EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 15 JULY 2025

2.00 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -	Councillor Keith Glazier, OBE, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Stephen Lightfoot, NHS Sussex Dr Stephen Pike, NHS Sussex Ashley Scarff, NHS Sussex Mark Stainton, Director of Adult Social Care Darrell Gale, Director of Public Health Carolyn Fair, Director of Children's Services Jayne Black, East Sussex Healthcare NHS Trust (ESHT) Veronica Kirwan, Healthwatch East Sussex Councillor Dr Kathy Ballard, Eastbourne Borough Council Councillor Kelvin Williams, Wealden District Council
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Paul Davies, Lewes District Council Councillor Teresa Killeen MBE, Rother District Council Councillor Amanda Jobson, Hastings Borough Council Becky Shaw, Chief Executive, ESCC Hannah Youldon, East Sussex Fire & Rescue Servie (ESFRS) Duncan Kerr, VCSE Alliance Simon Morris, Sussex Police and Crime Commissioner

A G E N D A

1. Minutes of meeting of Health and Wellbeing Board held on 4 March 2025 *(Pages 3 - 8)*

2. Apologies for absence

3. Disclosure by all members present of personal interests in matters on the agenda

4. Urgent items

   Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

5. East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report *(Pages 9 - 28)*

6. NHS Reforms *(Pages 29 - 38)*

7. East Sussex Better Care Fund Plans 2025-2026 *(Pages 39 - 80)*

8. Healthwatch Annual Report 2024/25 *(Pages 81 - 110)*

9. Healthwatch Listening Tour *(Pages 111 - 144)*

10. Director of Public Health Annual report 2024/25 *(Pages 145 - 236)*

11. Work programme *(Pages 237 - 238)*

12. Any other items previously notified under agenda item 4

PHILIP BAKER
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7 July 2025

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 4 March 2025.

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Stephen Lightfoot, Dr Stephen Pike, Ashley Scarff, Mark Stainton, Carolyn Fair, Simon Kiley, Councillor Paul Davies and Councillor David Whitehill
MEMBERS PRESENT VIRTUALLY	Rob Tolfree
INVITED OBSERVERS PRESENT	Councillor Dr Kathy Ballard, Councillor Teresa Killeen MBE, Becky Shaw, David Kemp, Duncan Kerr and Simon Morris
PRESENTING OFFICERS	Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation Michael Courts, East Sussex Housing Partnership Lead Steve Broome, Strategic Development Manager, Adult Social Care

31. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 10 DECEMBER 2024

31.1 The minutes of the meeting of the Health and Wellbeing Board held on 10 December 2024 were agreed as a correct record.

32. APOLOGIES FOR ABSENCE

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

- Veronica Kirwan, Healthwatch East Sussex.
- Darrel Gale, Director of Public Health.

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

- Hannah Youldon, East Sussex Fire and Rescue Service.

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

- Simon Kiley, Healthwatch East Sussex substituted for Veronica Kirwan.
- Rob Tolfree, East Sussex County Council substituted for Darrell Gale.

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

- David Kemp, East Sussex Fire and Rescue Service substituted for Hannah Youldon.

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

33.1 Councillor Carl Maynard disclosed a personal, non-prejudicial interest in agenda item 6, the Draft East Sussex Housing Partnership Strategy, as he is a member of Rother District Council.

34. URGENT ITEMS

34.1 There were no urgent items notified.

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

35.1 The Board considered a report on East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme update introduced by Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation. The report provides a summary of progress against the eight priorities contained within the SDP and a report back from the 'deep dive' strategy session held on the 6 February 2025.

35.2 Ashley Scarff, Director of Joint Commissioning and ICT Development (East Sussex), NHS Sussex thanked Vicky for the report and commented that good progress is being made against the SDP priorities. There had been a lot of work taking place across the whole health and care system on delayed discharge and progress is being made.

35.3 Mark Stainton, Director of Adult Social Care and Health commented that there had been good progress against the SDP priorities and there has been a sustained improvement on delayed discharge. Additional capacity and funding have been made available to tackle delayed discharge and there have been marginal gains in efficiency. East Sussex has a comparatively unhealthy population which means there is more acute need. The deep dive sessions have been very important in shaping the way the Health and Wellbeing Board (HWB) can take a more stewardship approach to the health and care of residents.

35.4 The Chair echoed the comments made on the progress that is being made on the SDP and the value of the informal deep dive strategy sessions.

35.5 Stephen Lightfoot, Chair of NHS Sussex added his thanks to those delivering the SDP and noted the good progress that had been made particularly around delivering the Integrated Community Teams (ICTs) and the level of engagement in the work to change the model of care. He noted that the work on reducing delayed discharges is challenging. For example, in the week ending 31 January 2025 the East Sussex Healthcare Trust (ESHT) had 177 patients who no longer met the criteria to residue and were medically fit for discharge, which represented almost a third of bed capacity. He added that the report outlines the actions being taken to tackle this issue, but we may need to ask what we are going to do differently in order to have a greater impact on reducing delayed discharge.

35.6 Mark Stainton commented that having 177 patients waiting for discharge is not a good figure but is down from an average of 225 patients. There has been a lot of work on this issue and there has been a sustained improvement in reducing the number of patients experiencing delayed discharge. There is more work to do and there are a number of strands of work underway to improve the flow of patients out of hospital such as early mobilisation whilst in an

acute ward. In partnership with the Integrated Care Board (ICB) the Council has worked to improve the flow out of hospital and has increased resources and capacity to facilitate discharge. The long-term solution has two elements. One is to look at whole health population management, and there are some parts of the county where healthy life expectancy is over a decade below retirement age. The other element is to work on admission avoidance which needs to be given an equal focus to the work on delayed discharge. The rapid development of ICTs provides the joined-up approach to health and care needs which will help avoid admissions to hospital.

35.7 Vicky Smith underlined the focus within the ICT development on the multi-disciplinary teamwork which focuses on the proactive care of those people with the most complex needs, who are often the older and most frail within our population and may be subject to delayed discharge once admitted to hospital. This will remain the focus of work going forward.

35.8 The Board RESOLVED to:
1. Note the overall progress made in 2024/25 with the Health and Wellbeing Board (HWB) Shared Delivery Plan (SDP) objectives for East Sussex, including the continuing whole system collaborative action taking place to improve hospital discharge;
2. Note the outcomes from the HWB development session on the building blocks of health as set out in the summary briefing note contained in Appendix 1, and;
3. Agree the key messages and suggested actions in the briefing note, for sharing more widely with organisations and partners.

36. DRAFT EAST SUSSEX HOUSING PARTNERSHIP STRATEGY

36.1 The Board considered a report on the draft East Sussex Housing Partnership Strategy, which was presented by Michael Courts, East Sussex Housing Partnership Lead, which is a joint role between Public Health and the five local housing authorities. The report has been brought to the Board whilst the Housing Partnership Strategy is still a working draft. Work has been underway to scope the key priorities in the draft Strategy which acknowledge the significant importance of the wider work on housing and the link to reducing health inequalities. The work on the Strategy followed the publication of the Director of Public Health annual report in 2019/20 which explored the links between health and housing and built on the partnership work that was developed during the Covid pandemic.

36.2 Mark Stainton commented that the draft Strategy is an evidence based piece of work that is helpful and a good example of joint and partnership working. Housing is one of the key building blocks of population health and wellbeing and has a significant impact on the demand for health and care services. Often where people are delayed in hospital there is some element of housing involved in the causes of delays. It is good that there are six priorities in the draft Strategy around wider housing priorities, and it is not solely focussed on homelessness prevention. It also dovetails well with the other strategies that have been developed on health and wellbeing.

36.3 Simon Morris, Head of Partnerships at the Sussex Police and Crime Commissioner (PCC) commented that the PCC is doing some work with a charity called Prisoners Building Homes which is partnered with local councils and businesses to build modular homes. He highlighted that this is an extra initiative which could be included within the draft Strategy.

36.4 Stephen Lightfoot thanked Michael for the report and commented that he was very pleased that we are linking health and housing. He was supportive of having a section on housing, health and care which was really strong. Stephen asked if there was a possibility of incorporating some health outcomes with the other measures. For example, on the section on

housing standards, could there be linkages to things such as damp housing and mould on walls that links to health and in particular the impact on people with respiratory disease. As we know from the ICT health profiles, there is a higher proportion of people with asthma and COPD in the five ICT areas compared to the Sussex and national average. If it would be possible to include a health measure in one or two of the other sections of the Strategy it would make it even stronger.

36.5 Michael Courts commented that the Partnership has had a strong focus on the new regulations for social housing providers to ensure there is a tenant voice around understanding their housing and health needs. There are also pilot projects around asthma clinics and how we link that to identify people who may be in housing need and to other areas of work. The Housing Partnership has linked the Prisoners Building Homes scheme into the Development and Enablement Group to explore how to support the scheme locally and to make links with local building contractors to provide opportunities locally.

36.6 The Board RESOLVED to:
1. Review the draft strategy and provide feedback on amendments, updates and additions to strengthen links to ongoing work to reduce health inequalities; and
2. Note the next steps to finalise and adopt the strategy.

37. A WELLBEING APPROACH TO PREVENTION IN ADULT SOCIAL CARE (ASC)

37.1 The Board consider a report on a Wellbeing Approach to Prevention in Adult Social Care (ASC), which was presented by Steve Broome, Strategic Development Manager, Adult Social Care. The Prevention Strategy has been developed to be person-centred and integrated with other key health and wellbeing strategies. The wellbeing approach is around enabling people to have and use the capabilities they need to lead lives of purpose, balance, and meaning.

37.2 Mark Stainton commented that the Prevention Strategy is really important to ASC in having a strategic approach to prevention. It reflects the first two sections of the Care Act, with section 1 being wellbeing and section 2 being prevention. Mark emphasised that there is an ambition to develop the Strategy into an all age, multi-agency Prevention Strategy that will support the whole life course approach which aligns with the Improving Lives Together integrated care plan.

37.3 The Chair commented that the amount of work that has gone into developing the Strategy should not be underestimated and that it is a very important piece of work. It also underlines the things that could be achieved if we get the Strategy right.

37.4 Councillor Whitehill commented that he notes the one county and whole life course approach of the Strategy but Hastings, which he represents, faces some significant issues. He asked if the Strategy has a needs based approach which takes into account the different needs of the various parts of the county such as the severe homelessness issues in Hastings.

37.5 Stephen Lightfoot congratulated officers on a strong and thorough report, with an approach that was very systematic and thoughtful. He welcomed the whole life course approach proposed at the end of the paper as this answered his question about the inclusion of children and young people as well as adults. He asked in terms of ambition and thinking about other forms of wellbeing and a whole population approach, whether there is an opportunity for something around online wellbeing, particularly for online abuse. Also, if we are thinking about whole life course whether we are considering the linkage to education which can have an impact on children and young peoples' wellbeing. The whole life course approach would suggest certain interventions for children and young people, working age adults, and the elderly

and frail, which could be separated out into a logical and clear order so people could see how it affects them. Stephen outlined his strong support for the direction of travel of the Prevention Strategy.

37.6 David Kemp, Head of Prevention and Designated Safeguarding Lead, East Sussex Fire and Rescue Service commented that it was welcome to see a preventative approach being taken and the Fire Service will support the Prevention Strategy both in terms of the work with adults and with children and young people.

37.7 Steve Broome acknowledged the Hastings context outlined by Councillor Whitehill. The Strategy has an Equalities Impact Assessment (EQiA) which looks at protected characteristics and inequalities and reflects them at a place level. The Strategy takes a progressive universalism approach which aims to make services available to all, but also to make them most available to those who need the services the most. This will draw on, for example, ICT data profiles to address any areas of specific need and the life course approach. One of the dedicated projects in physical wellbeing will be based in Hastings through work with Active Sussex.

37.8 Steve Broome acknowledged that in terms of online wellbeing, which was good point, this will be looked at through work on mental and social wellbeing in the real world and virtual world. It will be possible to adapt the framework to reflect the different stages of psycho-social development in the life course approach and make it relevant to the challenges in each stage. He welcomed the support of the Fire Service and thanked them for their partnership work on loneliness and other issues.

37.9 Mark Stainton acknowledged the point about the difference in each of the District and Borough council areas and the point about the particular problems and issues in Hastings. He outlined that the prevention agenda and ICTs work at place level, as outlined under the Housing Partnership Strategy item, which brings these issues together. Work will be undertaken by the ICTs to address particular population needs based on the population profiles produced for each area which are published in the Joint Strategic Needs Assessment (JSNA). The rough purpose of the ICTs will be 80% on the core offer across the whole of East Sussex and 20% of the offer tailored to the need of the local ICT. For example, the individual needs of Hastings would feature heavily in that 20% local offer.

37.10 Mark Stainton added that he particularly liked the framework approach outlined in the Prevention Strategy which has nine sections. He outlined that there are a large number of schemes as part of the framework across the nine sections. Some of them will relate to East Sussex as a whole and some will relate to local areas such as homelessness in Hastings. It is a multi-agency approach which can accommodate the needs of local areas within the framework set out in the Strategy.

37.11 The Board RESOLVED to:
1. Consider the wellbeing approach to prevention in ASC, and to discuss ways in which the ASC strategy and its implementation can be supported; and
2. Support the development of a ‘one county, one agency’ strategy for prevention that spans the whole life course.

38. WORK PROGRAMME

38.1 Mark Stainton introduced the item on the work programme. He outlined that there was one proposed addition to the work programme which was the All Age Autism Action Plan provisionally for 23 September Board meeting, as the July meeting is quite full. However, there

is a question as to whether the NHS 10 Year Plan will be published in time for the Board to consider it at the July meeting. If it is not ready, it is proposed to bring forward the All Age Autism Action Plan to the July meeting and pick up the NHS 10 Year Plan at the September meeting.

38.2 Mark Stainton outlined that there is also a proposal to bring the start time of the HWB meetings forward to 2.00pm from the next meeting, if agreed by the Board. This was agreed by the Board.

38.3 The Board RESOLVED to agree the work programme with the changes outlined in paragraph 38.1 above and to change the start time of future meetings to 2.00pm.

39. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

39.1 There were none.

The meeting ended at 3.31 pm.

Councillor Keith Glazier (Chair)

Report to:	**East Sussex Health and Wellbeing Board**
Date:	**15 July 2025**
By:	**Director of Joint Commissioning and Integrated Community Teams Development (East Sussex), NHS Sussex and Director of Adult Social Care and Health, East Sussex County Council**
Title:	**East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report**
Purpose of Report:	**To provide an overview of the refreshed East Sussex priorities and plans for year 3 of the Sussex Shared Delivery Plan (SDP), and the outcomes of the fourth informal HWB development session.**

Recommendations:

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

1. **endorse the refreshed East Sussex HWB Shared Delivery Plan (SDP) priorities and plans for year 3 (25/26) as set out in Appendix 1, noting that the recent publication of the Government's 10 Year Health Plan and wider health and care reform may impact on the Sussex SDP and delivery in general; and**

2. **agree the outcomes from the informal HWB development session on the importance of the life course, and the contextual challenges and risks for our partnership working, as set out in the summary briefing note contained in Appendix 2.**

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1 Background

1.1 The 5-year Sussex Integrated Care Strategy *Improving Lives Together* was approved by the Sussex Health and Care Assembly in December 2022, setting out our ambition for a healthier future for everyone in Sussex over the next 5 years. It builds on our East Sussex Health and Wellbeing Board Strategy *Healthy Lives, Healthy People* (2022 – 2027), and our understanding of our population in East Sussex through our Joint Strategic Needs Assessment (JSNA).

1.2 An accompanying 5-year Shared Delivery Plan (SDP) was also agreed by all partners in June 2023. Our SDP fulfils the Joint Forward Plan (JFP) in Sussex. ICBs and their partner trusts have a duty to prepare JFPs to set out how they propose to exercise their functions over a 5-year period.

1.3 In Sussex, and in keeping with our Integrated Care System (ICS) approach more broadly, the SDP also has a strong Place focus reflecting the specific needs and challenges of the populations in East Sussex, West Sussex and Brighton & Hove. This is informed by the three Health and Wellbeing Board (HWB) strategies and the Joint Strategic Needs Assessments (JSNAs) for their populations. This report brings the refresh of our specific East Sussex HWB deliverables for year 3 of the SDP (25/26), building on the progress made in year 2 (24/25) which was reported at the last meeting of the HWB.

1.4 To further strengthen its unique role as the key strategic stewardship group for our health and care system in East Sussex, in July 2024 the HWB also agreed to hold a programme of informal development sessions aimed at developing a deeper shared understanding of our population's health and care needs, and informing the refresh of *Healthy Lives, Healthy People* (2022 – 2027). The fourth development session took place on

19 June 25. It focussed on the importance of the life course, as well as considering some of the contextual challenges and risks that are likely to influence our partnership work in 25/26. This report also shares the outcomes from the session.

