reasonably be deferred.

(3) Budget and Policy Framework Procedure Rules

1. The framework for Cabinet decisions

The Council will be responsible for the adoption of its budget and policy framework as set out in Article 4. Once a budget or a policy framework is in place, it will be the responsibility of the Cabinet to implement it.

2. Process for developing the framework

- (a) The Cabinet will publicise by including in the forward plan and any other appropriate means depending upon the circumstances a timetable for making proposals to the Council for the adoption of any plan, strategy or budget that forms part of the budget and policy framework, and its arrangements for consultation after publication of those initial proposals.
- (b) Following consultation (including policy debates by full Council where relevant) the Cabinet will then draw up firm proposals having regard to the responses to that consultation. If a relevant overview and scrutiny committee wishes to respond to the Cabinet in that consultation process then it may do so. As the overview and scrutiny committees have responsibility for fixing their own work programme (subject to the approval of full Council), it is open to the overview and scrutiny committee to investigate, research or report in detail with policy recommendations before the end of any consultation period. The Cabinet will take any response from an overview and scrutiny committee into account in drawing up firm proposals for submission to the Council, and its report to Council will reflect the comments made by consultees and the Cabinet's response.
- (c) Once the Cabinet has approved the firm proposals, the proper officer will refer them at the earliest opportunity to the Council for decision.
- (d) In reaching a decision, the Council may adopt the Cabinet's proposals, amend them, refer them back to the Cabinet for further consideration, or in principle, substitute its own proposals in their place.
- (e) Any amendment relating to the Cabinet's proposals should:
 - i) be in writing or submitted via email;
 - ii) contain the name of two Councillors, one mover and the other as seconder; and
 - iii) be received by the Monitoring Officer and Section 151 Officer 3 clear working days ahead of the meeting at which it is to be considered in order that the officers may have

sufficient time to consider and advise the Council of the financial implications of any such motion or amendment.

(f) Any amendment which does not meet the criteria laid out at paragraph 2e will not be considered by Full Council, unless otherwise agreed by the Chief Finance Officer.

(gf) The criteria laid out in paragraph 2e only applies when Cabinet does not seek to make changes to its budget recommendations prior to Full Council consideration.

(h) If it accepts the recommendation of the Cabinet without amendment, the Council may make a decision which has immediate effect. Otherwise, it may only make an in-principle decision. In either case, the decision will be made on the basis of a simple majority of votes cast at the meeting.

(ihgf) The decision will be publicised in accordance with Article 4 and a copy shall be given to the Leader.

(ihg) An in-principle decision will automatically become effective 5 days from the date of the Council's decision, unless the Leader informs the proper officer in writing within 5 days that he/she objects to the decision becoming effective and provides reasons why.

(kih) In that case, the proper officer will call a Council meeting within a further 7 days. The Council will be required to re-consider its decision and the Leader's written submission within 14 days. The Council may:

- (i) approve the Cabinet's recommendation by a simple majority of votes cast at the meeting; or
- (ii) approve a different decision which does not accord with the recommendation of the Cabinet by a simple majority.

(lki) The decision shall then be made public in accordance with Article 4, and shall be implemented immediately;

(mlkj) In approving the budget and policy framework, the Council will also specify the extent of virement within the budget and degree of in-year changes to the policy framework which may be undertaken by the Cabinet, in accordance with paragraphs 5 and 6 of these Rules (virement and in-year adjustments). Any other changes to the policy and budgetary framework are reserved to the Council.

3. **Decisions outside the budget or policy framework**

- (a) Subject to the provisions of paragraph 5 (virement) the Cabinet, committees of the Cabinet, individual members of the Cabinet and any officers, or joint arrangements discharging executive functions may only take decisions which are in line with the budget and policy framework. If any of these bodies or persons wishes to make a decision which is contrary to the policy framework, or contrary to or not wholly in accordance with the budget approved by full council, then that decision may only be taken by the Council, subject to 4 below.
- (b) If the Cabinet, committees of the Cabinet, individual members of the Cabinet and any officers, or joint arrangements discharging executive functions want to make such a decision, they shall take advice from the monitoring officer and/or the chief financial officer as to whether the decision they want to make would be contrary to the policy framework, or contrary to or not wholly in accordance with the budget. If the advice of either of those officers is that the decision would not be in line with the existing budget and/or policy framework, then the decision must be referred by that body or person to the Council for decision, unless the decision is a matter of urgency, in which case the provisions in paragraph 4 (urgent decisions outside the budget and policy framework) shall apply.

4. Urgent decisions outside the budget or policy framework

- (a) The Cabinet, a committee of the Cabinet, an individual member of the Cabinet or officers, or joint arrangements discharging Cabinet functions may take a decision which is contrary to the Council's policy framework or contrary to or not wholly in accordance with the budget approved by full Council if the decision is a matter of urgency. However, the decision may only be taken:
 - (i) if it is not practical to convene a quorate meeting of the full Council; and
 - (ii) if the chair of a relevant overview and scrutiny committee agrees that the decision is a matter of urgency.

The reasons why it is not practical to convene a quorate meeting of full Council and the chair of the relevant overview and scrutiny committees' consent to the decision being taken as a matter of urgency must be noted on the record of the decision. In the absence of the chair of a relevant overview and scrutiny committee the consent of the Chairman of the Council, and in the absence of both, the Vice-Chairman, will be sufficient.

- (b) Following the decision, the decision taker will provide a full report to the next available Council meeting explaining the decision, the

reasons for it and why the decision was treated as a matter of urgency.

5. Virement

There are detailed provisions concerning virement across budget heads and these are set out in the Council's financial rules which are included in Part 4 of this Constitution.

6. In-year changes to policy framework

The responsibility for agreeing the budget and policy framework lies with the Council, and decisions by the Cabinet, a committee of the Cabinet, an individual member of the Cabinet or officers, or joint arrangements discharging executive functions must be in line with it. No changes to any policy and strategy which make up the policy framework may be made by those bodies or individuals except those changes:

- (a) which will result in the closure or discontinuance of a service or part of service to meet a budgetary constraint;
- (b) necessary to ensure compliance with the law, ministerial direction or government - guidance;
- (c) in relation to the policy framework in respect of a policy which would normally be agreed annually by the Council following consultation, but where the existing policy document is silent on the matter under consideration;
- (d) which fall within the limits agreed by the Council at the time of approving the policy within the policy framework;
- (e) which relate to policy in relation to schools, where the majority of school governing bodies agree with the proposed change.

7. Call-in of decisions outside the budget or policy framework

- (a) Where an overview and scrutiny committee is of the opinion that a Cabinet decision is, or if made would be, contrary to the policy framework, or contrary to or not wholly in accordance with the Council's budget, then it shall seek advice from the monitoring officer and/or chief financial officer.
- (b) In respect of functions which are the responsibility of the Cabinet, the monitoring officer's report and/or chief financial officer's report shall be to the Cabinet with a copy to every member of the Council. Regardless of whether the decision is delegated or not, the Cabinet

must meet to decide what action to take in respect of the monitoring officer's report and to prepare a report to Council in the event that the monitoring officer or the chief finance officer conclude that the decision was a departure, and to the overview and scrutiny committee if the monitoring officer or the chief finance officer conclude that the decision was not a departure.

- (c) If the decision has yet to be made, or has been made but not yet implemented, and the advice from the monitoring officer and/or the chief financial officer is that the decision is or would be contrary to the policy framework or contrary to or not wholly in accordance with the budget, the overview and scrutiny committee may refer the matter to Council. In such cases, no further action will be taken in respect of the decision or its implementation until the Council has met and considered the matter. The Council shall meet within 14 days of the request by the overview and scrutiny committee. At the meeting it will receive a report of the decision or proposals and the advice of the monitoring officer and/or the chief financial officer. The Council may either:
 - (i) endorse a decision or proposal of the Cabinet or individual decision taker as falling within the existing budget and policy framework. In this case no further action is required, save that the decision of the Council be minuted and circulated to all councillors in the normal way;

or
 - (ii) amend the council's financial regulations or policy concerned to encompass the decision or proposal of the body or individual responsible for that Cabinet function and agree to the decision with immediate effect. In this case, no further action is required save that the decision of the Council be minuted and circulated to all councillors in the normal way;

or
 - (iii) where the Council accepts that the decision or proposal is contrary to the policy framework or contrary to or not wholly in accordance with the budget, and does not amend the existing framework to accommodate it, require the Cabinet to reconsider the matter in accordance with the advice of either the monitoring officer/chief financial officer.

Scrutiny call-in process

Executive Decisions that can be called-in

The relevant scrutiny committee can call-in a decision made by Cabinet or an individual Cabinet member; a key decision made by an Officer under delegated powers; a decision made by an area committee or under joint arrangements (e.g. the Joint Waste and Recycling Committee).