2 Supporting information

East Sussex HWB SDP year 3 refresh

2.1 The overall progress across the majority of our local year 2 (24/25) HWB SDP objectives was reported to the meeting of the HWB on 4 March 25, and can be found here. This progress was a result of strong collaborative working across the full range of partners in East Sussex, including the local NHS, social care, public health, VCSE organisations and borough and district councils.

2.2 To build on this progress, our lead oversight and partnership boards have reviewed and refreshed our shared objectives for year 3 of the SDP (25/26) for commissioning, delivery and transformation in East Sussex. 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 and annual plans, insight and evidence.

2.3 The outcomes from HWB development sessions that took place in 24/25, which were focussed on key themes in the East Sussex JSNA have also informed plans where helpful, including the sessions on improving healthy life expectancy and the building blocks of health. A full high-level summary of the partnership plans for 25/26 is contained in **Appendix 1** across the following key East Sussex HWB priorities for our population:

- Health outcomes improvement
- Children and young People
- Strengthening the role and vision of the HWB and East Sussex Health and Care partnership
- Mental health
- Integrated Community Teams and neighbourhood health
- Improving hospital discharge
- Health, housing and care

2.4 The above actions will help us to be clear about the drivers and scope of our joint work together at Place (East Sussex) level within our Sussex ICS in 25/26, across commissioning, transformation and improvement.

10 Year Health Plan and wider context of change

2.5 The Government's 10 Year Health Plan '*Fit for the Future'* was published on 3 July 2025. The 17 page Executive Summary can be found here. As anticipated, it sets out plans to reinvent the NHS based on 3 shifts as the core components of a new care model:

- **from hospital to community** - a remodelled 'Neighbourhood Health Service' that brings care into local communities, convenes professionals into patient-centred teams and ends fragmentation. This is aimed at revitalising access to general practice and enabling hospitals to focus on providing world-class specialist care to those who need it. Over time, it will provide predictive and preventative care that anticipates need, rather than just reacting to it
- **from analogue to digital** - putting power in patients' hands and using the unique advantages of the NHS's healthcare model - world-leading data, its power in procurement, its means to deliver equal access - to create the most digitally accessible health system in the world

- **from treating sickness to prevention** – through working with businesses, employers, investors, local authorities and mayors to create a healthier country together

2.6 A key commitment is establishing a Neighbourhood Health Centre (NHC) in every community, beginning with places where healthy life expectancy is lowest. NHCs will offer a 'one stop shop' for patient care and co-locating NHS, council and voluntary services to be the place from which multidisciplinary teams operate. NHCs will be open at least 12 hours a day and 6 days a week.

2.7 Our shared plans set out in **Appendix 1** under priority 5 reflect our ongoing shared commitment to transform to Integrated Community Teams (ICTs) as the key vehicle for all our teams to work more closely within a shared footprint. In support of the shift from hospital to community and neighbourhood health, ICTs aim to enable better coordination and increased integration of services in our local communities and neighbourhoods, and deeper joint working to support the shift to prevention. Our plans already adhere to the national Neighbourhood Health Guidelines 2025/26, and we expect to be able to further evolve and strengthen them in light of *Fit for the Future* as more detail emerges.

2.8 *Fit for the Future* also sets out 5 enabling reforms that will underpin the 3 shifts. These will be:

- **a new operating model for the NHS** – national changes to NHS England and the Department of Health & Social Care (DHSC), and locally for ICBs to become strategic commissioners, and some new autonomous Foundation Trusts and Integrated Health Organisations for service provision
- **a new era of transparency** - for quality and performance including publishing league tables and patient experience measures
- **creating a new workforce model** - with staff aligned with the future direction of reform, better equipped through AI and technology, advanced practice roles, reducing international recruitment, and more flexible contracts
- **a reshaped innovation strategy** – driving the use of data, AI, genomics (using insights from an individual's complete set of DNA to inform their healthcare and predict future needs), wearables to monitor and manage changes in health, and robotics
- **taking a different approach to NHS finances** – including introducing multi-year budgets and requiring 3% of the budget for service transformation

2.9 The content of *Fit for the Future* is being reviewed locally to understand the implications in full, including how it will further inform and influence how we progress our local Place partnership plans and activity this year. In the meantime, it will be helpful for members of the HWB to be aware of some of the specific changes it sets out that will have implications for the way the NHS works in partnership with local government. In summary these are as follows:

- Under the leadership of the HWB, in the future a neighbourhood health plan will be drawn up by Local Government, the NHS and their partners, incorporating public health, social care, and the Better Care Fund
- The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning decisions
- The Better Care Fund itself will be reformed from 26/27 with a focus on providing consistent, joint funding to those services which are essential to deliver in a fully integrated way, such as discharge, intermediate care, rehabilitation and reablement
- The Plan proposes the abolition of Healthwatch (the independent voice of people with lived experience of health and care services) and, in a move to streamline

governance across local government and the NHS, Integrated Care Partnerships will also be abolished (in Sussex this is the Sussex Health and Care Assembly)

- For more advanced devolution areas, such as Greater Manchester, there will be opportunities to pool budgets and reprofile public spending towards prevention through partnerships between the NHS, single or upper tier authorities and strategic authorities, supported by mayoral 'total place' powers

2.10 It should be noted that enacting some of these changes would require primary legislation and will therefore take some time to come into effect.

2.11 The emerging outcomes of the local national ICB blueprint model development and health and care reform generally (covered under a separate item on the HWB meeting agenda), will also potentially impact on plans in 25/26 and how they are delivered. In light of this, we will keep our planned priorities and next steps 'live' in order to be able to adapt to any further changes as we move through the year.

2.12 Health and care reform and the proposed changes to ICBs, and now the plans recently set out in *Fit for the Future* noted above, will also have implications for expectations about the role of Place-based health and care partnerships and HWBs within a future reformed system. In response, we have updated our existing plans for strengthening the strategic leadership role of the HWB in 25/26 to include plans to review and refresh the way our East Sussex Health and Care Partnership operates in 25/26 (please see priority 2 in **Appendix 1**).

HWB informal development session

2.13 The fourth informal HWB development session took place on 19 June 2025 as part of the broader programme of 7 sessions to deliver our ongoing SDP objective of strengthening the leadership and stewardship role of the East Sussex HWB. The session focussed on the JSNA theme of the importance of the life course - a good start in life, living well, ageing well and a good end in life, and our work as a system that contributes to this.

2.14 The draft summary briefing with the key messages from the session is included in **Appendix 2** for review and formal agreement by the HWB. A key focus was understanding the collaborative work that supports a good start to life for our children and young people. This included Family Hubs, school readiness (noting the interest after education had been discussed in the previous session as one of the key building blocks of health), and the results of the recent East Sussex 'My Health My School' survey. Connections were made about further possible opportunities to collaborate and make better use of our existing capacity to enable more access to services and support in our communities.

2.15 The session also explored in some depth the wider context of change and some of the challenges and risks influencing our work as health and care system partners in 25/26, noting in particular the potential impacts for partnership working at Place across health, care and wider public services. It was concluded that the expectations we have of ourselves as partners working for the common good of the East Sussex population, and how the HWB can help us hold ourselves mutually to account for this, will be key.

2.16 In addition to agreeing our East Sussex SDP priorities and deliverables, our East Sussex Health and Care Partnership will review our partnership and programme governance with a view to optimising its effectiveness in these new and emerging circumstances. To help with exploring options a set of criteria has recently been agreed based on the recent Partnership Executive Board and informal HWB discussions. This is included in **Appendix 3** for information.

2.17 The next informal development session is planned for 4 September 25. The focus will be health inequalities in East Sussex, and how we can understand the impact we are having on population health and wellbeing in a measurable way using the East Sussex Shared Outcomes Framework set out in our East Sussex Health and Wellbeing Board Strategy *Healthy Lives, Healthy People*.

3. Conclusion and reasons for recommendations

3.1 Our HWB objectives for year 3 (25/26) of the SDP have been updated and refreshed in light of the work completed in year 2 (24/25), to ensure progress on our shared priorities to improve the health, care and wellbeing of our population can continue to be built upon. Joint planning and delivery will also need to respond to the publication of the 10 Year Health Plan *Fit for the Future* and the national drive for health and care reform, including the proposed changes to ICBs. This will require the need to be flexible during 25/26, including where our capacity to deliver on joint plans could potentially be impacted. As a result, some plans may change as 25/26 progresses.

3.2 Refreshing our critical joint work across commissioning and transformation puts us in a strong position to continue to collaborate, and in particular to deliver the change to neighbourhood-based health and care within existing resources. Given the demographic profile and needs of our population, there are clear benefits this can deliver. This includes better experience and quality of care for people with multiple long-term conditions and the proportionately higher numbers of older and frail people in our population, as well as stronger approaches to population health and prevention across all ages. Over time improved proactive care in communities and neighbourhoods will also help reduce the need for more specialist health and care services, further enabling the shift to a more community-based model of integrated care.

3.3 Continuing to strengthen the strategic leadership role of the HWB through our planned programme of development sessions and reviewing our Place-based health and care partnership and programme governance is timely and now of critical importance in light of the changes signalled by *Fit for the Future*. It will help to ensure that the context, assets and collective resources we work with in East Sussex can continue to be used to best effect to meet the needs of our population and manage our Place-specific risks and challenges within a reformed health and care system.

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

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

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Appendix 1: Draft East Sussex HWB high level SDP year 3 (25/26) deliverables

Appendix 2: HWB development session 4 – draft summary briefing

Appendix 3: Place Health and Care Partnership Governance options appraisal draft criteria

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Appendix 1

DRAFT summary of East Sussex Health and Wellbeing Board (HWB) Shared Delivery Plan (SDP) priorities for 25/26 (year 3)

Background

The 5-year Sussex SDP covers areas for improvement over the immediate, continuous and long term, as well as shared priorities specific to each of the three Health and Wellbeing Boards (HWB) and their populations in Sussex. In light of this, joint work takes place between the County Council, the local NHS, Voluntary, Community and Social Enterprise (VCSE) sector, Healthwatch, and borough and district council partners. Collectively this is known as the East Sussex Health and Care Partnership, and the joint work contributes to a range of improvement objectives for the benefit of the East Sussex population.

This draft paper provides a summary overview of our joint priorities in year 3 (2025/26) of the SDP, building on progress made in year 2 (24/25), and the subsequent planning that has been undertaken through our lead partnerships and workstreams. This also aligns with the national NHS planning guidance for 25/26 and existing pan-Sussex SDP priorities and work aimed at improving health and care outcomes.

The Government's 10 Year Health Plan Fit for the future was published on 3 July 25, which is likely to prompt a further review of our Sussex SDP more broadly by partners in the Sussex ICS as part of a system-wide response. In addition, the recently announced wider reforms of health and care (in particular the need to respond to the national model Integrated Care Board (ICB) Blueprint and reduction in size by December 2025) may also further impact on plans and priorities in our shared Sussex SDP, and expectations about the role of Place-based partnerships and HWBs within a future reformed health and care system. This refreshed and updated account of our East Sussex HWB SDP priorities will help put our East Sussex Health and Care Partnership on a strong footing to inform that process, noting that it will be necessary to be as flexible as possible in order to manage and adapt to any changes as we move through the year.

1) Health outcomes improvement

East Sussex HWB SDP priority	Date	What we will achieve
We will continue to deliver our agreed whole system action plans on cardiovascular disease (CVD), Chronic Respiratory Disease (CRD), healthy ageing and frailty and mental health prevention, and monitor progress on a quarterly basis through the Health Outcomes Improvement Oversight Board, with a deep dive into one priority area each quarter. We will ensure that the health outcomes improvement and learning are used to inform ICT implementation and address variation in outcomes.	March 26	Improved outcomes for the population
Summary of plans In 25/26 our focus will be maintained on delivering our plans to support improved outcomes in CVD, CRD, Healthy ageing and frailty and mental health as areas where we want to see improved life expectancy and healthy life expectancy. This will be informed by the outcomes from the recent HWB development session on improving healthy life expectancy, alongside national NHS planning guidance and alignment with pan-Sussex priorities aimed at improving health outcomes, including any additional priorities identified, for example through the Sussex Health		

and Care Population Health Outcomes Framework, where we can have positive impacts for the East Sussex population.

2) Role and vision of the Health and Wellbeing Board

East Sussex HWB SDP priority	Date	What we will achieve
We will continue to strengthen the strategic stewardship role and vision of the Health and Wellbeing Board (HWB) through completing our programme of development sessions aimed at growing a deeper shared understanding of our population health and care needs and strengths and understanding how well we are working together as a system to improve outcomes. Building on the work on system stewardship in 24/25, we will ensure our East Sussex Health and Care Partnership is operating effectively across our system at Place, with accountability to the HWB for our strategic planning and operational collaboration in our local communities.	March 26	A clear focus and approach across all partners.

Summary of plans

In 25/26 we will deliver the remaining 4 informal HWB development sessions on the publicised JSNA themes, and review progress with improving outcomes, as opportunities to:

- Grow shared understanding about our population health and care needs
- Encourage innovation and ideas
- Inform our plan for the refresh of our rolling HWB Strategy in 26/27

We will pilot a way of monitoring outcomes and impacts of system working, and review and redesign how our East Sussex Health and Care Partnership strategically aligns partnerships and collaboration to support our shared priorities for delivering a joined-up offer for health, care and wellbeing, including prevention, across NHS, local government and VCSE sector services in our local communities and neighbourhoods.

3) Children and young people

East Sussex HWB SDP priority	Date	What we will achieve
We will continue to enhance support to parents and carers and families to enable the best start in life and ensure service improvements, including pathway and service redesign, are effectively implemented to improve the health and wellbeing and life chances of children and young people.	March 26	Improved experience and increased opportunities to support our most vulnerable families.

Summary of plans

In 25/26 we will achieve this through delivering key local collaborative projects and work, aligned with our Sussex-wide priorities and programmes for children and young people in the following areas:

- Neurodevelopmental Pathway (NDP)
- Children's Emotional and Mental Health
- Special Educational Needs and Disabilities (SEND)
- Children in Care and Care Leavers
- Physical Heath focussed on children and young people in the core20plus5* group covering asthma, diabetes, epilepsy, oral health (noting that mental health would be picked up through the Children's Emotional and Mental Health priority).

*NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people

4) Mental health

East Sussex HWB SDP priority	Date	What we will achieve
We will implement integrated delivery of community mental health services and a wider range of earlier mental health support for adults of all ages and people with dementia, through delivering functional Neighbourhood Mental Health Teams (NMHTs) and ensuring their alignment with emerging Integrated Community Teams, in line with the Sussex-wide approach, as well as improving access and outcomes in supported accommodation and capitalising on opportunities presented by the planned opening of the new Coombe Valley Hospital.	March 26	Reduced reliance on specialist services and improved population health and wellbeing

Summary of plans

In 25/26, working within the Sussex-wide framework we will build on the implementation activity in 24/25 in the following ways:

- Continuing to work to improve the local Dementia pathway to improve focus on prevention and reduce admissions.
- Fully deliver Neighbourhood Mental Health Teams (NMHTs) across our five footprints and ensure alignment with ICTs.
- Continuing to deliver against our place based mental health and housing plan to improve supply, quality and integration.
- Developing an Older People's Mental Health Needs Assessment.

5) Integrated community teams (ICTs)

East Sussex HWB SDP priority	Date	What we will achieve
We will support the move to a neighbourhood health service that delivers more care at or closer to home through our five Integrated Community Teams (ICTs) across East Sussex. In line with ICTs across Sussex, this will focus on providing proactive, joined-up care for people who require support from multiple services and organisations; improved access to local health and care services and, improving the health and wellbeing of our population through an asset-based approach.	March 26	In year plan delivered.

Summary of plans

Building on the outcomes from our initial foundation work for ICTs in 24/25 and in line with the Sussex-wide implementation framework in 25/26 we will:

- Formalise the joint leadership arrangements to support the 'day-to-day' management, planning and coordination for each ICT
- Work with NHS Sussex to agree and finalise a joint ICT framework for core ICT related services and how we can jointly enable system partners to respond to this, including the links to mental health and neighbourhood mental health teams
- Set out the core approach and expectations for MDT-working and proactive, coordinated care for people who require support from multiple services and organisations based on good practice and recommendations from the MDT survey
- Support the wider network of relationships between services and teams to flourish through shared networking and learning events. VCSE led community networks and through digital platforms

We will also continue to capture the learning from the small-scale tests of change to inform model development across the different levels of need.

6) Improving hospital discharge

East Sussex HWB SDP priority	Date	What we will achieve
We will continue to embed efficiency and process learning from transformation programmes into 'business as usual' to further strengthen efficient hospital discharge processes, supported by digital automation, with a long-term funding plan for discharge capacity	March 26	More people will be able to be discharged safely to a community setting.

Summary of plans

In 25/26 as part of an enhanced oversight approach within the updated Better Care Fund (BCF) framework for 25/26, including regular reporting into ministers on plans and progress, our plans will continue to be focussed on this system priority in the following areas:

- Ensuring a system-wide single version of the truth on data, building on progress with the Care Transfer Hub dashboards, with regular monitoring of length of delay between a patient's discharge ready date and their date of discharge, by pathway. This would also include:
  - A clear focus on those patients with the most complex needs, including frailty and dementia, understanding reasons for delay, and planning for increased demand
  - Implementing site-level improvement plans and addressing variation across the system
- Accelerating efforts to optimise the Care Transfer Hubs building on progress made, particularly 'describe not prescribe'. This will enable more consistent assessments and tackling the potential overprescription of care, and build on our progress in mental health facilities to agree and embed standards (e.g. for assessment times) to cover acute sites.
- Broadening our successful work on mental health housing-related delays into our acute hospital settings, and a focus on improved working with partners on housing.
- Agreeing System funding allocations in 2025/26 for Hospital Discharge Schemes and monitoring the use at Place to inform future planning for bed-capacity. The absence of stable long-term funding to sustainably resolve bed-capacity issues within our system will continue to be a compounding factor that will need to be managed by system partners in 25/26.

7) Housing, health and care

East Sussex HWB SDP priority	Date	What we will achieve
We will finalise, agree and implement our shared vision for the housing sector in East Sussex set out in the East Sussex Housing Partnership Strategy and mobilisation plan, with a strong focus on health, housing and care as part of a strategic partnership framework that complements the borough and district housing authority strategies.	March 26	A clear ambition for all partners

Summary of plans

The East Sussex Housing Partnership is supporting preparations for significant policy changes over the coming year including the national homelessness and rough sleeping strategy, public sector spending review and the introduction of the Renters Rights Bill and Supported Housing Regulations. East Sussex faces acute pressures in relation to a lack of affordable housing and high demand for homelessness services, including temporary accommodation. Ongoing integration across housing, health and care is key to maintaining a focus on prevention and reducing the risk of further health inequalities.

In 25/26 plans will set out how we implement the agreed Housing Strategy and will include:

- Maintaining and strengthening collaboration across housing, health and care during devolution and local government reorganisation
- Developing our homelessness prevention activities, including links to shared priorities with the adult social care prevention strategy.
- Working to address pressures on temporary accommodation, scoping alternative accommodation options and ensuring households living in temporary accommodation are supported to move on as quickly as possible.
- Ensuring strong links between housing and integrated community teams and neighbourhood mental health teams and strengthening joint working arrangements through a new joint hospital discharge protocol for people in housing need.
- Supporting the development of refreshed housing and homelessness strategies in district and borough areas
- Implementing a system wide approach to supporting people with multiple compound needs*, including sharing insights and recommendations from the needs assessment carried out by Public Health

**Multiple compound needs (sometimes also described as severe and multiple disadvantage) describes the experience of having several support needs linked to social exclusion, usually three or more of the following: housing, substance misuse and mental health needs, engagement with the criminal justice system (specifically probation) or experience of domestic abuse, and the multiplying effects of these needs in combination.*

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East Sussex
Health & Wellbeing Board

East Sussex Health & Wellbeing Board Development Sessions Briefing Note

Session #4: The importance of the life course

1. Background

Two recent Peer Reviews of the Council have noted that our Health and Wellbeing Board (HWB) performs its statutory role very well as a formal committee of the Council, and could be further strengthened to become the vehicle for genuine strategic stewardship of our system, focussed on the health, care and wellbeing needs of the population.

This complements 'Place' at upper tier/HWB level being a key point of subsidiarity in our Sussex Integrated Care System (ICS) for collaboration across the local NHS, Local Authorities and the voluntary, community and social enterprise (VCSE) sector – and reflecting the variation in inequalities, needs and context for delivery in Sussex.

Strengthening the focus and role of our HWB and our East Sussex Health and Care Partnership was a key objective in year 2 (24/25) of the Shared Delivery Plan (SDP). To support this a programme of 7 informal development sessions was arranged, structured around the priority themes in our East Sussex Joint Strategic Needs Assessment (JSNA). Both voting HWB members and non-voting members with speaking rights are invited to the sessions, which are aimed at deepening the shared understanding of our population's health and care needs and priorities. The current programme runs until February 26, and overall the sessions are an opportunity to:

- Improve consistency of shared knowledge and understanding about our population
- Generate innovation and ideas
- Inform our in-year plans and co-creation of the Health and Wellbeing Board Strategy refresh in 2 years' time

To continue the strong progress already made our year 3 (25/26) SDP plans have been updated as follows:

We will continue to strengthen the strategic stewardship role and vision of the Health and Wellbeing Board (HWB) through completing our programme of development sessions aimed at growing a deeper shared understanding of our population health and care needs and strengths, and understanding how well we are working together as a system to improve outcomes.

Building on the work on system stewardship in 24/25, we will ensure our East Sussex Health and Care Partnership is operating effectively across our system at Place, with accountability to the HWB for our strategic planning and operational collaboration in our local communities.

This briefing note sets out the summary outcomes and key messages from the fourth development session, which took place on **19 June 25** in Eastbourne on the **importance of the life course**. Building on our previous discussions about system stewardship, the aim of the session was to provide some time to grow shared understanding of the following:

- How using the 'life course' approach can help us improve population health and the collaborative work we do to support this.
- The challenges and risks facing us as health and care system partners in 25/26, and the potential implications and consequences

2. Briefing note

2.1 The importance of the life course

The JSNA topic for the session was **the importance of the life course**; a good start to life, living well, ageing well and a good end to life. The session explored the following:

- Understanding what is meant by the 'life course' and how as an approach it can help us better direct and target resources to support prevention and improve population health
- The full range of partnership work that contributes to this across the whole life course and some of the key related population statistics that demonstrate how East Sussex is doing currently
- A deeper dive into the collaborative work that supports a good start to life for our children and young people.

A life course approach considers the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing. It values the health and wellbeing of both current and future generations. It recognises that:

- There are a wide range of protective and risk factors that interplay in health and wellbeing over the life span
- Maintaining good functional ability is the main outcome of the life course approach to health
- Functional ability can be enhanced throughout life by a supportive environment
- By altering policies, environments, and societal norms, inequalities affecting the life course trajectory can be reduced, which could benefit the whole population across the lifespan, as well as future generations

Deep dive into a good start to life

In earlier sessions members of the HWB had expressed an interest in hearing more about our partnership work to enable a good start to life, noting how getting this right can have positive impacts across the whole of life including prevention of ill-health and improved healthy life expectancy in later years. This included Family Hubs, school readiness - noting that education is one of the key building blocks or determinants of health (please see the briefing for session 3) - and the results of the recent East Sussex My Health, My School survey. A summary of key points about each is captured below.

Family hubs

Family hubs in East Sussex provide help and support for children aged 0 -19/25 and their families, with the aim of promoting the best start for life and best outcomes for babies and young children. Through the Government-sponsored and recently extended Family Hubs and Start for Life programme, a partnership between East Sussex County Council, East Sussex Healthcare NHS Trust and local VCSE partners such as Amaze and strong connections with Early Help support and services for babies and children with Special Educational Needs and Disabilities (SEND) and their families, Family Hubs provide:

- a one stop shop for local families with children aged 0-19 (up to 25 with SEND) to receive support in their community
- support and activities to ALL families, recognising that parenting is sometimes hard
- a focus on strengthening connections with families by being a visible and trusted source of information within communities

Eleven Family Hubs are open in Sidley, East Hastings, Hastings Town, Robsack, St Leonards, Hailsham, Shinewater, Devonshire, Lewes, Peacehaven and Uckfield. In addition, there are four Youth Hubs – existing sites in Hollington and Eastbourne and new build Youth Hubs in Heathfield and Peacehaven, funded by the Youth Investment programme

School readiness

The 2024 national School readiness survey: School Readiness Survey | Kindred[2] (January 25) is used to guide the priorities and focus to help young children be ready for school and be in a good position to make the most of their potential. The key headlines show that too many children are behind before they start Reception and that readiness for school is worsening. Added to this there are differing perceptions between parents and teachers about whose responsibility it is to help children be ready for school and to what level. To help remedy this in East Sussex through a partnership approach we have started to drive forward improvements with the following actions:

- Bringing together professionals from health, education, schools and settings to develop a school readiness strategy for East Sussex.
- Conducting a research review, analysed national approaches and looked to other local authority strategies to ensure we are using best practice.
- Developing a single shared understanding of what school readiness means – focussing on children being ready for reception, schools being ready for children, and parents having the information they need to support their children.
- As part of our strategy, we are looking at how we can promote the use of the National 'Starting Reception' resources so that schools, settings and parents have shared expectations.

My Health My School Survey

The 'My Health My School' survey is a student perception survey for children and young people in years 3-13. It is completed anonymously online, and participation by schools, children and young people is voluntary. The survey asks 'age-tailored' questions across ten themes including healthy eating, social, emotional and mental health, physical activity and sport and gambling, drugs alcohol and tobacco use.

The survey was first conducted in East Sussex during the 2020-2021 academic year and is now in its fourth year, receiving the largest number of responses to date at 16,441. The latest survey results for 2023/24 have just been published and can be found here. It is a rich source of information about the self-reported views and behaviours of children and young people aged between 7 and 18 in East Sussex. Some of the key high-level findings were shared at the session and the next steps include:

- Schools reviewing their results, and getting support from the School Health Service to make changes
- Sharing the East Sussex findings more widely and using this to inform interventions, plans and strategies
- Conducting further data deep dives, for example looking at protected characteristics and other detailed questions
- Exploring options for hearing feedback from children and young people on the survey results

The County Council's Public Health Team can help with questions about the analysis, requests for further data analysis and are open to any other ideas for using this valuable survey data.

2.2 Our challenges and risks in 25/26

The HWB also had a collective discussion to explore the wider context of change and some of the challenges and risks influencing our work as health and care system partners in 25/26. In summary this includes:

- Increasing demand and complexity of need in our population causing pressure on Local Government budgets across social care, temporary accommodation and homelessness and special educational needs and disabilities (SEND)
- A national drive in the NHS to reduce waiting lists and waiting times in Accident & Emergency (A&E) departments, and achieve financial balance in 25/26, alongside broader issues about healthcare services being seen to be overfunded in Sussex and low levels of public satisfaction with the NHS
- As part a broader move nationally to stabilise NHS finances and reduce duplication, all Integrated Care Boards (ICBs) in England have been asked to reduce their operating costs to reduce by 50% by December 25/26
- Reducing funding streams being experienced in the VCSE sector, alongside unfunded National Insurance (NI) and National Minimum Wage (NMW) increases
- Similar unfunded increases and phasing out of the Health and Care Worker visa route for overseas recruitment causing additional pressure in the independent care sector
- A broad range of national policy development and change including the 10 Year Health Plan and NHS provider reform; major children's social care reforms and 39 new policies for children's social care and education outlined in the Children's Wellbeing

and Schools Bill and significant SEND reforms expected this year; the Casey Commission on adult social care and a 'national care service'; housing developments, and; Devolution and Local Government Reorganisation (LGR)

The discussion covered the following themes:

- Many of the changes will happen over multiple years and timeframes. The need to hold onto a strong partnership focus based on Place and neighbourhoods is essential for understanding the differing strengths, needs and support requirements of local areas.
- Related to this, local tailoring alongside partnership and integrated working are often key to efficiency and the best use of collective resources when finances are so constrained. At the same time there is likely to be less capacity to do this and therefore more drive to centralise and standardise approaches, and the right balance needs to be struck across both.
- Although developments are happening at pace with ICB proposals needing to be implemented to support operating cost reductions by December 25, there should be scope to explore possible opportunities for commissioning care and health services at a Place /neighbourhood level which could better enable a more holistic view with prevention at its heart.
- In the context of devolution and local government reorganisation, with its understanding of community-based strengths and needs, and wider view of housing, public health, employment and education to focus on whole life and prevention, the role of our HWB will become increasingly important in supporting this approach across our health and care system.
- The HWB having a key role in concentrating and anchoring our work as the East Sussex Health and Care Partnership in relation to the needs of our population, and ensuring the specific opportunities, resources and context unique to East Sussex are being used to best effect, to help us best manage our risks and challenges for the benefit of our population.
- This includes fostering a positive environment for shared learning, including the mistakes and challenges encountered, and encouraging our organisations to continue being open and working in partnership even in challenging times.

2.3 Next steps

This briefing has been produced for sharing with organisations, partners and stakeholders to facilitate a wider understanding of how our HWB's role is developing to support our joint work. In this case we have looked at the importance of the life course and our partnership work to support and enable the best start in life children and young people in East Sussex. Helpful connections were made about further possible opportunities to collaborate and make better use of our existing capacity to enable more access to services and support in our communities.

The session also discussed some of the risks and challenges to partnership working and collaboration arising from the broader policy environment across health, care and wider public services in 25/26. The expectations we have of ourselves as partners working for the common good of the East Sussex population, and our HWB's role in stewarding our system and helping us to hold ourselves mutually to account for this will be key.

As we await the publication of the 10 Year Health Plan (at the time of writing this is due in the first week of July 25) and the evolution of new ICB model proposals and plans, on behalf of the HWB our East Sussex Health and Care Partnership has identified the following areas and next steps to help us begin to navigate the immediate challenges ahead:

- **Shared priorities** – being clear that we can't do everything we want to do, so we need to ensure our capacity to deliver change is aligned around the critical priorities that will make a difference. This includes adapting to take advantage of immediate opportunities as well as delivering change to care models over the medium term.
- **Governance** – streamlining structures and meetings to concentrate capacity on delivering our shared critical priorities, and ensure a strong focus on Place where it can have the best effect by ensuring clarity on local challenges and population health outcomes
- **Integrated Community Teams (ICTS)** – mobilising neighbourhood multi-disciplinary teams to deal with more issues as quickly as possible, with less hand-offs and referrals and putting our health and care system on a more sustainable footing through freeing up and better using our available capacity
- **Prevention** – building this in across our whole system and across all sectors using ICTs as the 'footprint in common'
- **Data, digital and technology** – improving cross-sector information sharing, sharing our learning about potential tech solutions
- **Risk sharing** – reaching a common understanding of what this means and where it could have the best impact

The next informal HWB development session is scheduled for **4 September 25** and will look at the JSNA theme of inequalities in East Sussex.

For more information please contact:

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Appendix 3

Place Health and Care Partnership Governance options appraisal: draft criteria

A key theme emerging from our Health and Care partnership executive Board's discussions about challenges and risks in 25/26 was the need to streamline structures and meetings to ensure capacity is focussed on delivering our shared critical priorities wherever possible.

As a result, it was agreed to undertake a clean sheet review of our East Sussex Health and Care Partnership and programme delivery arrangements, and develop options aligned to supporting delivery of our critical shared priorities. This will also need to respond to the ICB blueprint model development and the 10 Year Health Plan expectations on the role of HWBs and Place-based partnerships as the details emerge in the coming weeks and months.

The following set of criteria has been drafted to guide recommendations for Place partnership and programme governance going forward, based on how well the possible options enable us to:

1. Radically streamline meetings to ensure our limited capacity is aligned to delivering our critical shared priorities and not spread too thinly to deliver them. For example, through bringing workstreams together where possible and understanding where there is duplication with pan-Sussex meetings
2. Focus our limited capacity on delivering the right changes through enabling grip on delivering a small number of critical shared priorities. For example, does the governance help us sufficiently accelerate and drive forward transformation of our health and care model and putting it onto a more sustainable neighbourhood-based footing for the future through Integrated Community Teams and Neighbourhood Mental Health Teams implementation in East Sussex
3. Ensure a strong partnership focus based on Place and neighbourhoods, which is essential for understanding the differing strengths, needs and support requirements of local areas and enabling local tailoring where this is helpful. Noting that alongside partnership and integrated working this will be key to efficiency and the best use of collective resources
4. Ensure that the needs of the East Sussex population are kept paramount, including better enabling our Health and Wellbeing Board's role to support this through their understanding of community-based strengths and needs and wider view of housing, public health, employment and education to focus on whole life and prevention
5. As the ICB reforms take shape, provide sufficient latitude to consider potential opportunities for commissioning care and health services at a Place/neighbourhood level, enabling a more holistic view with prevention at its heart

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

Date: **15 July 2025**

By: **Stephen Lightfoot, Chair, NHS Sussex**

Title: **NHS Reform**

Recommendations:

East Sussex Health and Wellbeing Board is recommended to note the submission from NHS Sussex to NHS England which responds to national guidance on Model Integrated Care Boards and next steps for the transition arrangements for Sussex.