Call-in Period

When a decision making meeting is held the decision is published after the meeting - normally within 3 days (but can be sooner) and is sent to all councillors. The decision notice will have the date when it was published and will state that the decision will come into force on the expiry of 4 clear working days after the publication of the decision. This is known as the call-in period



What happens during the call-in period

During the 4 day call-in period the decision can be called-in by the relevant scrutiny committee if 3 (or more) members of the committee request it, setting out their reasons for calling the decision in. The Proper Officer/Monitoring Officer will assess whether the call-in is valid and notify the scrutiny members and the decision maker if the decision is to be called in. For a call-in to be valid the reasons must meet the call-in guidance set out in the Constitution and be made within the call-in period.



Consideration of a called-in decision by scrutiny

If a decision is called-in, the relevant scrutiny committee will consider the called-in decision at a meeting of the scrutiny committee which **must** be held within **10 working days** of the decision to call the matter in. If the committee does not meet within this timescale or does meet but does not object to the decision, the decision can be implemented at the expiry of the 10 working days or the date the committee met, whichever is earlier.



If after considering the decision, the committee is still concerned about it, the decision can be referred back to the original decision making body or person to reconsider it. On receipt of the response from scrutiny, the original decision maker considers scrutiny's views and can either proceed with the original decision or make an amended decision taking into account scrutiny's views.



Scrutiny can alternatively refer the decision to Full Council. If Council does not object to the decision, then the decision can be implemented from the date of the Council meeting. However, if Council does object to the decision, it can only refer the matter back to the original decision making body or person, unless it is contrary to the policy framework, or contrary to or not wholly consistent with the budget.

This page is intentionally left blank

CONSTITUTION – PART 4 – RULES OF PROCEDURE

(5) Overview and Scrutiny Procedure Rules**1. What will be the number and arrangements for overview and scrutiny committees?**

- (a) The Council's existing overview and scrutiny committees are set out in Article 6 but the Council will vary the number and memberships of scrutiny committees as it considers appropriate from time to time. Such committees may appoint sub-committees or panels. Overview and scrutiny committees may also be appointed for a fixed period, on the expiry of which they shall cease to exist.
- (b) The terms of reference of the scrutiny committees are set out in Article 6 in Part 2 of this Constitution. At their discretion scrutiny committees are able to establish project boards to undertake service or policy reviews. These reviews are undertaken in accordance with established project management principles.
- (c) The scrutiny committees have responsibilities which are aligned with the core County Council services, and they are assisted in carrying out their work by Member Services.
- (d) The Council's priorities and arrangements for scrutinising those priorities will vary from time to time. These rules have been produced in order that a common approach is adopted in relation to the work of the scrutiny committees and to ensure that the roles and positions of scrutiny committees and the officers reporting to them on the one hand and the Cabinet and chief officers on the other are clearly understood.

2. Organisational Arrangements and Responsibilities**Report to Scrutiny Committees and Project Boards**

- (a) Chief Officers, through the Lead Officers, will be responsible for the production of reports as requested by Scrutiny Committees. Relevant Chief Officers will be given an opportunity to comment on draft reports being considered by Project Boards as part of reviews being undertaken, in particular to ensure that factual information is accurate. The advice of the Deputy Chief Executive and the Chief Finance Officer, or their representatives, will be obtained as necessary.

Briefings

- (b) Chairs' briefings will be arranged by the Deputy Chief Executive's staff and attended, as appropriate, by the relevant Chief Officer and Lead Scrutiny Officer, along with the Chief Finance Officer's and Deputy Chief Executive's representatives.

Attendance

- (c) Cabinet members and relevant Chief Officers shall attend Scrutiny Committees when requested to do so to give evidence (or introduce monitoring reports or reports on promotional activities).
- (d) As requested, Chief Officers should leave when the item for which they are invited has been dealt with.

Reports from Scrutiny Committees

- (e) Reports from Scrutiny Committees to the County Council will, in accordance with normal arrangements, be settled by the Deputy Chief Executive in consultation with the Chair of the Committee.
- (f) Individual Scrutiny Committee reports to the County Council will appear separately on the agenda. They are to go via the Cabinet for comment but the Cabinet may not alter them. This report and any report for the Cabinet will be considered together at the same meeting of the County Council.

3. **“Substitutes” on Scrutiny Committees**

- (a) There is a presumption against the appointment of “substitutes” on Scrutiny Committees and Project Boards. This is on the basis that it will be very difficult for a member attending a meeting on a one-off basis part way through an investigation to make a meaningful contribution. Given the strong desire on the part of all party groups to work together on these committees, Scrutiny Chairs feel that full representation from each party group is less important than in other situations.

4. **Press and media releases**

- (a) The basic rules and guidance set out in Part 5 of this Constitution apply. Any releases are to be issued through the office of the Head of Communications.
- (b) While it is important that the role of the Scrutiny Committees is understood by the public, it is also important to avoid misunderstandings and unnecessarily creating the impression of conflict between Scrutiny and the Cabinet (although conflict may sometimes be inevitable).
- (c) If a media release is to be made before or after a Scrutiny Committee, consideration must be given to whether an appropriate quote from the Lead Cabinet member for the priority area concerned should be included if the release is to contain a quote from the Chair of the Scrutiny Committee. As stated, the normal ground rules apply; the action to be taken is to be settled in the

dialogue between the Lead Scrutiny Officer (or their Chief Officer) and the office of the Head of Communications. It will not always be appropriate to include a quote from the Lead Cabinet member, but he/she should be kept informed. E-mail distribution to members of press releases before agenda papers are released to the media should ensure that this happens.

- (d) Care also needs to be taken where a review is incomplete. The Cabinet has the opportunity to comment to the County Council on a completed report from a Scrutiny Committee. Lead members of the Cabinet should refrain from comment until the review is complete. That may be a reason for not including a quote from the Lead Cabinet member in any press release issued in relation to Scrutiny when the review is incomplete.

5. **Timetable for Reviews**

- (a) The timetable for Scrutiny reviews must be carefully considered and, for example, include enough space for consultation with officers on draft reports of Project Boards, before reports are submitted to Boards for approval. Once reports have been approved by Project Boards they cannot be amended without reference back to the Board.
- (b) The following approach will usually be necessary:
 - (i) Project Board conduct interviews. (See 6 below) Notes taken by Project Officer.
 - (ii) Project Officer agrees notes with interviewees.
 - (iii) Project Officer drafts report and shares with interviewees and other key players (but not the Board) - if appropriate without, at this stage, incorporating conclusions and/or recommendations.
 - (iv) Project Officer takes on board as appropriate, points made by consultees.
 - (v) Project Officer prepares further draft and circulates to the Deputy Chief Executive plus any other officers who should be consulted in accordance with the Guide to Decision Making Procedures and who have not already had that opportunity.
 - (vi) Project Officer prepares final draft and shares with Project Board.

- (vii) Project Board agrees report, amends it or refers it back on the basis that any or all of the above steps may then need to be revisited.
- (viii) Project Board report presented to Scrutiny Committee.
- (ix) Where time permits reports from Scrutiny Committees to the County Council will be circulated to all members of the Committee for comment before they are finalised by the Deputy Chief Executive with the Chair.

6. Interviews as Part of Review

- (a) The list of members/employees/stakeholders to be interviewed as part of a review exercise is to be agreed by the Project Board (or Scrutiny Committee if there is no Board). The relevant Chief Officer should normally be given an opportunity to appear before the Project Board and Project Boards may wish to consider meeting with the Corporate Management Team where that might be considered helpful. People to be interviewed are to be given advance notice by the Lead Officer or Project Manager of:
 - (i) the broad areas for discussion and the terms of reference of the review so that they have time to prepare – this should ensure that maximum benefit is gained from the interview. More junior officers required to give evidence will be offered the opportunity to be accompanied by a “friend” should they wish to do so;
 - (ii) who will be interviewing them and that this is to be agreed by the Project Board (or Scrutiny Committee). The normal Interviewing Panel will involve the Project Manager or other officer to take notes and at least one other person. (Individual councillors have no authority to interview staff and staff may decline to be interviewed in such circumstances);
 - (iii) the fact that a written note summarising the interview will be produced by the Project Manager or other officer following the event and the content agreed with the person interviewed. The person will be informed that the note or its contents may form part of the final report from the Scrutiny Committee to the County Council which will be a public document in which case the relevant part of the report will be agreed with them. If there are any confidential issues to be discussed a way forward will be agreed with the person interviewed. In the event of any disagreement under this section the advice of the Deputy Chief Executive will be sought;

- (iv) where it is necessary to agree a way forward with a person who has been interviewed because of the confidential nature of issues discussed, the member of the Project board involved in the interview will be involved in those deliberations;
 - (v) there will be occasions when reports will need to be confidential, but the process will be kept as open as possible; reports will only be marked confidential where this is unavoidable and justified under the Access to Information Procedure Rules set out in Part 4 of this Constitution;
 - (vi) these guidelines are designed to ensure that interviews as part of the scrutiny and best value reviews are undertaken in a structured way with a proper record being taken. They do not prevent Councillors approaching officers for information or to raise issues as part of performing their overall role as a Councillor; members are encouraged to go direct to the most appropriate officer.
- (b) Where requested, it may be appropriate to pay the reasonable expenses of those interviewed.

7. Meetings of the Chairs and Vice-Chairs of Scrutiny and Audit Committees

- (a) The Chairs and Vice-Chairs of Scrutiny and Audit Committees meet periodically on an informal basis to plan and co-ordinate the process of scrutiny, including:
 - making recommendations or progress reports to the County Council on the work programmes of Scrutiny Committees;
 - where a review or series of reviews cross the responsibilities of more than one Committee, to avoid duplication on the one hand and no aspect being overlooked on the other, the Chairs and Vice-Chairs may agree special arrangements for managing that review or programme of reviews. [For example, they may agree that one of them should be appointed to oversee the project, assisted by a Lead Officer to be nominated];
 - taking an overview of Member training with a view to improving the effectiveness of Scrutiny and Audit Committees.
- (b) Reports from Chairs and Vice Chairs of Scrutiny and Audit Committees to the County Council go direct and not via the Cabinet.

8. Who may sit on overview and scrutiny committees?

All councillors [except members of the Cabinet] may be members of an overview and scrutiny committee. However, no member may be involved in scrutinising a decision in which he/she has been directly involved.

9. Co-opted Members

Any Scrutiny Committee dealing with education matters (either for children or adults) shall include in its membership the following voting representatives:

- (a) 2 Denominational representatives;
- (b) 2 parent governor representatives.

A relevant overview and scrutiny committee in this paragraph is an overview and scrutiny committee of the County Council where the committee's functions relate wholly or in part to any education functions which are the responsibility of the Cabinet. These representatives shall not vote on other matters, though they may stay in the meeting and speak.

10. Meetings of the overview and scrutiny committees

There shall be at least 4 ordinary meetings of each overview and scrutiny committee in each year. In addition, extraordinary meetings may be called from time to time as and when appropriate.

11. Quorum

The quorum for an overview and scrutiny committee shall be as set out for committees in the Council Procedure Rules in Part 4 of this Constitution (see Standing Order 50.1).

12. Who chairs overview and scrutiny committee meetings?

The Chairs and Vice-Chairs of the Scrutiny Committees and Audit Committee are appointed by the full Council, and are allocated to the political groups in proportion to the number of seats they have on the Council. Within this allocation, the Chair of the Audit Committee is appointed from the largest Opposition Group.

13. Work programme

The overview and scrutiny committees/sub-committees will, subject to decisions by full Council, be responsible for setting their own work programme and in doing so they shall take into account wishes of members on that committee who are not members of the largest political group on the Council.

14. Agenda items

- (a) Any member of an overview and scrutiny committee or sub-committee shall be entitled to give notice to the Proper Officer that he/she wishes an item relevant to the functions of the committee or sub-committee to be included on the agenda for the next available meeting of the committee or sub-committee. On receipt of such a request the proper officer will ensure that it is included on the next available agenda.
- (b) The overview and scrutiny committees shall also respond, as soon as their work programme permits, to requests from the Council [and if it considers it appropriate the Cabinet] to review particular areas of Council activity. Where they do so, the overview and scrutiny committee shall report their findings and any recommendations back to the Cabinet and the Council.

15. Policy review and development

- (a) The role of the overview and scrutiny committees in relation to the development of the Council's budget and policy framework is set out in detail in the Budget and Policy Framework Procedure Rules.
- (b) In relation to the development of the Council's approach to other matters not forming part of its policy and budget framework, overview and scrutiny committee or sub-committees may make proposals to the Cabinet and/or the County Council for developments in so far as they relate to matters within their terms of reference.
- (c) Overview and scrutiny committees may hold enquiries and investigate the available options for future direction in policy development. They may go on site visits, conduct public surveys, hold public meetings, commission research and do all other things that they reasonably consider necessary to inform their deliberations. They may ask witnesses to attend to address them on any matter under consideration and may pay to any advisers, assessors and witnesses a reasonable fee and expenses for doing so within any budgets established by the County Council.

16. Reports from overview and scrutiny committee

Once it has formed recommendations on proposals for development, the overview and scrutiny committee will prepare a formal report and submit it to the proper officer for consideration by the Cabinet and the Council.

17. Making sure that overview and scrutiny reports are considered by the Cabinet or policy committees

- (a) Once an overview and scrutiny committee has completed its deliberations on any matter it will forward a copy of its final report to the proper officer who will refer it to the Cabinet and the Council for consideration. Reports from Scrutiny Committees will normally be considered by the Cabinet before they are submitted to the Council in order that the Cabinet can comment to the County Council on Scrutiny reports. (See paragraph 2(g) above).
- (b) Overview and scrutiny committees will in any event have access to the Cabinet's forward plan and timetable for decisions and intentions for consultation. Even where an item is not the subject of detailed proposals from an overview and scrutiny committee following a consideration of possible policy/service developments, the committee will at least be able to respond in the course of the Cabinet's consultation process in relation to any key decision.

18. Rights of overview and scrutiny committee members to documents

- (a) In addition to their rights as councillors, members of overview and scrutiny committees have the additional right to documents, and to notice of meetings as set out in the Access to Information Procedure Rules in Part 4 of this Constitution.
- (b) Nothing in this paragraph prevents more detailed liaison between the Cabinet and overview and scrutiny committee as appropriate depending on the particular matter under consideration.

19. Guidance on Call-in

- (a) Call-in should only be used in exceptional circumstances and those considering a call-in should consider the following issues before invoking the procedure:-
 - (i) if it is a Cabinet or other decision which may affect more than one portfolio, consult any other Scrutiny Committee chairs affected.
 - (ii) if it affects an electoral division consult the local member(s).
 - (iii) consider any representations made, whether by members of the Scrutiny Committee, other members of the Council or members of the public.
 - (iv) take practical, financial and propriety advice to clarify any matters of doubt affecting the decision to call-in,

including consultation with the relevant Cabinet member or officers as appropriate.

- (v) take political soundings from all political parties on the Scrutiny Committee.
 - (vi) ascertain whether any other all-party Scrutiny Committee examination has already been given to the issue.
 - (vii) consider if the decision is likely to cause significant concern or distress to the local community or prejudice to individuals within it.
 - (viii) consider if the issue is one that has not been considered in open forum or at all, or otherwise the subject of consultation before the decision was made.
 - (ix) consider the implications of any delay in implementing the decision which might be subject to call-in.
 - (x) the level of representations against the decision from outside bodies.
- (b) Those calling-in a decision shall set out the reasons justifying, in their view, the reason for the call-in. Reasons must be legitimate and not designed to impede the proper transaction of business for vexatious, repetitive or other improper reasons. The advice of the Scrutiny Manager and the Monitoring Officer will be set out in the request for call-in.
- (c) A proposal should only be called in once. If, however, the Cabinet or individual Cabinet Members substantially amends the original proposal in a way which the Scrutiny Committee has not considered, nor could reasonably have foreseen, to the extent that in reality it is a different proposal, the Scrutiny Committee has the right to call it in again.

20. **Call-in**

- (a) When a decision is made by the Cabinet, an individual member of the Cabinet or a committee of the Cabinet, or a key decision is made by an officer with delegated authority from the Cabinet, or an area committee or under joint arrangements, the decision shall be published, including where possible by electronic means, and shall be available at the main offices of the Council normally within 3

working days of being made. All Councillors will be sent copies of the records of all such decisions within the same timescale, by the proper officer.