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1. Background

1.1 This paper summarises the journey from the independent investigation of the NHS conducted by Lord Darzi – *The State of the NHS in England* – which was published in September 2024, through to the biggest public conversation on the future of the NHS to help inform the development of the Government's 10 Year Health Plan during the winter of 2024/25, to the announcement of the major organisational changes and cost saving targets for the NHS in March 2025.

1.2 These most recent announcements included the national direction for all NHS Integrated Care Boards (ICBs), including NHS Sussex, to reduce their running costs by an average of 50% to £18.76 per head of weighted population by December 2025.

1.3 This paper then describes the NHS Sussex response to this national direction and the proposal to create a new Sussex and Surrey ICB from 1 April 2026. The paper details the approach being taken, the transition arrangements and the significant impact on our workforce.

1.4 Although the transition to a new Sussex and Surrey ICB will be complex to implement, we are determined that the new ICB will take the best from both of our systems and become the excellent strategic commissioner we need to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money from NHS services for the population of three million people living in Sussex and Surrey in line with the Government's 10 Year Health Plan.

2. NHS reforms and how NHS Sussex is responding to the requirement to reduce its organisational costs by 53%

<u>Independent investigation of the NHS</u>

2.1 In July 2024, the new Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an immediate and independent investigation of the NHS in England assessing patient access, quality of care and the overall performance of the health system.

2.2 On 12 September 2024, Lord Darzi published his detailed report 'The State of NHS in England', and it made very difficult reading. His conclusion was that "the NHS is in critical condition, but its vital signs are strong". He went on to say that "some have suggested this is primarily a failure of NHS management, but they are wrong". Lord Darzi then went on to summarise the major themes for improvement:

- Re-engage staff and re-empower patients
- Lock in the shift of care closer to home
- Simplify and innovate care delivery for a neighbourhood NHS
- Drive productivity in hospitals
- Tilt towards technology
- Contribute to the nation's prosperity
- Reform to make the structure deliver

Public conversation on the NHS

2.3 In October 2024, the Department of Health & Social Care and NHS England launched 'Change NHS' to help shape a new 10 Year Health Plan. This was the biggest ever public conversation about the future of the NHS with more than 220,000 contributions from members of the public and health and care staff. This culminated in the Change NHS National Summit held on 4 April 2025, which brought back hundreds of members of the public and health and care staff who had taken part in earlier events across the country, to review the draft proposals. In addition to the national events, NHS Sussex delivered four face-to-face public meetings across Sussex, four online workshops and a staff session as part of the process so that the contributions of 433 people from Sussex could be incorporated into this national conversation about the NHS.

10 Year Health Plan

2.4 The Government is expected to publish its 10 Year Health Plan for England in the first week of July 2025, but this was not available at the time of writing this report. However, the 10 Year Health Plan is expected to describe how the Government will deliver three key shifts in the way that healthcare services are delivered in the future:

- From hospital to community
- From analogue to digital
- From treatment to prevention

Major NHS announcements

2.5 On 13 March 2025, and in advance of the 10 Year Health Plan being published, the Government announced three major reform and cost saving programmes in the NHS:

- The abolition of NHS England (NHSE) and the integration of its functions into the Department of Health and Social Care with a 50% reduction in the 18,000 staff currently employed by both organisations over the next two years
- All Integrated Care Boards (ICBs), including NHS Sussex, must reduce their running costs by an average of 50% by December 2025

- All NHS Trusts must reduce their corporate services cost growth since 2018/19 (i.e. before the COVID-19 pandemic) by 50% by December 2025

2.6 These announcements followed the resignation of the former Chair, Chief Executive, Chief Finance Officer, Chief Operating Officer and Chief Delivery Officer of NHS England in the preceding weeks, as well as the subsequent appointment of a new Chair (Dr Penny Dash) and a new Transition Chief Executive (Sir James Mackey) for NHS England from 1 April 2025.

Foundations for the reform of the NHS

2.7 On 1 April 2025, the new Transition Chief Executive of NHSE sent a letter to all ICB and NHS Trust Chairs and Chief Executives setting out the priorities for working together in 2025/26 to lay the foundations for the reform of the NHS. The immediate priority is for every system to achieve a financial breakeven position in 2025/26 and then maintain a sustainable financial breakeven position when every system moves towards a nationally defined 'fair shares' funding allocation based on the size and demographics of their population over the next three years.

2.8 These national financial priorities are challenging for Sussex as our system did not have a breakeven financial plan for 2025/26 on 1 April 2025. In addition, the national modelling identified that the NHS in Sussex currently receives £186 million of over-funding compared to the national formula, which is equivalent to 4% of our total NHS Sussex funding allocation of £4.5 billion in 2025/26. However, following further discussions, system partners in Sussex agreed to take on more financial risk so we could re-submit a breakeven plan for 2025/26. Work has also started on developing a Sustainability Plan with the aim of meeting the growing demand for NHS services in Sussex with a 4% lower 'fair shares' financial allocation over the next 3 years.

2.9 The NHSE letter on 1 April 2025 reinforced that ICBs, like NHS Sussex, have a critical role to play as strategic commissioners and this is going to be central to realising the ambitions that will be set out in the 10 Year Health Plan. The ambition of these changes is to avoid duplication of activities and streamline the roles and responsibilities of each part of the national, regional and local NHS.

Model ICB

2.10 On 10 April 2025, NHSE published the guidance that all ICBs would need to operate within a financial allocation of £18.76 per head of their weighted population and this target is the same for all ICBs across the country. The current cost base for NHS Sussex is equivalent to £39.83 per head of population, which means that the running costs of NHS Sussex must be reduced by 53% by December 2025.

2.11 On 6 May 2025, NHSE published its Model ICB Blueprint to inform the development of the new organisational structure for ICBs in their role as a strategic commissioner. Importantly, it confirmed that ICBs exist to improve their population's health and ensure access to consistently high-quality services with the accountability for ensuring the best use of their population's health budget. This will be achieved by four core functions:

- Understanding local context – *assessing population needs and the quality, performance and productivity of existing healthcare provision*
- Developing long-term population health strategy – *long term population health planning and care pathway redesign to maximise value based on evidence*
- Delivering the strategy through payer functions and resource allocation – *assurance on what is purchased and whether it delivers the outcomes required*
- Evaluating impact – *user feedback and evaluation to ensure optimal use of NHS resources and improved health outcomes for the population*

2.12 The Model ICB Blueprint also identified 18 functions and activities for ICBs to transfer out to other national, regional and provider organisations over an unspecified time period, although some of these functions will require a change in the law before they can be fully transferred:

- Oversight of provider performance
- Emergency Preparedness, Resilience and Response (EPRR)
- High level strategic workforce planning
- Local workforce development and training
- Research, development and innovation
- Green Plan and sustainability
- Digital and technology leadership and transformation
- Data collection, management and processing
- Infection prevention and control
- Safeguarding
- Special Educational Needs and Disability (SEND)
- Development of neighbourhood and place-based partnerships
- Primary care operations and transformation
- Medicines optimisation
- Pathway and service development programmes
- NHS Continuing Healthcare
- Estates and infrastructure strategy
- General Practice IT

<u>NHS Sussex response</u>

2.13 NHS Sussex then had 18 working days to develop and submit a costed proposal to NHS England on how we could deliver the Model ICB Blueprint in Sussex, whilst continuing to deliver all our current statutory responsibilities before any functions are transferred out of the ICB, within the financial target of £18.76 per head of weighted population from 1 January 2026. This required intensive work from our executive team and the involvement of our NHS Sussex Board to meet this national deadline. Although there was some discussion with our key partners about the options during the month of May, the national timetable did not allow sufficient time to consult all of our stakeholders and the public on our proposed ICB changes as we would have wanted.

2.14 After considering the outline options, the NHS Sussex Board requested that our executive team develop and cost two different ICB options to compare with our existing NHS Sussex annual cost base of £74.7 million:

- Existing Sussex geographical footprint (coterminous with the proposed Sussex combined mayoral authority) with a 1.876 million weighted population and a £35.2 million annual cost base
- New Sussex and Surrey geographical footprint (coterminous with the two proposed mayoral authorities in Sussex and Surrey, which also includes the Surrey Heath and Farnham areas of Surrey currently covered by the NHS Frimley ICB) with a 3.06 million weighted population and a £57.7 million annual cost base.

2.15 On 21 May 2025, the NHS Sussex Board considered the two proposals and the viability of each option. It was recognised that with either option the significance of the changes would mean the creation of a new organisation, with a new purpose and a different way of working to how we have worked previously.

2.16 The analysis of the Sussex only ICB option demonstrated that despite implementing substantial cuts of up to 76% in some functions, the total funds required to operate a safe and resilient organisation exceeded the target operating cost by approximately £12 million. These additional costs resulted primarily from the need to enhance the efficiency of all current ICB functions and maintain their operation before some of them can be transferred to other entities, and this option would simply not meet the ICB cost target set by NHS England. Furthermore, this Sussex only ICB option would have significantly reduced capacity in all of its functions, no place-based resource to commission neighbourhood health services and limited capacity to engage with system partners or the public on service redesign.

2.17 By comparison, the larger financial operating target for the combined Sussex and Surrey option would retain the capacity, capability and resilience to deliver the core ICB functions required by NHS England, as well as some place-based resource to work with and commission services with the new unitary authorities in Sussex and Surrey. There are also long-established health partnerships across the two geographical areas with the Surrey & Sussex Cancer Alliance, Surrey & Sussex Local Medical Committee and Community Pharmacy Surrey & Sussex, as well as NHS providers such as Surrey & Sussex Healthcare NHS Trust, South East Coast Ambulance Service NHS Foundation Trust, Queen Victoria Hospital NHS Foundation Trust and Royal Surrey NHS Foundation Trust who provide NHS services to patients in Sussex and Surrey.

2.18 The Sussex and Surrey proposal also includes the retention of two separate Integrated Care Partnerships, one for Sussex (which is currently called the Sussex Health & Care Assembly) and one for Surrey (which is currently combined with the Surrey Health & Wellbeing Board) so that an independent focus can be maintained on the population health needs in each of the two proposed Mayoral Authorities**.** This approach of one ICB, two systems and five places (assuming local government reorganisation results in three unitary authorities in Sussex and two unitary authorities in Surrey) will help to retain local leadership and decision making on the development of neighbourhood health services and the delivery of the priorities set by each Health & Wellbeing Board.

2.19 The NHS Sussex Board reviewed these options at its meeting on 21 May 2025 and agreed by a majority vote to submit the Sussex and Surrey ICB proposal with all the completed cost templates to NHS England for approval by the deadline of 30 May 2025. The NHS Surrey Heartlands Board also met on 21 May and agreed to submit the same proposal to NHS England.

2.20 It should be noted that all four upper tier local authorities in Sussex and Surrey have stated their opposition to the proposed Sussex and Surrey ICB as they believe it is contrary to Government guidelines on Mayoral Combined Authorities, and it will not enable meaningful and effective neighbourhood healthcare to be delivered on the larger ICB footprint, and that it could lead to even greater cuts in NHS expenditure for their local communities. However, NHS Sussex and its successor organisation will continue to work with local authorities and our wider system partners to ensure we deliver on our shared ambition to improve the health outcomes and reduce the health inequalities within the population we serve.

Current Status of New ICB Proposals

2.21 Following numerous meetings and discussions during the month of June, NHS England confirmed on 23 June 2025 that the NHS England Executive and Ministers have agreed to move from a total of 42 ICBs across England to 26. This new total will consist of 11 ICBs remaining on their existing footprints and 15 new ICB clusters being formed from the other 31 ICBs.

2.22 On 24 June 2025, NHS England confirmed that the new ICB boundaries across Sussex and Surrey, including Surrey Heath and Farnham, have been accepted. NHS England has also encouraged NHS Sussex and NHS Surrey Heartlands to progress their proposal at pace so that the cost reductions can be achieved by 31 December 2025 and the new Sussex and Surrey ICB can be legally constituted by 1 April 2026.

2.23 NHS England also published new Job Descriptions for an ICB Chair and Chief Executive on 23 June 2025 with the stated aim of completing the ICB Chair appointments by the end of July 2025. The new Chairs will then work with their NHS Regional Director to appoint the new ICB Chief Executives as soon as possible after that.

2.24 A Model ICB Design Group, with the input of the Local Government Association and the Association of Directors of Adult Social Services, will be set up to develop further national guidance on the transfer out of ICBs of Continuing Healthcare, Safeguarding and services for people with SEND, as well as medicines management.

NHS Sussex Leadership Changes

2.25 Non-Executive Chairs are usually appointed for a term of three years and Stephen Lightfoot's term as the Chair of NHS Sussex was due to end on 30 June 2025. Having reflected on his personal priorities for the next three years, Stephen confirmed to NHS England in April that he did not want to be reappointed for another term as either the Chair of NHS Sussex or the Chair of the new Sussex and Surrey ICB. However, Stephen has agreed

to stay on as Chair of NHS Sussex until September to support the transition and allow sufficient time to appoint his successor for the new organisation.

2.26 The NHS Sussex Chief Executive Officer Adam has been working on assignment with NHS England for part of his time over the last two years, and this assignment became full-time from 13 January 2025. As a result, Mark Smith was appointed as Interim Chief Executive Officer and Indiana Pearce was appointed as Interim Chief People Officer of NHS Sussex from the same date.

2.27 Adam Doyle's assignment with NHS England has now concluded and Adam returned to his substantive role as Chief Executive Officer of NHS Sussex on a full-time basis from 4 June 2025.

2.28 Recognising the additional workload and leadership required for the creation of a new Sussex and Surrey ICB, Mark Smith has been appointed as the NHS Sussex Deputy Chief Executive Officer and Transition Director for nine months until 1 April 2026. In further discussion with NHS Surrey Heartlands, it was agreed that Mark will also be the Transition Director for Surrey and will be responsible for leading a joint transition support team across both ICBs.

Transition arrangements

2.29 A new operating model is being developed for the new Sussex and Surrey ICB with the following design principles:

- Prioritising strategic commissioning capability in line with national expectations
- Enabling integration at place and neighbourhood levels, with system-wide coordination
- Delivering a modular, scalable structure capable of adapting to future needs
- Ensuring role clarity, naming consistency, and job matching to mitigate equal pay risks
- Maximising digital enablement and interoperability to streamline delivery
- Costing no more than £18.76 per head of weighted population.

2.30 Work has focused on establishing a Joint Transition Team, developing programme management methodology, joint governance, structural design and development of the resources necessary to take us into formal staff consultation on the proposed organisational changes during the summer of 2025. The Joint Transition Team will include staff from Sussex and Surrey organised into a matrix of workstreams across Design & Operating Model, People, Finance, and Communications & Engagement.

2.31 A Joint Transition Committee (JTC) has also been established as a Joint Committee of both ICB Boards to provide bi-weekly strategic oversight of transition planning and implementation in line with the national and local priorities. Chaired on rotation by the ICB Chairs, membership will include the Chief Executive and one Non-Executive Director from each ICB, plus the Joint Director of Transition and the NHS England Regional Director of Strategy and Transformation.

2.32 In addition to the transition arrangements for a new ICB organisation for Sussex and Surrey, we are also continuing to explore how some ICB functions and services could be delivered more efficiently and consistently at scale across all four of the new ICBs in the South East Region. This approach has already been established with the delegation of specialised commissioning for 70 specialist services from NHS England through the Joint Committee of South East ICBs from 1 April 2025.

2.33 Throughout this process, it is recognised that communications and engagement will be vital to support the effective transition into a new ICB organisation and other functional arrangements. A joint communication plan will ensure regular and consistent communication to internal and external audiences across Sussex and Surrey.

Impact on our people

2.34 It cannot be underestimated the impact of these changes on the circa 1,350 staff employed by NHS Sussex and NHS Surrey Heartlands ICBs. Our staff have experienced a period of uncertainty since the announcement to halve the running costs of ICBs was made on 13 March 2025, and this follows a previous period of change within both organisations to make running cost reductions last year.

2.35 When the new target operating model for the new organisation has been developed, we will need to consult all our staff in Sussex and Surrey on the proposed changes. This process has not yet been conducted, and the final numbers have not yet been determined, but we are expecting a significant number of posts will be disestablished to achieve the required annual cost base of £18.76 per head of weighted population by 31 December 2025. This will have a direct and significant impact on our valued and highly skilled staff members across Sussex and Surrey, many of whom are members of our local communities.

2.36 We are offering as much support as we can to our staff, holding regular meetings, being transparent with regular communications, offering advice and providing support programmes. We are also working closely with our staff networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this significant period of change.

3. Conclusion

3.1 Although the transition to a new Sussex and Surrey ICB will be complex to implement, we are determined that the new ICB will take the best from both of our systems and become the excellent strategic commissioner we need to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money from NHS services for the population of three million people living in Sussex and Surrey in line with the Government's 10 Year Health Plan.