- (b) That notice will bear the date on which it is published and will specify that the decision will come into force, and may then be implemented, on the expiry of ~~5~~ 4 working days after the publication of the decision, unless the relevant overview and scrutiny committee objects to it and calls it in. Guidance on the relevant committee will be sought from the Proper Officer.
- (c) During that period, the proper officer shall call-in a decision for scrutiny by the committee if so requested by three members of the committee provided that the reasons for the call-in are clearly set out and, in the view of the Monitoring Officer, comply with these procedures and meet the requirements of paragraph 19 (b) above. He/she shall then notify the decision-taker of the call-in. The Committee will consider the call-in at a meeting which shall take place within 10 working days of the decision to call the matter in.
- (d) If, having considered the decision, the overview and scrutiny committee is still concerned about it, then it may refer it back to the decision making person or body for reconsideration, setting out in writing the nature of its concerns or refer the matter to full Council. On receipt of the response from the scrutiny committee the decision making person or body may decide to proceed with the original decision or make an amended decision.
- (e) If following an objection to the decision, the overview and scrutiny committee does not meet in the period set out above, or does meet but does not refer the matter back to the decision making person or body, the decision shall take effect on the date of the overview and scrutiny meeting, or the expiry of that further 10 working day period, whichever is the earlier.
- (f) If the matter was referred to full Council and the Council does not object to a decision which has been made, then no further action is necessary and the decision will be effective in accordance with the provision below. However, if the Council does object, it has no locus to make decisions in respect of a Cabinet decision unless it is contrary to the policy framework, or contrary to or not wholly consistent with the budget. Unless that is the case, the Council will refer any decision to which it objects back to the decision making person or body, together with the Council's views on the decision. That decision making body or person shall choose whether to amend the decision or not before reaching a final decision and implementing it.

- (g) If the Council does not meet, or if it does but does not refer the decision back to the decision making body or person, the decision will become effective on the date of the Council meeting or expiry of the period in which the Council meeting should have been held, whichever is the earlier.
- (h) Where an executive decision has been taken by an area committee then the right of call-in shall extend to any other area committee which resolves to refer a decision which has been made but not implemented to a relevant overview and scrutiny committee for consideration in accordance with these provisions. All other provisions relating to call in shall apply as if the call in had been exercised by members of a relevant overview and scrutiny committee.

Call-in and urgency

The call-in procedure set out above shall not apply where the decision being taken by the Cabinet is urgent. A decision will be urgent if any delay likely to be caused by the call in process would seriously prejudice the Council's or the public's interests. The Chairman of the Council must agree both that the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency, on advice from the Monitoring Officer. In the absence of the Chairman, the Vice-Chairman's consent shall be required. In the absence of both, the Chief Executive's or the Deputy Chief Executive's consent shall be required. Decisions taken as a matter of urgency must be reported to the next available meeting of the Council, together with the reasons for urgency.

21. The party whip

A party whip may be imposed, but when considering any matter in respect of which a member of an overview and scrutiny committee is subject to a party whip the member must declare the existence of the whip, and the nature of it, before the commencement of the committee's deliberations on the matter. The declaration, and the detail of the whipping arrangements, shall be recorded in the minutes of the meeting.

22. Procedure at overview and scrutiny committee meetings

- (a) Overview and scrutiny committees and sub-committees shall consider the following business:
 - i) minutes of the last meeting;
 - ii) declarations of interest;
 - iii) consideration of any matter referred to the committee for a decision in relation to call in of a decision;

- iv) responses of the Cabinet to reports of the overview and scrutiny committee; and
 - v) the business otherwise set out on the agenda for the meeting.
- (b) Following any investigation or review, the committee/sub-committee shall prepare a report, for submission to the Cabinet and/or Council as appropriate and shall make its report and findings public.

23. Matters within the remit of more than one overview and scrutiny committee

Where a matter for consideration by an overview and scrutiny committee also falls within the remit of one or more other overview and scrutiny committees, the decision as to which overview and scrutiny committee will consider it will be resolved at a meeting of the Chairs and Vice Chairs of the Audit Committee and Scrutiny Committees (see paragraph 7 above).

East Sussex County Council

Complaint Handling Policy

1. Introduction and Purpose

1.1 The purpose of this policy is to outline East Sussex County Council's procedures for handling complaints. We aim to ensure that complaints are investigated fairly, promptly, and in a manner that promotes learning and improvement.

1.2 East Sussex County Council values the views of our customers. We are committed to dealing effectively with any concerns or complaints about our services. If we have got something wrong, we'll apologise and try to put things right. We will listen to your concerns and ensure you have an opportunity to explain your position. We learn from complaints to help improve our services.

1.3 We will deal with your concerns in an objective, open and honest way. Any contact you have with us in the future will not be affected because you have expressed a concern or made a complaint. This includes acknowledging and taking steps to address any actual or perceived conflict of interest in the handling of your complaint that you may raise or that we may become aware of.

1.4 We define a complaint as ***'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.'*** This means that we may treat correspondence not received directly by complaints handling staff as a complaint and provide a written response.

1.5 You do not need to use the word 'complaint' in order for your concern or issue to be treated as a complaint. A complaint can also be submitted by a third party or representative and we will handle it in line with this policy.

1.6 This policy applies to complaints regarding a service where you have not been able to resolve the issues by speaking directly with the staff providing the service. The team delivering the service will first be given the opportunity to investigate what has gone wrong to allow them to try to put it right. This is a 'service request'.

1.7 We define a service request as ***"a request that the organisation provides or improves a service, fixes a problem or reconsiders a decision"***. ***Service requests may include expressions of dissatisfaction.***

1.8 Wherever possible, it is best to deal with things sooner rather than later. If you have a concern, you should raise it as a service request with the person you are dealing with first. If possible, they will try to resolve it there and then. If you make

a complaint and there appears to be an immediate solution to your problem, we will handle this as a service request.

1.9 When this is not possible or you remain unhappy, we will start the complaints process. If we can resolve your concern or issue at any stage in the complaint process, we will ensure we contact you to offer you a solution.

1.10 Not all complaints require a detailed investigation. Where there is very little impact on the individual or the wider public, we may respond to a complaint with an explanation of the relevant law and/or our standard processes unless there is any clear fault that can be quickly addressed.

1.11 If you submit a complaint to a third-party site (such as Resolver), a Councillor or a member of the Council's senior leadership team such as a Director, we may pass it to the relevant complaints handling staff to handle under this policy. Where this happens, we will share copies of any response to you with the member or officer you originally contacted.

2. When does this policy apply and when do we accept a complaint?

2.1 We will need to check that we can accept your complaint. If we cannot accept your complaint, we will explain the reasons for this. If we cannot consider your complaint under this policy, we may be able to provide a response to the feedback you have given us.

2.2 This policy does not apply to complaints where there is a statutory process in place. Statutory complaints procedures for some complaints in Adult Social Care and Health and Children's Services are set out in Appendix 1.

2.3 We will accept complaints that are made within 12 months of the issue occurring. We will also accept complaints which are made within 12 months of when you become aware of the issue. We may accept a complaint outside of this timeframe where there are good reasons to do so.

2.4 We will not investigate complaints under this policy for services or decisions made which we are not responsible for. We only deal with complaints from individuals, their families or authorised representatives about services delivered by the Council. If you complain to us about matters outside our responsibility, we will do our best to signpost you to the right organisation or authority, providing their contact details where possible.

2.5 We will not investigate any matters where there is a right of appeal to a tribunal or appeal panel to resolve your concern. We will tell you where you can appeal and we expect you to follow the procedure available to you.

2.6 We may not be able to accept your complaint where a legal or other action is ongoing. The reason for this is that a complaint may interfere with the ongoing action or legal proceedings. This is called “concurrent consideration”. We will let you know if this is the case and why we are not able to accept your complaint. Once the legal or other action has ended, you may submit your complaint again and we will check if we can accept your complaint.

2.7 If you make a new complaint through another staff member or route and we are already handling a similar matter for you, we will not create a new complaint. We will let you know that we are already dealing with the matter.

2.8 Complaints about staff conduct are not dealt with by complaints handling staff directly. There are separate HR processes covering staff performance and conduct.

2.9 Where a complaint contains issues relating to staff conduct, we will then pass details of the part of the complaint about staff conduct to the relevant line manager for their information and action as appropriate. Depending on the nature of the complaint, we may also pass details to the Local Authority Designated Officer (LADO) or Persons in Position of Trust (PIPOT). The LADO oversees allegations about adults who work or volunteer with children. The PIPOT oversees allegations or concerns about individuals who work or volunteer with adults at risk.

2.10 For reasons of employer and employee confidentiality, feedback on staff conduct complaints will generally not be provided. However, you can be assured that all complaints are taken seriously, and the relevant action taken.

2.11 If you raise other issues as part of any conduct complaint, a response will be provided to these issues.

2.12 Complaints about Child Protection (CP) Conferences in East Sussex are governed by the [Pan-Sussex Child Protection and Safeguarding Procedures Manual](#). This is a shared set of procedures used throughout East Sussex, West Sussex and Brighton & Hove. Full details of this process are set out in the [Pan-Sussex Complaints Process](#), but the key information is provided in Appendix 3. Any changes made to the Pan-Sussex Complaints Process will override information here.

2.13 In most cases, if we tell you that we will not accept your complaint, we will explain that you can escalate it to the Local Government and Social Care Ombudsman. The Ombudsman is independent of all government bodies and can investigate the handling of your complaint by the Council. If you remain unhappy following our response, you can contact the Ombudsman to make a complaint to them. Normally, they will only investigate your case after you've given us the chance to investigate it.

Contact details for the Ombudsman

Website: www.lgo.org.uk

Phone: 0300 061 0614

Post: Local Government & Social Care Ombudsman, PO Box 4771, Coventry, CV4 0EH

3. Accessibility and Awareness

3.1 This policy takes into account the Council's [Equality of Opportunity and Diversity and Inclusion commitment](#). We help individuals to make a complaint by providing different methods of contact. Complaints can be made by:

- Webform
- Email
- Post
- Phone
- In person

3.2 We publicise this complaint policy and information about the Ombudsman and its Complaint Handling Code on the Council's website. We make information available to individuals on how to complain if they are unhappy with the services they have received from the Council.

3.3 If you raise a concern with any member of staff, which cannot be dealt with by them as a service request or has already been dealt with as a service request, we will provide information on how to make a formal complaint to raise your concern.

3.4 When we ask for feedback on our services, we will also give you details of how you can complain.

3.5 You can have a suitable representative deal with your complaint on your behalf. You can ask the representative to represent you or accompany you to any meeting regarding your complaint.

3.6 For complaints about Children's Services, our complaints process is designed to give a voice to children and young people. Complaints can also be made by or on behalf of a young person's family, where they hold parental responsibility (PR). People who can show a sufficient interest in the young person's well-being may also be able to complain.

3.7 If you need a representative to deal with your complaint on your behalf, tell us who we may or may not speak to about your complaint. Let us know if you want to be sent a copy of all correspondence we send to your representative.

3.8 If you are complaining on behalf of an older child or another adult, we may ask you to complete a Consent Form. More details about consent are explained in Appendix 4 below. This is to ensure that the person you are representing knows about

the complaint and agrees with it. We also need their permission to share personal and sensitive information about them with you.

3.9 If a representative is nominated, we will handle the complaint as if we were dealing with you directly and will ask them for any additional clarification or evidence we might need throughout the investigation.

3.10 We work in line with the Data Protection Act 2018 and UK GDPR. This affects the information we can share with an individual. If a representative makes the complaint, we may not be able to provide a detailed response without consent from the person the complaint is made on behalf of. Where we cannot respond to a complaint, we will always ensure that we provide the information shared with us to the relevant teams for action as appropriate.

3.11 Children and young people under 18 years old making a complaint can get support from a free independent advocate. They will help you make your complaint. We will usually offer this service at the point that we confirm we are dealing with your complaint.

3.12 If you are over 18 and need extra assistance to make your complaint to any service, we will try to put you in touch with someone who can help.

3.13 If you do not need a representative at all stages of your complaint, a representative may also advocate on your behalf at different stages of the complaint process or accompany you at any meetings or during calls which might be needed. Please tell us in advance who we may or may not speak to about your complaint and whether only certain matters can be discussed with them.

3.14 Citizens Advice offer an impartial service and can advise you if you need any help with making a complaint to us. To find out more, please contact your local branch. Details can be found on their website at: www.citizensadvice.org.uk

4. The complaint handling process

4.1 We make reasonable adjustments for individuals who may need to access the complaints process in different ways. We will keep a record of any reasonable adjustments agreed. Any reasonable adjustments agreed will be regularly reviewed.

4.2 We will keep a record of your complaint. Please see our privacy notices for information on how we handle and keep your personal data:

- [Privacy notice - Children's Services: your information and you | East Sussex County Council](#)
- [Corporate complaints and enquiries handled by our Customer Services team | East Sussex County Council](#)
- [Privacy notice - Adult Social Care and Health: your information and you | East Sussex County Council](#)

4.3 We have systems in place to ensure a complaint can be remedied at any part of the complaints process.

4.4 Our complaints teams are committed to providing a good service that is fair to all who access it. In rare cases we may need to reduce or end our involvement. This is to prevent unfair demands being placed on the service that would stop us being able to help people equally and efficiently.

4.5 We recognise that some individuals may find it hard to accept that we cannot help them. We will always explain our decisions and give clear reasons why we cannot help. In most cases we will offer signposting advice to services or authorities who we believe are best placed to assist.

4.6 The process we follow is set out below:

- Step 1: When we send a final decision or final response, we will make your next steps or escalation options clear. It is expected that you follow this advice.
- Step 2: If you do not follow the escalation advice and we continue to receive contact from you directly or via other officers or members of the Council, we will look at more formal ways to manage the situation. This will be in line with our published [Unreasonable Customer Behaviour Policy](#)

4.7 We ensure that any third parties we work with or commission or contract, understand our complaints handling process and work in line with our policies and procedures.

5. Complaints handling teams

The quickest way to make a complaint is online via our secure web forms. Contact details for the complaint handling teams are:

Adult Social Care and Health complaints

Online: [Submit a complaint or give feedback to adult social care and health online](#)

Email: asccomplaintsfeedback@eastsussex.gov.uk

Telephone: 01273 481 242

Post: Adult Social Care and Health Feedback Team, North C County Hall, St Anne's Crescent, Lewes, BN7 1UE

Children's Services

Online: [Feedback and complaints about Children's Services](#)

Email: CS.CustomerRelations@eastsussex.gov.uk

Telephone: 0345 60 80 192

Post: Customer Relations Team, North B County Hall, St Anne's Crescent, Lewes, BN7 1UE

Corporate Complaints

Online: [Complaint - East Sussex County Council](#)

Email: corporate.complaints@eastsussex.gov.uk

Telephone: 01273 482913

Post: Corporate Complaints, West D County Hall, St Anne's Crescent, Lewes, BN7 1UE

6. Complaints stages

Stage 1

6.1 We will check if we can accept your complaint. The steps we take to do this are set out Section 2.

6.2 If needed, we will set out our understanding of your concerns and ask you to confirm that we've got it right. We may also check with you to ask what outcome you're hoping for.

6.3 If it is unclear what you are complaining about, we will ask you to clarify what you are concerned about. If we do not hear back from you, we will close your complaint. But you can make a complaint again if you contact us at a later time.

6.4 You can raise a complaint on someone else's behalf. This includes children and young people. We will check that you have consent or another lawful basis from the person you are representing to consider your complaint and share personal and sensitive information about them with you. Our response to you will only include information that relates to you and your involvement with the Council unless we receive a valid consent form. More details about consent are explained in Appendix 4.

6.5 We will acknowledge receiving your complaint within five working days. If we cannot accept your complaint, we will tell you at this stage and explain the reason for this.

6.6 If it is not possible to acknowledge that we have accepted your complaint within five working days, we will let you know. We will explain why, and when you can expect to know whether we can respond to your complaint. We may request further information from you to help us understand your complaint.

6.7 We will review the available evidence. This could include case files, notes of conversations, letters, and emails. We may also talk to the staff about your

complaint. We will look at our policies and guidance and any legal entitlement if relevant.

6.8 If during the investigation, we become aware of circumstances that could lead to a safeguarding risk, we will take advice. We may suspend the complaint until this risk has reduced. We will tell you of this unless doing so would add to the risk identified.

6.9 In some cases, we may suggest a meeting with a service manager to discuss your concerns or another method to try to resolve any disagreements.

6.10 We will aim to send you a written response within 10 working days of your complaint being acknowledged.

6.11 If you add to your complaint, we will add the new issues into the response if we are able to. If this would delay the process or they are unrelated to the complaint already being considered, we will consider the new issues as a new complaint.

6.12 If we cannot respond to your complaint within 10 working days, we will let you know. We will explain why we need more time and let you know when we aim to respond.

6.13 Our written response will let you know what we have found. We will respond to the outcomes you asked for.

6.14 If you are unhappy with the outcome of your Stage 1 complaint, we will provide details to you of how to escalate your complaint Stage 2.

Stage 2

6.15 If you are unhappy with the Stage 1 response, you can escalate the complaint to Stage 2.

6.16 We will acknowledge your request to escalate a complaint to Stage 2 within five working days. The acknowledgement will summarise our understanding of any outstanding issues and the outcomes you are seeking. If this is not clear we will ask you for clarification.

6.17 Your complaint will be handled by a different complaint handler at Stage 2.

6.18 We will respond to your complaint within 20 working days of the complaint being acknowledged.

6.19 If your complaint is complex we will let you know that we need more time. We will explain the reasons for this and give you details of the Ombudsman.

6.20 The Stage 2 response will set out:

- the complaint stage;

- our understanding of the complaint;
- the decision on the complaint;
- the reasons for any decisions made;
- the details of any remedy offered to put things right;
- details of any outstanding actions; and
- details of how to escalate the matter to the Ombudsman if you remain dissatisfied.

6.21 We will explain that the Stage 2 complaint is our final response.

7. Putting things right

7.1 Responses at Stage 1 and Stage 2 will state whether your complaint has been upheld, partly upheld or not upheld, or if we are unable to make a finding.