3.2 We recognise that this also takes place as wider changes, such as devolution with our local authority partners, and we will continue to ensure that there is clear communication with system partners on the next steps, as we progress through the changes ahead.

Stephen Lightfoot
Chair, NHS Sussex

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

Date: **15 July 2025**

By: **Director of Adult Social Care and Health**

Title: **Better Care Fund Plans 2025-26**

Purpose of Report: **To provide a summary of the Better Care Fund (BCF) requirements for 2025 – 2026, and to seek approval of the East Sussex BCF plans.**

Recommendations:

East Sussex Health and Wellbeing Board is recommended to:

1. **note the Better Care Fund requirements for 2025-26; and**
2. **approve the East Sussex BCF Plans for 2025-26 recognizing the discussion underway to review the metrics targets for the year ahead.**

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1 Background

1.1 Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG) and Local Authority Better Care Grant (iBCF).

1.2 The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.

1.3 Following approval by the Health and Wellbeing Board in July 2024, East Sussex's BCF plans for 2024/25 were nationally assured and approved on 23 August 2024. In line with the requirements, quarterly reports were submitted in October and January with the year-end report being submitted in June 2025, informed by the plans for 2025/26

1.4 The Additional Discharge Funding to enhance community and social care capacity is now fully included within the BCF pooled budget arrangements, without being ring-fenced as in previous years.

1.5 For 2025 to 2026, the objectives of the BCF reflect the Government's commitment to reform via a shift from sickness to prevention and from hospital to home. Local areas should produce BCF plans that support systematic adoption of best practice in

preventing avoidable hospital admissions and care home admissions, linked to the early priorities for the neighbourhood health service.

2 National BCF Planning Guidance and Requirements for 2025-26

2.1 The BCF 25- 26 Policy Framework and Planning Requirements for 2025-26 were published on 30 January 2025. This provided a revised planning template to confirm BCF income, expenditure, new metric targets, capacity, and demand planning for 2025-25 alongside the local BCF narrative plan outlining how the East Sussex plans will support the delivery of the BCF objectives in the year ahead.

2.2 National Conditions: Each national condition required a response to an assurance statement on the planning template:

- National Condition One: Plans to be jointly agreed
- National Condition Two: Implementing the objectives of the BCF
- National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
- National Condition Four: Complying with oversight and support processes

2.3 For 2025 to 2026, the objectives of the BCF reflect the Government's commitment to reform via a shift from sickness to prevention and from hospital to home.

Objective 1: reform to support the shift from sickness to prevention. Local plans must illustrate how they will help people remain independent for longer and prevent escalation of health and care needs, including:

- timely, proactive and joined-up support for people with more complex health and care needs
- use of home adaptations and technology
- support for unpaid carers

Objective 2: reform to support people living independently and the shift from hospital to home. Local plans should ensure appropriate services are in place to:

- help prevent avoidable hospital admissions
- achieve more timely and effective discharge from acute, community and mental health hospital settings, supporting people to recover in their own homes (or other usual place of residence)
- reduce the proportion of people who need long-term residential or nursing home care

2.4 In line with these objectives, the metrics targets for 25-26 have been revised to the following measures. Targets were required to be set for 3 headline metrics with each of these having 2 supporting metrics for which targets are not required:

	Headline metric	Supporting metrics
1.	Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)	Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Emergency hospital admissions due to falls in people aged 65+.
2	Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)	Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more. Local data on average length of delay by discharge pathway.
3	Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)	Hospital discharges to usual place of residence. Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement

2.5 Further information relating to the 2025-26 BCF Policy Framework and Planning Requirements and can be found on the external web links below:

Better Care Fund policy framework 2025 to 2026 - GOV.UK

NHS England » Better Care Fund planning requirements 2025-26

3 East Sussex Better Care Plans 2025-26

3.1 The contributions to the BCF Pooled budget for 2025-26 are outlined below.

Funding Source	Lead Org	2025/26 Contributions
Disabled Facilities Grant	ESCC	£10,080,084
NHS Minimum Contribution	NHS Sussex ICB	£58,475,129
Local Authority Better Care Grant	ESCC	£26,865,023
Additional LA Contribution	ESCC	£10,694,000
Total BCF Resources		**£106,114,236**

3.2 The Local Authority Better Care Grant comprises of the former iBCF and LA discharge grants with no uplift to either element and the discharge ring-fence having been removed.

3.3 The NHS Minimum Contribution comprises of the 2024/25 figure uplifted by 1.7% plus a proportion of the 2024/25 ICB additional discharge funding with the ring-fence removed.

3.4 The Adult Social Care minimum spend requirement increased by 3.9% from the 2-24/25 requirement as shown below.

	Minimum spend required	Actual/Planned Spend
2024/25	£26,092,688	£26,092,691
2025/26	£27,116,853	£27,370,178

3.5 Many of the schemes and services previously funded through the Better Care Fund have continued into this year.

3.6 Modelling of the Capacity and Demand on community services to support avoidance of admission to and reduction in length of stay in bedded care has been reviewed for 2025-26.

4 Assurance of Plans.

4.1 Following submission of our plans on 31st March, a regional assurance process has been undertaken, and the East Sussex BCF plans have been recommended for national approval with one condition. This condition requires further review of the East Sussex metric ambitions and discussions are underway to support this review. It is of note that other HWB submissions have also been approved with the same condition as East Sussex.

4.2 The section 75 agreement supporting the 2025/26 plans is under review and will be updated for this year prior to the required date of 30 September 2025.

5 Conclusion and reasons for recommendations

5.1 This paper summarises the Better Care Fund requirements for this year setting out the East Sussex plans for 2025-26 confirming their alignment with the national conditions and provides a summary of the 2024/25 year-end position.

5.2 The Health and Wellbeing Board is asked to:

- Note the Better Care Fund requirements for 2025-26.
- Approve the East Sussex BCF Plans for 2025-26 recognising the discussion underway to review the metrics targets for the year ahead.

Name of Senior Manager presenting the report:
Mark Stainton, Director of Adult Social Care and Health

Organisation:
East Sussex County Council

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Appendix 1: East Sussex HWB Better Care Fund Narrative Plan 2025-26

Appendix 2: East Sussex HWB Better Care Fund Planning Template 2025-2026

Appendix 3: East Sussex HWB Better Care Fund Capacity and Demand Planning Template 2025-2026

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EAST SUSSEX HWB
BETTER CARE FUND 2025-26 SUBMISSION

	HWB Area 1
HWB	East Sussex
ICB	Sussex

Section 1: Overview of East Sussex BCF Plan

Priorities for 2025/26

The East Sussex Health and Wellbeing Board Better Care Fund priorities for 2025/26 align to local needs through the East Sussex Health and Wellbeing Strategy and the Sussex-wide joint Improving Lives Together strategy which outline our ambitions to implement integrated care at scale, and to shift the model of care from Treatment to Prevention, Hospital to Community and Analogue to Digital.

Our Integrated Community Teams model for health, care and wellbeing, as set out in our Sussex Integrated Community Teams Neighbourhood Health Plan, will take a level of needs pyramid approach, providing Neighbourhood services to those with the highest care needs, ongoing care needs, urgent care needs, and services tailored for the whole population. These will be enabled by an Improving Lives Together (ILT) programme, provider collaboratives, VCSE/hospice alliances with SMART outcomes defined for each level.

The Neighbourhood approach will ensure that commissioning and services recognise the shift to a community-first approach that has a preventive, proactive and community empowerment embedded within services. By delivering Integrated Community Teams (ICTs) within the supported communities, they will be configured to meet their local context and needs:

- Local authorities, the NHS, and the VCSE sector will work together to prevent people spending unnecessary time in hospital or care homes
- Strengthened primary and community-based care will enable more people to be supported closer to home or work.
- Connecting people accessing health and care to wider public services and third sector support, including social care, public health and other local government services

Integrated Community Teams will enable a “no wrong front door” approach, with services and support networks working across organisational boundaries and communities to deliver joined up care, creating a focus on doing the best for people, and developing new approaches to contracting to support a partnership approach to integrated care, reallocation of resources putting more resources into the community and proactive preventative care. ICTs will deliver the aims of avoiding or slowing health deterioration, preventing complications and the onset of additional conditions, and maximising recovery whenever possible to increase healthy years of life.

Our priorities for discharge during 20256/26 are to enhance and improve patient flow through a focussed improvement of the number of people who are discharged from hospital on their discharge ready date, reducing the average delay in discharge days, and driving collaboration and integrated working. We will continue to embed Discharge to Assess (D2A) principles system wide. This will involve assessing short-term care needs at home post-discharge and undertaking long-term care assessments after an appropriate recovery period.

Local partners are working with the Provider Collaborative, primary care, community care providers, hospice and VCSE Alliance to agree a service specification to provide holistic integrated care that meets the health needs of patients with highest, ongoing, urgent and complex care needs to support the strategic direction of travel and deliver the Integrated Community Teams at scale and on a sustainable footing. The aim is to align commissioned services appropriately, guided by shared objectives, outputs and outcomes.

Key Changes Since Previous Plan

The majority of BCF schemes within the previous BCF plan for 2024/25 both council and ICB commissioned remain closely aligned to core BCF funding requirements, the updated BCF objectives, our joint strategy for Sussex, and our delivery ambitions for 2025/26 and beyond via Integrated Community Teams. There is close alignment between BCF plans, our planned delivery of Integrated Community Teams, and the joint working approach that will sustain this delivery, supporting reform to support the shift from sickness to prevention.

Our planned schemes support people living independently and the shift from hospital to home include community equipment services, urgent community response, and the ongoing development of the neighbourhood-based ICTs. Schemes also support the continuing requirements to fund reablement services, carers breaks and Care Act duties.

For hospital discharge, we have followed a collaborative process of co-design with key stakeholders, including East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, the Integrated Care Board, Social Care, and acute partners. This has been supported through our Place based Discharge Transformation Group that is chaired by the Director of Adult Social care and Health. The primary focus has been on stabilising and sustaining existing schemes that are delivering the most significant impact, while also reviewing underperforming initiatives to understand barriers to mobilisation and effectiveness. This approach ensures that funding is directed towards new interventions that will enhance patient flow, reduce delays, and improve outcomes.

Our ambition is to increase the proportion of patients discharged on their Discharge Ready Date (DRD) and reduce the average delay from DRD to actual discharge. Specific targets include reducing Non-Criteria to Reside (NcTR) occupancy of all acute and community beds. Site-specific discharge plans are being developed, supported by Better Care Fund resources to maximise Pathway 0 and 1 discharges. A comprehensive review and reset of Pathway 2 will ensure full alignment with the Intermediate Care Framework and integrated care team plans, with full implementation expected by January 2027.

Discharge schemes have been developed and agreed based on the established priorities of the BCF, key recommendations from the Sussex Bolton report and the outcomes of recent discussions with the Discharge Support and Oversight Group.

These include supporting more people to return home safely, enabling recovery through therapy and reablement to maximise independence, developing specialist pathways for those with complex needs, and enhancing acute sector capacity by reducing unnecessary delays.

In developing the overall BCF plans for 25/26, reflections and key learning from 24/25 have been taken in account. To support transformational change and shifts in system working across health and social care, our plans reflect a level of continuity with sustained commitments that enables our system partners to direct capacity and capability towards further integrated ways of working. A change in impact to be had from the plans will come from the synergy of integrated working at neighbourhood health and ICT level to deliver early interventions in proactive care and system flow to reduce avoidable admissions to hospitals and residential care, and to facilitate discharge to reablement and assessment. The planning approach building on the learning from recent years has identified schemes that support the BCF objectives and delivery against national metrics and which align with local strategies. The schemes support the development of strategic system partnerships across NHS community-based care, social care and VCSE partners as part of wider health and social care commissioning to work differently to maximise the potential from integrated neighbourhood ways of working.

Work is also underway on developing our approach to understanding measurable impacts through the HWB's Shared Outcomes Framework. The East Sussex Population Health and Care Intelligence Group has supported the development of a proposal for review by the East Sussex Health and Care Partnership to pilot use the HWB Shared Outcomes Framework, to help us understand how we might collectively measure the impact of our whole system working, for adoption in 25/26.

Approach to Joint Planning & Governance

The East Sussex Better Care Fund Plan is co-produced by the partner organisations, drawing upon commissioners, finance leads, and performance and intelligence teams.

The East Sussex Health and Wellbeing Board which, in addition to the Council and Integrated Care Board, includes representation from NHS Providers (acute, community, and mental health), VCSE organisations and wider community organisations.

The East Sussex Health and Wellbeing Board retain statutory responsibility for governance and oversight of the Better Care Fund and receive quarterly monitoring reports. We expect any engagement with the BCF oversight and support process to be primarily at this level.

The East Sussex Health and Care Partnership brings together key local health and care partner organisations to work collaboratively to deliver the objectives of the Joint East Sussex Health and Wellbeing Strategy and the Sussex-wide Improving Lives Together strategy through a place-based focus.

We have an effective governance structure in place which operates at both place and Sussex-wide level to oversee BCF planning submissions and quarterly reporting prior to sign-off by the Health and Wellbeing Boards which is supported by our finance and

performance teams. This will further evolve to support reporting and engagement for 2025/26.

Partners and stakeholders are engaged through the East Sussex Leadership Groups that are delivering the Sussex-wide Integrated Community Teams plan which is supported by the East Sussex BCF plans.

There is work in place with Local Authority teams (Public Health, Social care and Housing), with NHS and VCSE Providers to implement ICTs supported by the Sussex Provider Collaboratives and the Sussex Voluntary Sector and Hospice Alliances. East Sussex Adult Social Care also works closely with East Sussex Partners in Care (ESPIC) which represents care providers and managers of adult social care services across East Sussex. These relationships will form the delivery vehicle for integrated health and care services, working in partnership with other key stakeholders such as schools, employment support, leisure services, and the Department for Work and Pensions

We have maintained a winter provision in the plan with expenditure profiled to ensure we respond to additional pressures in our hospital discharge system during the winter. This provision also allows us to run on some services that were stood up this winter past March 2025 to support current pressures in our hospital discharge system.

Alignment with Improvement of UEC Flow

Our ambition is to ensure that every patient in Sussex experiences a safe, timely, and seamless discharge from hospital, with the right support to promote independence and long-term recovery. By focusing on patient well-being and working collaboratively across health and social care, we aim to create a more responsive and effective discharge system. Building on the learning from 24/25, our programme for the coming year is guided by a specialist health and social care team and informed by an in-depth audit led by Professor John Bolton, who has helped shape the national model of excellence for discharge pathways.

Delays in discharge remain a significant challenge across the system, with key factors varying by location. Some of the most pressing issues include capacity constraints in NHS community services, including both beds and HomeFirst pathways, as well as delays in social care assessments and care package allocation. The availability of residential care within a constrained market continues to impact discharge flow, and non-clinical processes can also create delays in ensuring patients have everything they need to return home safely.

To address these challenges, we are investing in expanding our HomeFirst model, enabling more patients to return home sooner with the right support. We are strengthening therapeutic interventions from hospital admission through to discharge and community-based reablement, ensuring that care is designed around recovery and independence. Additionally, specialist bedded pathways in the community, including those focused on delirium care, will receive targeted investment to improve patient outcomes. Reflecting the significant progress made in mental health discharge during

24/25, we are balancing our place-based discharge investments with new and existing mental health schemes, ensuring better support for those with dual physical and mental health needs.

Beyond direct patient care, our strategy includes enhancing system-wide coordination and flow management. The continued development of the Transfer of Care Hubs (TOCH) dashboard, alongside improved data tools and enhanced decision-making processes, will enable us to optimise discharge planning across all care settings. We are also introducing dedicated projects to benchmark acute hospital performance and share best practices across the system, ensuring that local improvement plans are tailored to the specific needs of each population.

Through these investments, we expect to see faster and safer discharges, improved patient recovery, and a more resilient system that adapts to demand. By reducing delays and increasing efficiency, we can enhance patient experience, prevent unnecessary hospital stays, and improve overall capacity across health and social care. The strengthened coordination between NHS services, local authorities, and community partners will ensure that patients receive the right care in the right place at the right time, making discharge a seamless and positive transition

The community services in our BCF plan support the ambition for standardised and scaled up urgent care services for people in the community such as urgent community response. These urgent neighbourhood services will align with local demand, and services at the front door of the hospital such as urgent treatment centres and same day emergency care, and within the hospital enabling some patients to bypass Emergency Departments.

Access is through our single point of access, Health and Social Care Connect (HSCC) delivering a co-ordinated service, hospital front door services also increasingly accessed through HSCC.

Integrated intermediate care services such as our Joint Community Rehabilitation Service will ensure step-up pathways to prevent avoidable admissions and step-down pathways to support timely and effective discharge from hospital.