7.2 If we agree we got something wrong, we will apologise and tell you how and why it happened. We will explain what we have done to put it right.

7.3 We may provide a remedy to reflect the impact on you as a result of any fault identified.

7.4 When offering a remedy, we take account of practice guides issues by the Local Government and Social Care Ombudsman.

7.5 If we cannot meet the outcomes you asked for, we will explain why and try to offer another solution if possible. The focus of the complaints process is to provide a resolution, and we will do our best to achieve this for you. Where an outcome cannot be achieved through the complaints process, we will do what we can to help. For example, signpost you to further support or ensure your views are fairly represented.

7.6 If there are actions from your complaint which we cannot be carry out immediately, we will still respond to your complaint as soon as possible. We will explain any outstanding actions in your response and carry out the actions as soon as possible. We or the relevant service will keep you updated on the progress of the outstanding actions

7.7 If you disagree with a professional opinion in a report provided in your complaint response, we can ensure your disagreement is put on the record to be read alongside the report in the future.

8. Continuous learning and improvement

8.1 We take your concerns and complaints seriously and try to learn from any mistakes we've made. Where there is a need for service improvement, we will

develop an action plan setting out what we will do, who will do it and when we plan to do it by.

8.2 Complaints outcomes and actions to put things right are shared on a regular basis with senior managers to ensure continual improvement within our departments.

8.3 Monitoring

8.3.1 The Assistant Director Communities oversees the Council's complaint-handling performance, assessing any themes or trends to identify potential systemic Corporate Complaints Policy issues, serious risks, or policies and procedures that require revision.

8.3.2 The Governance Committee is the "Member Responsible for Complaints" in order to meet the responsibilities under the LGSCO Complaint Handling Code. Governance Committee receives an update about the complaint handling performance of the Council, in an annual report.

8.3.3 The Council produces an annual report for members to scrutinise and challenge, and for publication on its website. The annual complaints report will include:

- An annual self-assessment against the Local Government and Social Care Ombudsman's Complaint-handling Code, to ensure this policy remains in line with the Code's requirements.
- A qualitative and quantitative analysis of our complaint-handling performance. This will include a summary of the types of complaints we have refused to accept.
- Any findings of non-compliance with the Local Government and Social Care Ombudsman's Complaint-handling Code.
- The service improvements made as a result of the learning from complaints.
- The annual letter from the Local Government and Social Care Ombudsman about the Council's performance.
- Any other relevant reports or publications produced by the Ombudsmen in relation to our work.

8.3.4 Alongside the annual report, we will publish Members' response to it, in the form of the minutes of the meeting within which the annual report is presented.

9. Policy Review and Updates

9.1 This policy will be reviewed regularly to ensure its continued effectiveness and compliance with relevant legislation and guidance.

10. Appendix 1: Statutory complaints processes

Adult Social Care and Health statutory complaints

Adult Social Care and Health statutory complaints are handled under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. For more information please see [Adult Social Care and Health's leaflet: Your feedback matters](#).

Children's Services statutory complaints

Children's Services statutory complaints are handled under the Children Act 1989 Representations Procedure (England) Regulations 2006 and The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Complaints about social care services are covered by a three-stage statutory complaints process. This is set out in [The Children Act 1989 Representations Procedure \(England\) Regulations 2006](#) and supported by statutory guidance in [Getting the best from complaints](#). Parts of the [Ombudsman's factsheet](#) on social care complaints are also replicated here.

This route is mainly used to consider complaints by or about children and young people. Complaints about child protection (CP) matters or how the Council assesses families and prepares reports for the Court in private proceedings (Section 7 or 37 reports) are not covered by this route.

Stage 1 - Local resolution

We will acknowledge your complaint within three working days. We aim to respond in full within 10 working days. We will check that we can respond to your complaint as detailed in Section 2. If we need more time, we will let you know why and give a revised target date for your response. This will be a maximum of 20 working days from when we accepted your complaint.

If we are unable to respond within 20 working days, we will explain why and ask you to agree a further extension. You are not obliged to agree an extension. You have the right to ask that your complaint is escalated directly to Stage 2. However, as the Stage 2 process can take over 12 weeks, we would ask you to carefully consider a request to escalate on these grounds.

Once the investigation is complete, we will send you a written response. This will explain what we found and whether your complaint has been upheld or not. We will let you know what you can do next and your escalation rights. For this type of complaint, it will be to Stage 2 of the statutory process set out below. From the date the Stage 1 letter is sent, you have 20 working days to request that your complaint is escalated.

Detailed guidance on the Stage 2 process will be provided to you at the point your escalated complaint is accepted.

Stage 2 - Formal investigation

Most complaints are resolved at Stage 1. Where we have been unable to reach a resolution, you can request that your complaint is formally investigated at Stage 2 of the statutory process. We will acknowledge receipt of your escalation request within three working days. We will ask you to set out the issues that remain outstanding and what outcome you would like if you have not already done so. If we can deliver the outcome you have asked for, we will let you know.

If we cannot deliver the outcome you have asked for, or do not accept that there has been fault, a formal investigation will start. We will appoint an Investigating Officer (IO) to undertake the investigation into your complaint. This person may be a member of East Sussex staff who has not dealt with your case previously. In most cases, it will be an external contractor. We will also appoint an Independent Person (IP) who will always be independent of East Sussex County Council. Their role is to bring further independence to the process and accompany the IO during the investigation.

The IO and IP will meet with you to discuss your complaint and agree a formal Statement of Complaint (SoC). This is the main document used for the investigation. They will ask you to confirm that you are happy with what is written in the statement.

Once the SoC is agreed, the 25-working day timescale will start, and the IO will carry out their investigation. They will take evidence from you; interview members of staff involved in the complaint and raise enquiries with the Council. They will also have access to all relevant case files to allow for a full and thorough investigation.

In many cases, 25 working days is insufficient to carry out the investigation. An extension up to 65 working days may be agreed by the Customer Relations Manager. You will always be kept informed of this and advised when you can expect the investigation to be completed.

Once the investigation is completed the IO will report to the Assistant Director with their findings. This report will say whether your complaint has been upheld, partially upheld or not upheld. The report will also set out any recommendations that the IO thinks should be taken forward by the department. The IP will provide their own written report. This comments on the independence and the progress of the investigation.

Both the IO and IP reports are sent to the assigned Complaints Officer for quality assurance. The Complaints Officer will highlight any spelling or formatting issues. They also check that no confidential third-party information is in the report. They

then send the draft reports back to the IO and IP for them to review and sign-off as complete.

Once the final signed reports are received, the adjudication process starts. The Assistant Director will review the reports and write to you with their response to the investigation reports which will also be sent to you. This adjudication letter will state whether the Head of Service agrees with the findings and if so, what actions will be taken to put things right.

From the date the letter is sent, you have 20 working days to request that your complaint is escalated to Stage 3 of the statutory process. This is set out below.

The adjudication letter may invite you to a meeting to discuss the outcomes in more detail. Or it may suggest alternative dispute resolution, such as independent mediation, to try and reach a positive outcome. If you choose to accept either of these offers, your right to escalate is protected until 20 working days after the meeting or final mediation session.

You will receive detailed guidance on the Stage 3 process at the point we accept the escalation request.

Stage 3 - Independent review panel

If you remain unhappy after receiving the adjudication letter, you have the right to request an independent review panel. This is to consider the adequacy of the Stage 2 investigation and to try and reach a resolution. This request must be received within 20 working days of the adjudication letter or the final meeting of any mediation process.

In some limited cases we may ask if you would like to escalate your complaint directly to the Ombudsman. This must be done with your agreement. It will only usually be offered where the Stage 2 investigation upheld all aspects of the complaint and at adjudication the Council agreed, set out a clear action plan to any recommendations and met the requested outcomes.

If the above does not apply, we will acknowledge receipt of your request within two working days. We will ask for you to confirm your availability to attend a review panel meeting. We will then commission an independent panel. This is made up of three qualified people who are not employees of East Sussex County Council, with one person appointed as Chair. We will aim for the review panel to take place within 30 working days of receiving your request. In some cases, this may not be possible, for example if a key person is unavailable. But we will always aim to arrange the review panel as quickly as possible. The panel may be held virtually by video conferencing or at one of our buildings in East Sussex.

Ahead of the panel, the Complaints Officer assigned to your case will share the relevant documents from Stage 1 and 2 with everyone attending the panel. This is

usually in the form of a document bundle containing correspondence and reports from these two stages. You should send any information you would like to pre-submit to the panel at least 15 working days ahead of the panel meeting. This can then be circulated in plenty of time. You should also confirm at this point whether you will be bringing a supporter with you to the panel and provide their contact details.

On the day of the panel the Chair will be responsible for running the meeting. They will call on the various parties in attendance to give evidence and address the panel in the open session. The proceedings are usually audio recorded to help with the production of the minutes from the meeting. Consent will always be sought, and the recording will be deleted once the minutes have been typed. Attendees wishing to create their own audio record of the meeting will need the consent of all those attending. Permission to video record the meeting is at the sole discretion of the chair.

The usual review panel attendees are:

- 1 x Panel Chair
- 2 x Panel Members
- The complainant
- The complainant's named supporter (optional)
- The Investigating Officer from Stage 2
- The Independent Person from Stage 2
- The Head of Service
- The Customer Relations Manager
- The Clerk for minute-taking

At the end of the open session, the Chair and Panel Members will go into closed session to deliberate the complaint and agree their draft findings. The Customer Relations Manager and Clerk may also be in attendance. They will only be there in an advisory capacity and to share details from the draft minutes.

At the end of the closed session, the Chair will produce a written report of the panel findings. They will send this to you directly within 5 working days. The report is also shared with the Director of Children's Services who will write to you within 15 working days to give their response to the panel findings. This letter will state whether they agree with the recommendations and set out what actions, if any, will be taken as a result. The Director's letter represents the final response on behalf of the council and will include your escalation rights to the Ombudsman.

Stage 2 and 3 timescales when contact is not maintained

Once a complaint at Stage 2 or 3 has been accepted, we will move as quickly as possible through the process to ensure a swift outcome is reached. It is also important that you as the complainant do not unduly delay your involvement in the process.

If we contact you for information relating to your Stage 2 or 3 complaint, and more than 20 working days passes without a substantive reply, we will consider that you no longer wish to proceed with your complaint. We will make a reasonable attempt to contact you during the above time period to encourage you to engage and make you aware of the deadline for doing so.

If we do not hear from you, we will withdraw your escalation request and close your complaint. We will write to you and advise you of your escalation options, this will usually be to the Ombudsman.

Any request to continue a withdrawn complaint out of time will need to be supported by evidence showing exceptional circumstances prevented you from contacting us.

The above provisions are in line with section 3.8.6 of [Getting the Best from Complaints](#) and regulation 18(2) of The Children Act 1989 Representations Procedure (England) Regulations 2006.

11. Appendix 2 - Complaints about Child Protection Conferences (CP process)

It is important to note that the complaints process cannot itself change the decision to have a Child Protection Plan. Also, that during the complaints process, the decision made by the Conference stands.

At the end of the complaints process the outcome will be either that:

- A Conference is re-convened under a different Conference Chair or
- A Review Conference is brought forward or
- The status quo is confirmed.

Stage 1 - Exploration by the Conference Chair and or their Manager

If you wish to make a complaint about a CP Conference you must do this within 10 working days of the conference. You should set out what your complaint is and what you would like to see as the outcome. Complaints made outside this timeframe will only be accepted in exceptional circumstances and at the discretion of the Conference Chair.

Once received and validated, the Conference Chair will aim to meet with you. This will be within a further 10 working days to discuss your complaint and desired outcomes. This meeting may be via telephone or video conferencing and notes will usually be taken.

After the meeting and within a final 10 working days, you will receive a written outcome letter with a copy of any notes taken at the meeting. If you are unhappy with the outcome at Stage 1 you can ask for your complaint to be moved to Stage 2. You should make this request within 20 working days of receiving the Stage 1 outcome letter setting out why you remain unhappy and what resolution you are seeking.

Stage 2 - Formal Consideration

Once a valid request has been received, a Complaint Meeting should be arranged within 28 days. The aim is to try and resolve the areas of concern set out in the Stage 2 request.

The usual attendees for the Complaint Meeting are the Reviewing Manager /Senior Manager for Child Protection Conferences and a note taker. The meeting should try to address areas of dissatisfaction and to resolve them where possible.

After the meeting, an outcome letter will be sent to you within 28 days to confirm what was agreed. If you remain unhappy with the outcome at Stage 2 you can ask for the complaint to be moved to Stage 3. You should make this request within 20 working days of receiving the Stage 2 outcome letter setting out why you remain unhappy and what resolution you are seeking.

Stage 3 - The Complaint and Appeal Panel

Once a valid request has been received the Complaints Officer will aim to arrange a Complaint & Appeal Panel. This will be within 20 working days and will hear the complaint and make a final decision. This panel may be held in person or via telephone or video conferencing.

The panel will consider whether:

- The relevant policies and procedures have been followed properly and
- The disputed decision is as a result of the process that was followed or the information that was presented.

The panel will be made up of at least three safeguarding professionals who will not have had previous dealings with your case. You will be invited to attend the panel and give evidence. Evidence will also be heard from the Conference Chair and any other relevant person, such as the Safeguarding Team Manager.

If you wish to pre-submit written evidence to the panel, do this in a letter addressed to the panel. This must be received at least 10 working days ahead of the panel date. It should be one document that is page numbered for ease of reference.

Once the panel has heard all parties it will go into closed session to deliberate the complaint and reach a decision. After the panel has concluded, a letter will be sent to you with the panel's final decision within 10 working days. This letter represents the final response on behalf of the Council and will include your escalation rights to the Ombudsman or to judicially review the Council's decision.

12 Appendix 3 - Safeguarding issues or allegations against members of staff

When a complaint includes a safeguarding concern being shared with us, we may consider the complaint either fully or in part under this route.

12.1 Safeguarding referrals

If we are already working with individuals named in a complaint, we will usually pass details of the concern to the front-line service team who may be working with the individual named in the safeguarding concern. If we are not working with the individual involvement, we will always notify the correct team of the concern and ask that they take the appropriate action.

When the person making the referral to us does not have parental responsibility (PR) or cannot demonstrate a sufficient interest in the well-being of the named person, our response will be limited. It is unlikely that feedback will be provided to the person making the referral, nor will we be able to confirm whether the individual is known to us.

If there are additional concerns raised, a formal response will be provided to these concerns.

12.2 Allegations against members of staff

If a complaint includes an allegation against a member of staff, that allegation will be considered under this route. Details of the allegation will be referred internally to the Local Authority Designated Officer (LADO) or Persons in Position of Trust (PIPOT). They will undertake their own investigation into the allegations and take the appropriate action necessary.

For reasons of employer and employee confidentiality, feedback on LADO or PIPOT referrals will not be provided. However, you can be assured that all allegations are taken seriously, and the relevant action taken.

As above, if there are additional concerns raised as part of any allegation, a formal response will be provided to these concerns.

13 Appendix 4 - Consent

13.1 Confirming your identity and contact details

We take our responsibilities under the Data Protection Act 2018 and UK GDPR very seriously. Before we can investigate your complaint, we need to ensure that we will only share information with people who are entitled to receive it.

We will use information you provide in your complaint to verify your identity. If we are unable to do this, we will ask for more information from you. This will help us confirm your identity and relationship to the child, children or other adult named in the complaint.

If you are complaining on behalf of an older child or another adult, you will need to provide written consent from them. This will confirm that they agree to you submitting a complaint on their behalf. They need to confirm that they agree with the content of the complaint. They also need to give permission for us to share confidential information with you. We will provide you a consent form to fill in if it is needed.

We will only send written responses to postal or email addresses that we know belong to you. If we are unable to confirm an address is valid, we may ask you to provide further evidence. If we are still unable to verify the details you gave us, we may send your response to your nearest East Sussex County Council building. You can then collect it by providing photo identification.

CONSTITUTION – PART 3 – RESPONSIBILITY FOR FUNCTIONS

1. Governance Committee*Terms of Reference*

1. To make recommendations to the Council on the allocation to political groups of places on those committees, sub-committees, panels and other bodies to which the political balance provisions of the Local Government and Housing Act 1989 apply;
2. To make recommendations to the County Council on the members to be appointed to:
 - (a) the Regulatory Committee;
 - (b) the Planning Committee;
 - (c) the Scrutiny Committees;
 - (d) the Governance Committee;
 - (e) the Pension Committee;
 - (f) the Standards Committee;
 - (g) outside bodies to which the political balance provisions of the Local Government and Housing Act 1989 apply;
 - (h) the Audit Committee.
3. To appoint:
 - (a) co-opted members to serve on Committees;
 - (b) members and/or officers to other outside bodies/nominate members and/or officers for consideration for appointment.
4. To advise the County Council on the scheme of allowances to members and any amendments thereto.
5. To make appointments to the Independent Remuneration Panel.
6. To advise the County Council on its Standing Orders and Financial Regulations.
7. To consider and advise the Council on remaining constitutional matters, including the membership of committees and proposed changes in their terms of reference and possible changes to the Constitution.