Priorities for Intermediate Care

Our priorities for intermediate care are aligned with the national framework via initiatives including our reablement plans, prioritisation of Home First discharge, and provision of proactive care.

Neighbourhood health services will include Home First and person-centred approaches so that appropriate risk-based decisions are made, and hospital care only used when clinically necessary, supporting continuity of care in the community for people under the care of a specialist hospital team such as respiratory, diabetes, stroke or cardiology.

Through our clinically led commissioning approach, we have translated and interpreted national plans contextually for Sussex, to develop our Rehabilitation and Reablement vision. This is a product of the collaboration and learning across our multiple partners,

offering us a shared view of how we progress the future design and delivery of services for our population.

This needs-led, personalised, and proportionate approach provides the opportunity to skill mix and match our workforce to provide the appropriate intervention. This offers us a framework to look at our current provision, particularly given the rehab inequality that exists for people with similar needs but differing diagnoses. It also ensures that we are productive and fiscally responsible with existing resources, and that we have a responsive infrastructure and workforce.

Our Sussex Transfer of Care Hub (TOCH) model, supported by system-wide demand and capacity planning for Intermediate Care, will deliver best practice via recruitment and retention, culture change, the development of TOCH leadership structure, and a Rehabilitation and Reablement Community of Practice.

Section 2: National Condition 2 – Implementing BCF Objectives

Sickness to Prevention:

The Sussex-wide Improving Lives Together strategy aims is to shift the model of care to prevention and East Sussex Better Care Fund plan includes significant investment in community services that support this approach.

We will strengthen this focus by strategically aligning partnerships and working to support our shared priorities for delivering a joined-up offer for health, care and wellbeing, including prevention, across NHS, local government and VCSE sector services for our population.

The East Sussex HWB are running a programme of deep dive sessions at quarterly intervals prior to the formal HWB meetings up until February 2026, structured around the priority themes in our East Sussex Joint Strategic Needs Assessment (JSNA), aimed at deepening the shared understanding of our population's health and care needs and priorities.

The sessions are helping to strengthen the relationships and mutual accountability needed for whole system collaboration in the challenging financial context being experienced by all our organisations.

Work is also underway on developing our approach to understanding measurable impacts through the HWB's Shared Outcomes Framework. The East Sussex Population Health and Care Intelligence Group has supported the development of a proposal for review by the East Sussex Health and Care Partnership to pilot use the HWB Shared Outcomes Framework, to help us understand how we might collectively measure the impact of our whole system working, for adoption in 25/26.

Hospital to Home:

The Implementation of the ICTs will take an asset-based approach seeking to build on existing human, social, cultural, physical (estate) and environmental resources when addressing the challenges and realising the aspirations of a community that is moving away from traditional models of care and support which focus primarily on the deficits.

Learning from the 24/25 Winter response in primary and community care and the ICTs tests of change will all be taken forward at scale with the aims of avoiding or slowing health deterioration, preventing complications and the onset of additional conditions, and maximising recovery whenever possible to increase healthy years of life. The key success measures will be:

- avoiding admissions to hospital / referrals to secondary care,
- reducing referrals from care homes or escalated levels of social care support

- Keeping people at home
- Reducing length of stay in hospitals get them back home

Engagement has taken place with over 600 people to support the development of Integrated Community Teams in five East Sussex footprints aligned with our borough and district boundaries. This builds on the success of our Hastings community frontrunner and the Universal Healthcare programme which brought people together to understand how the NHS could design services so that everyone has a fair chance of access and care.

In 25/26, working within the Sussex-wide framework we will build on these strong foundations in the following ways:

- Putting in place the formal local leadership arrangements for management and planning in each East Sussex ICT footprint across the resources in scope
- Develop, agree and start to deliver a joint action plan in each ICT footprint building on the tests of change and supporting strategic and local priorities aligned to the population health challenges and local opportunities in each footprint
- Continue to build strong relationships across the wider networks of support available in each footprint through working with VCSE partners
- Co-designing a consistent approach to MDT-working for people with complex needs across East Sussex, based on good practice and the recommendations from the MDT survey, including agreement of standards, coordination of meetings and working culture
- Work with NHS Sussex on a draft specification for core ICT related services and how we can jointly enable system partners to respond to this.

Based on the in-depth audit led by Professor John Bolton our plan has increased our investment in our reablement services to avoid or reduce health deterioration, the risk of hospital readmission and to promote independence in the community

Joint Approach to Best Value:

Our priorities support the shift from sickness to prevention and from hospital to home and a home first approach. We will deliver proactive, planned and responsive care, and prioritise that care based on individual people's needs, with health and care partners working together for greatest impact. We will make best use of all funding arrangements, including those that are formally pooled, to facilitate partnership working with the objectives of improving outcomes, access and experience for the local population and ensuring value for money.

All Integrated Community Team partners will work collectively to deliver the following outcomes which support our prevention-based model of care:

- Reduction in emergency admissions to hospital for people aged 65 and over
- Reduction in unplanned hospital admissions for chronic ambulatory care sensitive conditions

- Reduction in emergency hospital admissions due to falls in people aged 65 and over
- Reductions in avoidable admissions, particularly of more frail patients where this can lead to adverse patient outcomes
- Increased use of Virtual ward with expanded focus on admission avoidance and the number of discharges from the acute on HomeFirst pathways
- Percentage of discharges to a person's usual place of residence
- Improved Medicines use and reduce harm from inappropriate polypharmacy
- Increase the incidences of people dying in their preferred place of death
- Increased implementation of digital integrated care plan

Our plan supports the necessary joint programme leadership, and local learning through tests of change, to enable the work and development of our new Integrated Community Teams in delivering the outcomes detailed above.

Metrics Ambitions Support Alignment to System Partner Plans/Capacity & Demand:

For the Health based measures, the figures in the BCF plan reflect the provider submissions to the Operating plan at point of signoff at the boards. These plans will be further developed in year to reflect all ambitions for improvement in the system and identifying areas for improvement, refining flow and driving change comes through a process of continuous improvement.

Home First Approach:

Our aim is to ensure that the principles of Neighbourhood first, person-centred, preventive and proactive approach is adopted working through Integrated Community Teams. System-wide and collaborative 'Home First' prioritisation will deliver short-term rehabilitation, reablement and recovery services (integrated intermediate care), a therapy-led approach working across health and social care and other sectors. Referrals will be made directly from the community (step-up) or as part of hospital discharge planning (step-down), with assessments and interventions delivered at home wherever possible and working closely with urgent and community neighbourhood services.

Through this needs-led, personalised, and proportionate approach, we can skill mix and match our workforce to provide the appropriate intervention. This offers us a framework to look at our current provision, particularly given the rehab inequality that exists for people with similar needs but differing diagnoses. It also ensures that we are productive and fiscally responsible with existing resources, and that we have a responsive infrastructure and workforce.

Under our person-centred approach:

- People will be involved in planning for their discharge early in their inpatient stay and will be discharged to their normal place of residence with the required level of care and support or to an appropriate community or care facility without significant delay as soon as they are declared medically fit to do so.

- People will experience a seamless transition between our services as part of their discharge pathway.
- People will be discharged earlier but receive ongoing clinical oversight where required through the use of digital innovations such as remote monitoring.

Consolidated Discharge Funding:

Our investment in discharge improvement for 2025/26 builds on the lessons learned from the past year and reflects the progress we have made. The outcomes from our 2024/25 initiatives have reinforced the importance of targeted interventions that improve patient flow, reduce delays, and enhance recovery in the community. While there is still significant work to do, this funding forms part of a wider commitment to transforming discharge pathways and supporting more people outside of hospital. We have taken a best-practice approach, aligning our strategy with the John Bolton report for Sussex, which emphasises faster flow, greater therapeutic input, and reablement-focused care. This has shaped our investment in the Home First pathway, ensuring it delivers real transformational change, alongside targeted investment in specialist reablement pathways.

Our Transfer of Care Hubs (TOCHs) will continue to strengthen, providing a more coordinated and efficient discharge process. Using detailed data and analysis, we have carefully matched funding to population needs, taking a site-level approach with tailored performance targets and action plans for each acute and community provider.

This collective effort will ensure a more sustainable, patient-centred system, enabling a strategic shift towards delivering more care in the community and reducing reliance on hospital beds within the acute and community settings.

Intermediate Care Capacity & Demand:

Services providing health and social care in the community provide a broad level of care provided by a range of skilled professionals, they provide supported discharge, admission avoidance, ongoing patient care, crisis management which would not result in an admission etc. Patients requiring supported discharge and admission avoidance have a wide variety of needs which can require multiple services for a range of reasons. Data tends to exist for contractual and quality purposes, additional data requirements require incentives which need to be balanced against the patient centred role of the staff. These contractual purposes do not typically prioritise the source of patients but we are looking to develop this in the system.

Services for inclusion were included as a whole and proportion related to the relative splits in the file were applied following conversations with the local system. The nature of data provision in contracts varies between health and social care and tends to be more explicit in health contracts.

The demand and capacity model for 25/26 is a further development of the 24/25 demand and capacity methods.

Discharge demand is primarily based upon the main East Sussex providers of ESHT, UHSx and MTW with local data identifying which ones are East Sussex patients.

Admission avoidance demand is based upon the flow into the identified services which provide the support. This will miss any demand in excess of supply, which would overflow into emergency admissions but the recording of emergency admissions would not identify if patients attempted to access avoidable admissions.

Section 3: Local Priorities and Duties

Promoting Equality & Reducing Inequalities:

Addressing health inequalities is a core aim of Improving Lives Together and is the driving purpose of developing Integrated Community Teams that better meet the needs of our diverse local communities. Health inequalities is a key priority of all our Health and Wellbeing Strategies and is a key element of all the workstreams of our Shared Delivery Plan and will be embedded within many of the actions outlined. This will be done with the following commitments

- Co-production – working with those with lived experience to design and delivering change.
- Interventions – investing in prevention, personalised care, and other activities to drive reductions in heath inequalities.
- Funding – focusing a greater amount of funding based on need.
- Design of services – undertaking Equality and Health Inequalities Impact Assessments for all service changes.
- Visibility – ensuring every decision we make considers the impact of proposals or decisions.
- Outcomes and performance – considering the differences across geographical areas, population groups and other factors in how we set and monitor outcomes and performance.
- Workforce – actively recruiting, develop, and support people from our diverse communities.
- Net Zero and social value – using our resources and assets to help address wider social, economic, or environmental factors.
- Data quality and reporting – driving work to both improve and increase the recording and reporting of data by key characteristics.

Engaging or Consulting:

In addition to discharging the statutory duties of the partners to engage or consult with people affected by proposals, and engage with communities, we have brought people together to introduce the concept of our Integrated Community Teams delivery plan which is strongly aligned with BCF objectives and schemes to discuss how this might develop locally. Within East Sussex 17 engagement activities were held involving over 600 people across the 5 ICT footprints with the aims of building relationships, developing new ways of working, gaining an understanding of the health inequalities experienced by communities, and improving access to health services. This builds on the success of the Hastings community frontrunner, Universal Healthcare, which brought together over 317 people in Hastings from the NHS, Local Government, Third Sector, business and education.

The NHS Sussex Strategic Commissioning Policy takes an outcomes-based approach which, in addition to being data driven and involving all local stakeholders, involves service users in co-designing care pathways to ensure relevance and usability. ESCC Adult Social Care engage regularly with local CQC registered providers and local VCSE providers involved in the provision of care and support services which deliver against a number of BCF schemes.

Reducing Inequality in Access to NHS Services:

Across Sussex, system partners recognise and are actively addressing avoidable health inequalities in access to services, focusing on improving outcomes for disadvantaged groups through targeted interventions and co-production with communities.

Addressing health inequalities is a core aim of "Improving Lives Together" and is a key priority in all health and wellbeing strategies, as well as in the Shared Delivery Plan by way of:

- Population health management - to address and improve outcomes in six priority areas: cardiovascular disease, cancer, respiratory disease, early years, children and young people, mental health and learning disabilities, and inclusive NHS recovery.
- Working with people with lived experience to design and deliver changes, ensuring that services are tailored to the needs of the communities they serve.
- focusing funding based on need, ensuring that resources are directed towards those who need them most.
- Using Equality and Health Inequality Impact Assessments (EHIAs) to identify and address potential impacts of decisions on different groups, ensuring that services are accessible and equitable.
- Collecting and using data on health inequalities to understand the needs of the local population and to help take action to improve access, experience, and outcomes.

The Sussex Integrated Dataset (SID): plays a crucial role in improving health outcomes for the local population and reducing health inequalities by ensuring that the right services are available in the right areas.

Supporting and Involving Unpaid Carers:

We have produced a multi-agency partnership plan for carers of all ages. It is a public commitment setting out priorities to meet the needs of carers in East Sussex across our services. This will be for 5 years from January 2025. Care for the Carers, Amaze Imago (providers of adult and young carers support services) and NHS Sussex are our key partners who have signed up to the commitment to carers which can be found on our website along with the plan.

Throughout this plan we will consider the needs of all carers, including.

- parent carers
- young carers

- those from seldom heard communities.

The objectives of the partnership plan:

- Providing an overview of carers' needs in East Sussex.
- How we are currently meeting carers' needs.
- How we may need to use resources in the future.
- Addressing, where possible, identified gaps in carer support.
- Increasing identification of carers.
- Setting out how organisations will work together to continue to identify and support carers.
- Informing the commissioning of carers' services.
- Agreeing aims with key partners.

Carers partnership plan covers the following themes each of which have specific goals.

- Early identification, recognition, and intervention.
- Access to respite, breaks and carer support.
- Health and wellbeing.
- Financial support.
- Peer support.
- Employment, education and training.
- Technology and digital approaches.
- Partnership working.

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HM Government

NHS England

Better Care Fund 2025-26 Update Template

Data Sharing Statement

Data sharing Statement
Please see below important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at: https://data.england.nhs.uk/sudgt/ Please provide your submission using the relevant platform as advised in submission and supporting technical guidance. **Purpose of Data Collection** NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations. **Type and Scope of Data** Patient-level data, including identifiable information like NHS numbers, is not required. Data includes finance, activity, workforce, and planning information as specified in the national guidance documents. The BCF planning template is categorized as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk. **Access, Sharing, and Publication** The BCF planning template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests. Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities. External Sharing: Data will be shared with partner organisations and Arms' Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development. Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data). All information is subject to Freedom of Information requests. **Storage and Security** Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements. The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission. **Data Analysis and Use** NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement. Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making. **Concerns** For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net

Better Care Fund 2025-26 Update Template

1. Guidance

Overview

HWBs will need to submit a narrative plan and a planning template which articulates their goals against the BCF objectives and how they will meet the national conditions in line with the requirements and guidance set out in the table on BCF Planning Requirements (published).

Submissions of plans are due on the 31 March 2025 (noon). Submissions should be made to the national Better Care Fund england.bettercarefundteam@nhs.net and regional Better Care Managers.

This guidance provides a summary of the approach for completing the planning template, further guidance is available on the Better Care Exchange.

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
Within the BCF submission guidance there will be guidance to support collaborating across HWB on the completion of templates.

Data Sharing Statement

This section outlines important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at https://data.england.nhs.uk/sudgt/ - Please provide your submission using the relevant platform as advised in submission and supporting technical guidance.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off
National condition one outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. This accountability must not be delegated.

Data completeness and data quality:
- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission.

3. Summary

The summary sheet brings together the income and expenditure information, pulling through data from the Income and Expenditure tabs and also the headline metrics into a summary sheet. This sheet is automated and does not require any inputting of data.

4. Income

This sheet should be used to specify all funding contributions to the Health and Wellbeing Boards (HWB) Better Care Fund (BCF) plan and pooled budget for 2025-26. The final planning template will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant and Local Authority Better Care Grant. Please note the Local Authority Better Care Grant was previously referred to as the iBCF. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

Additional Contributions
This sheet also allows local areas to add in additional contributions from both the NHS and LA. You will be able to update the value of any Additional Contributions (LA and NHS) income types locally. If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

Unallocated funds
Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

5. Expenditure

For more information please see tab 5a Expenditure guidance.

6. Metrics

Some changes have been made to the BCF metrics for 2025-26; further detail about this is available in the Metrics Handbook on the Better Care Exchange. The avoidable admissions, discharge to usual place of residence and falls metrics/indicators remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics/indicators.

For 2025-26 the planning requirements will consist of 3 headline metrics and for the planning template only the 3 headline metrics will be required to have plans entered. HWB areas may wish to also draw on supplementary indicators and there is scope to identify whether HWB areas are using these indiciators in the Metrics tab. The narrative should elaborate on these headline metrics [and may] also take note of the supplementary indicators. The data for headline metrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions as well as the projection 65+ population figure on monthly basis
- This will then auto populate the rate per 100,000 population for each month
https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65
Supplementary indicators:
Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
Emergency hospital admissions due to falls in people aged 65+.