8. To keep under review the County Council's corporate governance arrangements and compliance with them and to make changes to the County Council's Policy Statement and Operational Framework.
9. To agree the delegation of the Council's non-executive functions and powers to officers, other local authorities and public bodies so far as the law allows.
10. To enter into arrangements to receive, on behalf of the County Council, the delegation of a function from another local authority or public body.
11. To approve the Council's Annual Governance Statement and the Statement of Accounts, having considered whether appropriate accounting policies have been followed and any issues raised by the external auditor from the audit of accounts.
12. To determine services to be provided for members of the Council.
13. To approve the County Council's corporate personnel and employment policies.
14. To approve pay decisions in relation to Chief Officers, Deputy Chief Officers and Assistant Directors.
15. To approve remuneration packages of £100,000 or more, provided the existing grade bands and terms and conditions are applied, any proposed exceptions are applied and that proposed exceptions are reported to the County Council.
16. Within these policies, to exercise the powers and duties of the Council in relation to the terms and conditions of employment of staff, personnel policy and practice, including the promotion of arrangements for the proper training and development of employees and ensuring that good recruitment and retention practices are adopted.
17. To ensure the introduction of appropriate arrangements for the promotion of effective communication and joint consultation between the Council and its employees.
18. To exercise the powers and duties of the County Council in respect of County Council elections and electoral matters.
19. To consider reports from the Local Government and Social Care Ombudsman where there has been a finding of maladministration against the County Council.

- 20. To undertake the role of 'Member Responsible for Complaints' as outlined in the Local Government & Social Care Ombudsman code 2024.
- ~~210.~~ To exercise the powers and duties of the County Council in respect of the making of payments or the provision of other benefits in cases of maladministration.
- ~~224.~~ To determine the selection process for appointment to the Pension Board.
- ~~2332.~~ To appoint to, and remove from, the Pension Board.
- ~~24.3.~~ To agree the level of remuneration for Pension Board Members.
- ~~254.~~ To agree reasons for councillor non-attendance at meetings and grant dispensations from the requirement for councillors to attend at meetings of the Council to allow them to remain qualified until such time as they are able to attend a meeting of the Council.

Membership

Six members appointed in accordance with political balance provisions.

This page is intentionally left blank



(6) Speaking to the Planning Committee

Planning Applications for Minerals, Waste and County Council Development

Traffic Regulation Orders

What is Public Participation?

Members of the public can ask to speak to East Sussex County Council's Planning Committee to stress the importance of points they have made and to satisfy themselves that Councillors have all the information they need to decide planning applications or whether objections to Traffic Regulation Orders should be upheld. Usually up to 6 people will be invited to speak on each proposal, (3 in support and 3 against, one of which can be the applicants or their agent). Typically, each speaker will be given up to 3 minutes. The total time allocated for presentations will be the same for both sides of the argument up to a maximum of 9 minutes per side.

Who can speak to the Committee?

As a member of the public or an organisation, if you wish to speak to the Planning Committee, you must have already sent in a written comment about the application or Traffic Regulation Order. The County Council must have received written representations from you on the planning application or proposed traffic order at least 7 days in advance of the meeting. Written representations in relation to a planning application must have been made to the relevant case officer in the Planning Policy and Development Management team.

If that pre-requisite has been met, then residents' associations, local businesses and other people who live in the County can ask the Member Services Team for the opportunity to speak to the Committee (*). Contact that officer as soon as you know you wish to be considered to speak so that they can tell you when the application is likely to be considered. Only those residents or organisations that have submitted views will be allowed to speak and therefore you will not be allowed to be represented by solicitors or other professional agents. Your local

County Councillor can always speak on your behalf. Generally, only one representative for the applicant will be invited to speak.

* Planning applications will generally fall to be determined by the Planning Committee when 2 or more written representations are received which raise objections to the proposal on planning grounds. If you wish to know whether any particular application will be determined by the Planning Committee, please contact the case officer. The Council's Scheme of Delegation, which details the delegation arrangements in full, is available on the Council's website.

How will I know when the item I am interested in is going to Committee?

The Member Services Team – **01273 335089** – will have details of Committee dates and 5 clear working days before the Committee will know which items are on the agenda. Details of dates and agenda can also be found here: [Committee details - Planning Committee | East Sussex County Council](#). Applications can attract many letters; it is not possible for us to alert you individually to Committee dates.

Copies of the officer's report will usually be available on the website 5 clear working days prior to the meeting or can be obtained from the Member Services Team.

Please read the report carefully before deciding what you want to say. The Planning Committee members will have read the report. What you can add is information on points you have submitted or a particular emphasis you feel is not being made.

How do I register my interest in speaking?

You will need to telephone the **Member Services Team** on **01273 335089** no later than 12 noon on the Friday before the meeting.

When you ring, please be prepared to give:

- Your name, address, daytime telephone number and email address if you are planning to join the meeting remotely
- The application number and proposed development to which it refers or details of the Traffic Regulation Order you wish to speak about.
- Confirmation that you have made a written representation to the Council on the planning application or Traffic Regulation Order (checks will be made as necessary).

- Whether you wish to speak in support of, or against and whether you also represent anyone else.
- Confirmation that you are prepared to have your details passed onto other callers with similar views so that you can also speak on their behalf.
- Details of any special access arrangements you may require.

What if I am unable to turn up on the day?

You may nominate a substitute that fulfils all the necessary criteria for speaking at Planning Committee giving details to the Member Services Team by no later than 4.00 pm on the day before the meeting.

What happens on the day?

If you are invited to speak to the Planning Committee then you should aim to arrive at County Hall, Lewes, at least 15 minutes before the meeting begins. A member of staff will meet you and explain the procedures. If joining the meeting remotely, you should join the call 15 minutes before the meeting begins

What will happen in the meeting?

The Chair will ask the appropriate officer to introduce the report and explain the reason for any recommendations.

Each member of the public who has registered to speak will then be invited to speak.

It is, of course, up to you what you decide to say, but it might be useful to bear in mind the following:

- The Planning Committee will listen to what you say but will not debate the merit of your opinions with you.
- Your allotted time will be timed using a coloured lighting system. The Chair will invite you to start speaking when the green light comes on; the amber light comes on when you have one minute left, which you should use as a warning, and you should complete your speech before the red light comes on. If joining the meeting remotely, you may wish to time your speech in the event that you cannot see the lighting system.
- Concentrate on explaining the points that you (or the group you are representing) have already made in writing. You should not attempt to surprise the Planning Committee with new information, photographs or

additional written material. Any such information should have already been given to the planning officers in time for them to evaluate it professionally.

The Planning Committee can only consider a planning application on planning grounds. You should not discuss the applicant's past behaviour nor speculate about what you think their possible future intentions may be. You may not discuss boundary disputes, covenants, reduction in property values or matters dealt with by other laws (e.g. licensing). Consideration of the Traffic Regulation Orders is related to the representations received.

Proceedings of the Planning Committee are broadcast live by webcast and are available to watch on our website for a period of one year after the meeting.

Who are the people that may speak?

They are:

- up to 3 individuals or group representatives, including any parish or town council representative, who are opposing the planning application or Traffic Regulation Order;
- up to 3 individuals or group representatives, including any parish or town council representative, and including the applicant who are supporting the planning application or Traffic Regulation Order;
- local County Councillors or in the event that the local County Councillor is not able to attend (for reasons such as, but not limited to, illness or the member considers they have a prejudicial interest), another County Councillor nominated by the local County Councillor (or Group Leader in their absence) can attend and speak in the local County Councillor's place to represent the local residents and businesses within the electoral division.

If more than 3 individuals or representatives wish to raise similar points, then the Member Services Team will ask them to agree amongst themselves who should speak for them. If necessary, the Chair of the Committee will decide which members of the public may speak on the issue.

What happens after I have spoken?

After the speeches by the public, applicants and Local County Councillors, the Planning Committee will consider the application or Traffic Regulation Order. Although this will be done in public, there will be no further opportunities for non-committee members or public to speak.

Useful telephone numbers and addresses

Individual planning officers will normally ask you to write to them personally.

The address for general purposes is:

**Planning Policy and Development Management
Communities Economy and Transport
County Hall, St. Anne's Crescent
Lewes, East Sussex, BN7 1UE
Tel: 01273 481846
Email: development.control@eastsussex.gov.uk**

For further information and advice about the public speaking arrangements, please contact the Member Services Team:

**Member Services
County Hall, St. Anne's Crescent
Lewes, East Sussex, BN7 1UE
Tel: 01273 335089
Email: democratic.services@eastsussex.gov.uk**

Please check the East Sussex County Council Website at [Committee details - Planning Committee | East Sussex County Council](#) or telephone the **Member Services Team** on **01273 335089** for information regarding committees.

Link to Webcast Live and Recordings of recent meetings:
[Webcasts | East Sussex County Council](#)

This page is intentionally left blank