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This requires inputting the % of total spells where the discharge was on the discharge ready date and also the average length of delay in days for spells where there was a delay.
- A composite measure will then auto calculate for each month described as 'Average length of discharge delay for all acute adult patients'
- This is a new SUS-based measure where data for this only started being published at an LA level since September hence the large number of missing months but early thinking about this metric is encouraged despite the lack of available data.
https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/
Supplementary indicators:
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.
Local data on average length of delay by discharge pathway.

3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
- This section requires inputting the expected numerator (admissions) of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2024-25. Data for this metric is not yet published, but local authorities will collect and submit this data as part of their SALT returns. You should use this data to populate the estimated data in column H.
- The pre-populated cells use the 23-24 SALT data, but you have an option of using this or local data to use as reference to set your goals.
- The pre-populated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) mid-year population estimates. This is changed from last year to standardize the population figure used.
- The annual rate is then calculated and populated based on the entered information.
https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2023-24
Supplementary indicators:
Hospital discharges to usual place of residence.
Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement.

7. National conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund Policy Framework for 2025-26 (link below) will be met through the delivery of your plan. (Post testing phase: add in link of Policy Framework and Planning requirements)

This sheet sets out the four conditions, where they should be completed and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that the HWB meets expectation. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the four National conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: Implementing the objectives of the BCF
- National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
- National condition 4: Complying with oversight and support processes
- How HWB areas should demonstrate this are set out in Planning Requirements

Better Care Fund 2025-26 Planning Template

2. Cover

Version 1.5

Please Note:
- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

Health and Wellbeing Board:	East Sussex
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No
If no indicate the reasons for the delay.	Next HWB meeting is in July
If no please indicate when the HWB is expected to sign off the plan:	Tue 15/07/2025 << Please enter using the format, DD/MM/YYYY

Submitted by:	Sally Reed
Role and organisation:	Joint Coommissioning Manager, East Sussex County Council/NHS
E-mail:	sally.reed@eastsussex.gov.uk
Contact number:	7825926603
Documents Submitted (please select from drop down)	
In addition to this template the HWB are submitting the following:	Narrative
	C&D National Template

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair	Cllr	Keith	Glasier	cllr.keith.glazier@eastsussex.gov.uk	
	Health and Wellbeing Board Chair					
Named Accountable person	Local Authority Chief Executive	Ms	Becky	Shaw	becky.shaw@eastsussex.gov.uk	
	ICB Chief Executive 1	Mr	Mark	Smith	mark.smith25@nhs.net	NHS Sussex ICB
	ICB Chief Executive 2 (where required)					
	ICB Chief Executive 3 (where required)					
Finance sign off	LA Section 151 Officer	Mr	Ian	Gutsell	ian.gutsell@eastsussex.gov.uk	
	ICB Finance Director 1	Ms	Hannah	Hamilton	hannah.hamilton2@nhs.net	NHS Sussex ICB
	ICB Finance Director 2 (where required)					
	ICB Finance Director 3 (where required)					
Area assurance contacts	Local Authority Director of Adult Social Services	Mr	Mark	Stainton	mark.stainton@eastsussex.gov.uk	
	DFG Lead	Mr	Ian	Gutsell	ian.gutsell@eastsussex.gov.uk	
	ICB Place Director 1	Mr	Ashley	Scarff	ashley.scarff@nhs.net	NHS Sussex ICB
Please add any additional key contacts who have been responsible for completing the plan	ICB Place Director 2 (where required)					
	ICB Place Director 3 (where required)					

Assurance Statements

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Yes	
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.	Yes	
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	Yes	
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes	
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes	

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan

Figures included in the capacity and demand plan contain a range of sources with a range of data quality risks. We have sought to minimise this risk through triangulation of all available data sources.

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5. Expenditure	Yes
6. Metrics	Yes
7. National Conditions	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2025-26 Planning Template

3. Summary

Selected Health and Wellbeing Board: East Sussex

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£10,080,084	£10,080,084	£0
NHS Minimum Contribution	£58,475,129	£58,475,129	£0
Local Authority Better Care Grant	£26,865,023	£26,865,023	£0
Additional LA Contribution	£10,694,000	£10,694,000	£0
Additional ICB Contribution	£0	£0	£0
Total	**£106,114,236**	**£106,114,236**	**£0**

Expenditure >>

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£27,116,853
Planned spend	£27,370,178

Metrics >>

Emergency admissions

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	1,407	1,448	1,343	1,438	1,357

Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan
Average length of discharge delay for all acute adult patients	1.91	1.91	1.91	1.91	1.91

Residential Admissions

		2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	546.2	136.0	136.7	136.7	136.7

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board: East Sussex

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
East Sussex	£10,080,084
DFG breakdown for two-tier areas only (where applicable)	
Eastbourne	£2,177,949
Hastings	£2,551,975
Lewes	£1,521,125
Rother	£2,289,105
Wealden	£1,539,930
Total Minimum LA Contribution (exc Local Authority BCF Grant)	**£10,080,084**

Local Authority Better Care Grant	Contribution
East Sussex	£26,865,023
Total Local Authority Better Care Grant	**£26,865,023**

Are any additional LA Contributions being made in 2025-26? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
East Sussex	£694,000	Carers Funding
East Sussex	£10,000,000	DFG prior year underspends
Total Additional Local Authority Contribution	**£10,694,000**	

NHS Minimum Contribution	Contribution
NHS Sussex ICB	£58,475,129
Total NHS Minimum Contribution	**£58,475,129**

Are any additional NHS Contributions being made in 2025-26? If yes, please detail below	No

Additional NHS Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£58,475,129**	

	2025-26
Total BCF Pooled Budget	**£106,114,236**

Funding Contributions Comments
Optional for any useful detail

DFG prior year underspend is an estimate based on figures from both ESCC and responses received to date from the 5 District and Borough Councils who receive the DFG

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board: East Sussex

<< Link to summary sheet

	2025-26		
Running Balances	Income	Expenditure	Balance
DFG	£10,080,084	£10,080,084	£0
NHS Minimum Contribution	£58,475,129	£58,475,129	£0
Local Authority Better Care Grant	£26,865,023	£26,865,023	£0
Additional LA contribution	£10,694,000	£10,694,000	£0
Additional NHS contribution	£0	£0	£0
Total	**£106,114,236**	**£106,114,236**	**£0**

Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

	2025-26		
	Minimum Required Spend	Planned Spend	Unallocated
Adult Social Care services spend from the NHS minimum allocations	£27,116,853	£27,370,178	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes

Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (£)	Comments (optional)
1	Long-term home-based social care services	Protecting ASC Services - Independent Sector home based care (BCG)	6. Reducing the need for long term residential care	Social Care	Private Sector	Local Authority Better Care Grant	£ 8,710,644	Accounts for around 9% of ESCC net spend on non-residential Independent Sector at 24/25 levels
2	Long-term residential/nursing home care	Protecting ASC Services - Independent Sector residential based care (BCG)	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	Local Authority Better Care Grant	£ 13,065,967	Accounts for around 9% of ESCC net spend on residential Independent Sector at 24/25 levels
3	Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Spot Contracts	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 1,309,491	Scheme 3 to fund around 2,000 homecare spot contract hours per week
3	Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Spot Contracts	5. Timely discharge from hospital	Community Health	Private Sector	Local Authority Better Care Grant	£ 1,309,492	Scheme 3 to fund around 2,000 homecare spot contract hours per week
3	Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Block Hours	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 468,000	Scheme 3 to fund 980 block hours per week
3	Discharge support and infrastructure	Hospital Discharges - Domiciliary Home care capacity - Block Hours	5. Timely discharge from hospital	Community Health	Private Sector	Local Authority Better Care Grant	£ 468,000	Scheme 3 to fund 980 block hours per week
4	Discharge support and infrastructure	Hospital Discharges - D2A Block Beds (BCG)	5. Timely discharge from hospital	Community Health	Private Sector	Local Authority Better Care Grant	£ 703,929	To fund 9 D2A block beds @ £1,500 per bed per week
5	Discharge support and infrastructure	Hospital Discharges - Additional ASC Assessment	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 480,000	Additional social workers via agencies to support discharge assessments
6	Discharge support and infrastructure	Hospital Discharges - OT in-reach to D2A beds	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 187,500	
7	Discharge support and infrastructure	Hospital Discharges - JCR In-reach	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 162,000	
8	Disabled Facilities Grant related schemes	Disabled Facilities Grant - 2025/26 Grant	2. Home adaptations and tech	Other	Local Authority	DFG	£ 10,080,084	To be passported in full to District and Borough Councils
8	Disabled Facilities Grant related schemes	Disabled Facilities Grant - Prior Year Carry Forwards	2. Home adaptations and tech	Other	Local Authority	Additional LA Contribution	£ 10,000,000	Estimate based on the responses received to date
9	Support to carers, including unpaid carers	Carers - ESCC funded VCSE contracts	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	Additional LA Contribution	£ 589,900	All of Carers expenditure is included within the BCF across various scheme ID's
9	Support to carers, including unpaid carers	Carers - ESCC funded VCSE contracts	3. Supporting unpaid carers	Community Health	Charity / Voluntary Sector	Additional LA Contribution	£ 104,100	All of Carers expenditure is included within the BCF across various scheme ID's
10	Long-term home-based social care services	Protecting ASC Services - Independent Sector home based care	6. Reducing the need for long term residential care	Social Care	Private Sector	NHS Minimum Contribution	£ 6,514,589	Accounts for around 7% of ESCC net spend on non-residential Independent Sector at 24/25 levels
11	Long-term residential/nursing home care	Protecting ASC Services - Independent Sector residential based care	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	NHS Minimum Contribution	£ 9,771,885	Accounts for around 7% of ESCC net spend on residential Independent Sector at 24/25 levels
12	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Bed Based Intermediate Care at Milton Grange	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 1,938,721	Scheme 12 funds the direct costs of 27 generic Intermediate care beds for short term intensive support
12	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Bed Based Intermediate Care at Milton Grange	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 1,938,722	Scheme 12 funds the direct costs of 27 generic Intermediate care beds for short term intensive support
13	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Joint Community Rehabilitation (JCR)	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 434,467	
13	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Joint Community Rehabilitation (JCR)	5. Timely discharge from hospital	Community Health	Local Authority	NHS Minimum Contribution	£ 434,467	
14	Support to carers, including unpaid carers	Carers - Independent Sector Respite	3. Supporting unpaid carers	Social Care	Private Sector	NHS Minimum Contribution	£ 1,655,732	All of Carers expenditure is included within the BCF across various scheme ID's
14	Support to carers, including unpaid carers	Carers - Independent Sector Respite	3. Supporting unpaid carers	Community Health	Private Sector	NHS Minimum Contribution	£ 292,188	All of Carers expenditure is included within the BCF across various scheme ID's
15	Support to carers, including unpaid carers	Carers - Carers Personal Budgets	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 673,200	All of Carers expenditure is included within the BCF across various scheme ID's
15	Support to carers, including unpaid carers	Carers - Carers Personal Budgets	3. Supporting unpaid carers	Community Health	Local Authority	NHS Minimum Contribution	£ 118,800	All of Carers expenditure is included within the BCF across various scheme ID's
16	Support to carers, including unpaid carers	Carers - BCF Funded VCSE Contracts	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 569,031	All of Carers expenditure is included within the BCF across various scheme ID's
16	Support to carers, including unpaid carers	Carers - BCF Funded VCSE Contracts	3. Supporting unpaid carers	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 100,417	All of Carers expenditure is included within the BCF across various scheme ID's
17	Support to carers, including unpaid carers	Carers - Staff	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 196,480	All of Carers expenditure is included within the BCF across various scheme ID's
17	Support to carers, including unpaid carers	Carers - Staff	3. Supporting unpaid carers	Community Health	Local Authority	NHS Minimum Contribution	£ 34,673	All of Carers expenditure is included within the BCF across various scheme ID's
18	Support to carers, including unpaid carers	Carers - MH Carers Breaks	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 270,035	All of Carers expenditure is included within the BCF across various scheme ID's
18	Support to carers, including unpaid carers	Carers - MH Carers Breaks	3. Supporting unpaid carers	Community Health	Local Authority	NHS Minimum Contribution	£ 47,653	All of Carers expenditure is included within the BCF across various scheme ID's
18	Wider local support to promote prevention and independence	Dementia Post Diagnostic Support Services	1. Proactive care to those with complex needs	Mental Health	Local Authority	NHS Minimum Contribution	£ 912,731	
19	Evaluation and enabling integration	Business Development - Project & Systems	2. Home adaptations and tech	Social Care	Local Authority	NHS Minimum Contribution	£ 313,208	
19	Evaluation and enabling integration	Pan Sussex IMCA Advocacy	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 41,200	
19	Evaluation and enabling integration	Care Act Duties - Organisation Development Team	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 113,826	
19	Evaluation and enabling integration	Care Act Duties - County Wide Review Team	6. Reducing the need for long term residential care	Social Care	Local Authority	NHS Minimum Contribution	£ 489,438	
19	Evaluation and enabling integration	Care Act Duties - Performance Team	3. Supporting unpaid carers	Social Care	Local Authority	NHS Minimum Contribution	£ 58,167	
19	Evaluation and enabling integration	Care Act Duties - Safeguarding Adults	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 80,963	

19	Evaluation and enabling integration	Care Act Duties - Community Relations	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 105,300	
19	Evaluation and enabling integration	Care Act Duties - Occupational Therapists	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 196,823	
20	Discharge support and infrastructure	Enhanced HIT	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 184,452	
65	Discharge support and infrastructure	Weekend working at ESHT	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 46,113	
65	Discharge support and infrastructure	Weekend working at ESHT	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 46,112	
21	Evaluation and enabling integration	Health and Social Care Connect (HSCC)	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 883,821	HSCC (schemes 21 and 22) is a joint LA and NHS service. ESCC provide an additional £2m of funding
22	Evaluation and enabling integration	Health and Social Care Connect (HSCC) - Overnight Service	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 146,785	HSCC (schemes 21 and 22) is a joint LA and NHS service. ESCC provide an additional £2m of funding
22	Evaluation and enabling integration	Health and Social Care Connect (HSCC) - Overnight Service	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 146,784	HSCC (schemes 21 and 22) is a joint LA and NHS service. ESCC provide an additional £2m of funding
23	Evaluation and enabling integration	Staffing - Transformation, Mental Health and Joint Commissioning	1. Proactive care to those with complex needs	Social Care	Local Authority	NHS Minimum Contribution	£ 300,317	Schme 23 covers 9.5 FTE in total
23	Evaluation and enabling integration	Staffing - Transformation, Mental Health and Joint Commissioning	1. Proactive care to those with complex needs	Community Health	Local Authority	NHS Minimum Contribution	£ 300,318	Schme 23 covers 9.5 FTE in total
24	Assistive technologies and equipment	Integrated Community Equipment Services (ICES)	2. Home adaptations and tech	Community Health	Private Sector	NHS Minimum Contribution	£ 3,136,350	This represents 50% of the ICES budget - the remainder is held by the LA and is underpinned by a S75
25	Wider local support to promote prevention and independence	VCSE Contracts	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 373,594	Covers 6 different services. Some of the contracts also have non-BCF funded elements
25	Wider local support to promote prevention and independence	VCSE Contracts	1. Proactive care to those with complex needs	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 373,594	Covers 6 different services. Some of the contracts also have non-BCF funded elements
26	Wider local support to promote prevention and independence	Mental Health VCSE Contracts	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 958,551	Scheme 26 also has non-BCF funded elements. Total contract value is around £3.5m
26	Wider local support to promote prevention and independence	Mental Health VCSE Contracts	1. Proactive care to those with complex needs	Mental Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 1,437,827	Scheme 26 also has non-BCF funded elements. Total contract value is around £3.5m
27	Wider local support to promote prevention and independence	HHR - Promote maternal and infant wellbeing	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 75,338	
28	Wider local support to promote prevention and independence	HHR - Parenting Programme	4. Preventing unnecessary hospital admissions	Community Health	Local Authority	NHS Minimum Contribution	£ 133,784	
29	Wider local support to promote prevention and independence	HHR - Independent Domestic Violence Advisor	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 50,900	
30	Wider local support to promote prevention and independence	HHR - Welfare Benefits Advice	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 386,840	
31	Discharge support and infrastructure	Hospital Discharges + - D2A Spot Beds	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 408,683	Scheme 31 funds up to 10 beds at any one time at around £1,500 per bed per week
31	Discharge support and infrastructure	Hospital Discharges + - D2A Spot Beds	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 408,683	Scheme 31 funds up to 10 beds at any one time at around £1,500 per bed per week
32	Discharge support and infrastructure	Hospital Discharges - D2A Block Beds	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 3,678,901	Funding 47 beds at around £1,500 per bed per week
33	Discharge support and infrastructure	Hospital Discharges - Tail costs for D2A beds	5. Timely discharge from hospital	Community Health	Private Sector	NHS Minimum Contribution	£ 200,000	
34	Discharge support and infrastructure	Hospital Discharges - Assisted Discharge Home - BRC	5. Timely discharge from hospital	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 125,256	
35	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	ESHT Community Programme	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 8,219,419	
36	Wider local support to promote prevention and independence	Diabetes Support in HWLH area	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,236,064	
37	Wider local support to promote prevention and independence	Enhanced Health in Care Homes	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 1,207,602	
38	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Intermediate Care Services (JCR in HWLH)	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 902,652	
39	Wider local support to promote prevention and independence	Medicines Optimisation in Care Homes (MOCH)	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 743,362	
40	Wider local support to promote prevention and independence	Multi-disciplinary frailty services in HWLH area	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 499,102	
41	Urgent community response	Lewes Community Hospital based UCR	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 481,821	
42	Wider local support to promote prevention and independence	IAPT (Access to Psychological Therapies in HWLH)	1. Proactive care to those with complex needs	Mental Health	NHS Mental Health Provider	NHS Minimum Contribution	£ 357,808	
43	Wider local support to promote prevention and independence	Dieticians in Meds Management team	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 96,568	
44	Wider local support to promote prevention and independence	Consultant pharmacist in diabetes	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 77,254	
46	Wider local support to promote prevention and independence	MH VCSE contracts - Southdown Housing Association	1. Proactive care to those with complex needs	Social Care	Charity / Voluntary Sector	NHS Minimum Contribution	£ 204,220	
46	Wider local support to promote prevention and independence	MH VCSE contracts - Southdown Housing Association	1. Proactive care to those with complex needs	Mental Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 306,329	
47	Wider local support to promote prevention and independence	High Intensity User Service: Red Cross	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 181,000	
48	Evaluation and enabling integration	Our Care Connected (OCC) IT Project Staff	2. Home adaptations and tech	Community Health	NHS	NHS Minimum Contribution	£ 274,455	
49	Discharge support and infrastructure	Programme Manager - Hospital Discharge	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 91,485	
50	Wider local support to promote prevention and independence	HHR - Health and Wellbeing Community Hubs	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 96,807	
51	Wider local support to promote prevention and independence	HHR - Southern Housing: Co-investment Programme	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 19,800	
52	Wider local support to promote prevention and independence	HHR - Safe Space - Eastbourne	4. Preventing unnecessary hospital admissions	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 5,090	
53	Discharge support and infrastructure	Hospital Discharges + - Transfer of Care Hub (TOCH)	5. Timely discharge from hospital	Social Care	NHS Community Provider	NHS Minimum Contribution	£ 508,250	
53	Discharge support and infrastructure	Hospital Discharges + - Transfer of Care Hub (TOCH)	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 508,250	
54	Discharge support and infrastructure	Hospital Discharges + - Contribution to PMO	5. Timely discharge from hospital	Community Health	NHS	NHS Minimum Contribution	£ 111,600	PMO is run Sussex wide
55	Discharge support and infrastructure	Hospital Discharges - Weekend Discharge Team	5. Timely discharge from hospital	Acute	NHS Acute Provider	NHS Minimum Contribution	£ 342,408	
56	Discharge support and infrastructure	Hospital Discharges - Mental Health MAPP / HIU Discharge Co-ordinators	5. Timely discharge from hospital	Social Care	NHS Mental Health Provider	NHS Minimum Contribution	£ 148,152	

57	Discharge support and infrastructure	Hospital Discharges - Personal Health Grants	5. Timely discharge from hospital	Community Health	Charity / Voluntary Sector	NHS Minimum Contribution	£ 64,400	
61	Discharge support and infrastructure	Hospital Discharges - Pathway 2 pilot for young adults with complex needs	5. Timely discharge from hospital	Mental Health	NHS Mental Health Provider	NHS Minimum Contribution	£ 100,000	Pilot to be developed in Q1
58	Discharge support and infrastructure	Hospital Discharges - Discharge planning for physical and mental health	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 75,000	
59	Discharge support and infrastructure	Hospital Discharges - Therapy leadership in UCRs	5. Timely discharge from hospital	Community Health	NHS	NHS Minimum Contribution	£ 170,000	
60	Discharge support and infrastructure	Hospital Discharges - Xyla Self Funders	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 120,000	
62	Discharge support and infrastructure	ICB Discharge Capacity - Winter Pressures	5. Timely discharge from hospital	Community Health	NHS	NHS Minimum Contribution	£ 110,256	To be used to enhance discharge during witner
63	Discharge support and infrastructure	ESCC Discharge Capacity - Winter Pressures	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 110,256	To be used to enhance discharge during witner

5a. Expenditure Guidance

Guidance for completing Expenditure sheet

How do we calcute the ASC spend figure from the NHS minimum contribution total?

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS minimum:

- **Area of spend** selected as 'Social Care' and **Source of funding** selected as 'NHS Minimum Contribution'

The requirement to identify which primary objective scheme types are supporting is intended to provide richer information about the services that the BCF supports. Please select [from the drop-down list] the primary policy objective which the scheme supports. If more than one policy objective is supported, please select the most relevant. Please note The Local Authority Better Care Grant was previously referred to as the iBCF.

On the expenditure sheet, please enter the following information:
1. Scheme ID:
- Please enter an ID to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Activity:
- Please select the Activity from the drop-down list that best represents the type of scheme being planned. These have been revised from last year to try and simplify the number of categories. Please see the table below for more details.
3. Description of Scheme:
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.
4. Primary Objective:
- Sets out what the main objective of the scheme type will be. These reflect the six sub objectives of the two overall BCF objectives for 2025-26. We recognise that scheme may have more than one objective. If so, please choose one which you consider if likely to be most important.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
6. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
7. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the NHS or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
8. Expenditure (£)2025-26:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
9. Comments:
Any further information that may help the reader of the plan. You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance.

2025-26 Revised Scheme Types

Number	Activity (2025-26)	Previous scheme types (2023-25)	Description
1	Assistive technologies and equipment	Assistive technologies and equipment Prevention/early intervention	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	Housing related schemes Prevention/early intervention	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Prevention/early intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Home-based intermediate care services Home care or domiciliary care Personalised care at home Community based schemes	Includes schemes which provide support in your own home to improve your confidence and ability to live as independently as possible Also includes a range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Personalised care at home	Short-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period.
7	Long-term home-based social care services	Personalised care at home	Long-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient or to deliver support over the longer term to maintain independence.
8	Long-term home-based community health services	Community based schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Bed-based intermediate care services (reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
10	Long-term residential or nursing home care	Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	High Impact Change Model for Managing Transfer of Care	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Personalised care at home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home for end of life care.
13	Support to carers, including unpaid carers	Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Care Act implementation and related duties Enablers for integration High Impact Change Model for Managing Transfer of Care Integrated care planning and navigation Workforce recruitment and retention	Schemes that evaluate, build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Schemes may include: - Care Act implementation and related duties - High Impact Change Model for Managing Transfer of Care - where services are not described as "discharge support and infrastructure" - Enablers for integration, including schemes that build and develop the enabling foundations of health, social care and housing integration, and joint commissioning infrastructure. - Integrated care planning and navigation, including supporting people to find their way to appropriate services and to navigate through the complex health and social care systems; may be online or face-to-face. Includes approaches such as Anticipatory Care. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated plans, typically carried out by professionals as part of an MDT. - Workforce recruitment and retention, where funding is used for incentives or activity to recruit and retain staff or incentivise staff to increase the number of hours they work.
15	Urgent Community Response	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board: East Sussex

8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,422	1,462	1,357	1,452	1,371	1,275	1,435	1,269	n/a	n/a	n/a	n/a	Baseline data has been published at a LA level since September 2024. Our ability to accurately reflect seasonal trends is currently limited and is therefore based off of aligned measures. Sussex system plans have been recast to present plans for 25/26 by each HWB area. This reflects the wider operating plans for the system. Further work will be undertaken in year to agree and sign-off local ambitions to go further with improvements beyond the trajectories shown at the point of submission.
	Number of Admissions 65+	2090	2,150	1,995	2,135	2,015	1,875	2,110	1,865	n/a	n/a	n/a	n/a	
	Population of 65+*	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	n/a	n/a	n/a	n/a	
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
	Rate	1,407	1,448	1,343	1,438	1,357	1,262	1,421	1,337	1,326	1,314	1,303	1,292	
	Number of Admissions 65+	2069	2129	1975	2114	1995	1856	2089	1965	1949	1932	1915	1899	
	Population of 65+	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	147,024	

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes

8.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	2.18	1.66	1.90	n/a	n/a	n/a	n/a	Baseline data has been published at a LA level since September 2024. Our ability to accurately reflect seasonal trends is currently limited and is therefore based off of aligned measures. Sussex system plans have been recast to present plans for 25/26 by each HWB area. This reflects the wider operating plans for the system. Further work will be undertaken in year to agree and sign-off local ambitions to go further with improvements beyond the trajectories shown at the point of submission.
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	81.4%	82.1%	81.2%	n/a	n/a	n/a	n/a	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	11.7	9.3	10.1	n/a	n/a	n/a	n/a	
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
Average length of discharge delay for all acute adult patients	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	81.6%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	10.37	

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	No
Local data on average length of delay by discharge pathway.	Number of days	Yes

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4		Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
	Rate	462.5	372.0	546.2	136.0	136.7	136.7	136.7		Delaying dependence through maximising people's independence (through reablement) remains a priority for East Sussex. We have a strong reablement offer and home care market along with an effective integrated community
	Number of admissions	680	547	803	200	201	201	201		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Population of 65+*	147,024	147,024	147,024	147,024	147,024	147,024	147,024		equipment service. The East Sussex OT clinics and approaches to housing adaptations and have received national recognition for leadership, innovation and person-centred services. However, of the 240,100 households in East Sussex, 17.2% contain an older person living alone (compared to 12.8% in England). (2021 Census). In addition, by 2028, around 20,000 more people in East Sussex will be living with two or more long-term health conditions than was the case a decade earlier. Given the local demographic and increasing complexity of need individuals are presenting; our target will be to maintain the 24/25 level of permanent admissions in 25/26.

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Percentage	No
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	No

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board: East Sussex

National Condition	Planning expectation that BCF plan should:	Where should this be completed	HWB submission meets expectation	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution	Complete:
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	Planning Template - Cover sheet Narrative Plan - Overview of Plan	Yes			Yes
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes			Yes
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	Planning Template - Cover sheet	Yes			Yes
2. Implementing the objectives of the BCF	Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money	Narrative Plan - Section 2	Yes			Yes
	Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans	Planning Template - Metrics	Yes			Yes
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes			Yes
	Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)	Narrative Plan - Section 2	Yes			Yes
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Planning Template - Expenditure	Yes			Yes
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care					
4. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Planning Template - Cover	Yes			Yes
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	Narrative Plan - Executive Summary	Yes			Yes

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BCF Capacity & Demand Template 2025-26

1. Guidance

Overview

This template has been unlocked to allow editing as required. It is optional to submit capacity & demand figures as per this template format and a customised format of this will be accepted.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data can be input into the cell
Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. You should select your HWB from the top of the sheet which will also reveal pre-populated trusts for your area.

2. Once you are satisfied with the information entered the template should be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

3. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

This template follows the same format as last year and so contains all the previously asked for data points including demand (referrals), block and spot capacity, average duration of treatment and time from referral to treat all split by pathway. It is however only required that some form of data points are submitted to show projected demand (disaggregated by step-up and step-down) and capacity for intermediate care and other short term care. The additional data points on average treatment time, time to treat and spot/block capacity split are optional but have remained in case you may find these data points useful.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

List of data points in template:

3.1 C&D Step-down

Estimates of available capacity for each month of the year for each pathway.
Estimated average time between referral and commencement of service.
Expected discharges per pathway for each month, broken down by referral source.
Estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways.

3.2 C&D Step-up

Estimated capacity and demand per month for each service type.
Estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

Better Care Fund 2025-26 Capacity & Demand Template

2. Cover

Version 1.1

Health and Wellbeing Board:	East Sussex
Completed by:	Sally Reed
E-mail:	sally.reed@eastsussex.gov.uk
Contact number:	7825926603
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes

Once complete please send this template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'C&D - Name HWB' for example 'C&D - County Durham HWB'. Please also copy in your Better Care Manager.

<< Link to the Guidance sheet

Better Care Fund 2025-26 Capacity & Demand Template

3.1. C&D Step-down

Selected Health and Wellbeing Board: East Sussex

Step-down

Capacity - Demand (positive is Surplus)	Capacity surplus (not including spot purchasing)												Capacity surplus (including spot puchasing)											
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Reablement & Rehabilitation at home (pathway 1)	206	215	349	283	271	287	270	268	295	261	295	296	206	215	349	283	271	287	270	268	295	261	295	296
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	7	8	6	7	7	7	6	6	7	8	7	7	7	8	6	7	7	7	6	6	7	8	7	7
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	0	0	0	0	0	0	0	10	10	10	10	10	10	10	10	10	10	10	10

Average LoS/Contact Hours per episode of care	
Full Year	Units
5	Contact Hours per package
5	Contact Hours per package
32.3	Average LoS (days)
32.3	Average LoS (days)
32.3	Average LoS (days)

Capacity - Step-down

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity)												Capacity that you expect to secure through spot purchasing											
		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	466	470	474	478	482	487	491	495	499	503	507	511												
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	111	108	53	83	90	85	94	98	86	103	90	92												
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	149	151	122	143	133	139	125	122	134	151	138	138												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0												
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	21.3	21.3	21.3	21.3	21.3	21.3	21.3	21.3	21.3	21.3	21.3	21.3												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	165	169	42	112	55	94	113	89	82	103	102	103	10	10	10	10	10	10	10	10	10	10	10	10
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0												

Demand - Step-down

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Expected Step-down:	Total Step-down	**4251**	**4456**	**4232**	**4425**	**4304**	**4201**	**4683**	**4408**	**4162**	**4289**	**4341.1**	**4341.1**
Reablement & Rehabilitation at home (pathway 1)	Total	**260**	**255**	**125**	**195**	**211**	**200**	**221**	**227**	**204**	**242**	**212**	**215**
	EAST SUSSEX HEALTHCARE NHS TRUST	173	175	66	122	130	127	144	160	136	163	140	140
	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	1	1	0	1	1	1	1	0	0	1	1	1
	SURREY AND SUSSEX HEALTHCARE NHS TRUST	1	1	1	1	1	1	1	1	1	1	1	1
	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	39	31	23	30	37	30	31	22	24	31	30	30
	OTHER	46	47	35	41	42	41	44	44	43	46	40	43
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Short term domiciliary care (pathway 1)	Total	**111**	**108**	**53**	**83**	**90**	**85**	**94**	**98**	**86**	**103**	**90**	**92**
	EAST SUSSEX HEALTHCARE NHS TRUST	74	75	28	52	56	54	62	69	58	70	60	60
	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SURREY AND SUSSEX HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	17	13	10	13	16	13	13	10	10	13	13	13
	OTHER	20	20	15	18	18	18	19	19	18	20	17	19
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Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**142**	**143**	**116**	**136**	**126**	**132**	**119**	**116**	**127**	**143**	**131**	**131**
	EAST SUSSEX HEALTHCARE NHS TRUST	77	89	78	97	76	91	78	85	89	98	86	86
	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	1	1	0	0	1	1	1	0	0	1	1	1
	SURREY AND SUSSEX HEALTHCARE NHS TRUST	1	1	1	1	1	1	1	0	1	1	1	1
	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	52	40	26	25	37	26	28	19	25	30	31	31
	OTHER	11	12	11	13	11	13	11	12	12	13	12	12
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Other short term bedded care (pathway 2)													
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	EAST SUSSEX HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SURREY AND SUSSEX HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)													
	Total	**165**	**169**	**42**	**112**	**55**	**94**	**113**	**89**	**82**	**103**	**102**	**103**
	EAST SUSSEX HEALTHCARE NHS TRUST	125	135	24	84	36	70	83	66	58	76	76	76
	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	SURREY AND SUSSEX HEALTHCARE NHS TRUST	0	0	0	0	0	0	0	0	0	0	0	0
	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	15	8	4	7	3	5	9	4	6	7	7	7
	OTHER	25	26	14	21	16	19	21	19	18	20	19	20
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Better Care Fund 2025-26 Capacity & Demand Template

3.2. C&D Step-up

Selected Health and Wellbeing Board: East Sussex

Step-up **Refreshed capacity surplus:**

Capacity - Demand (positive is Surplus)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

Average LoS/Contact Hours	
Full Year	Units
10	Contact Hours
5	Contact Hours
8	Average LoS
0	Contact Hours

Please enter refreshed expected capacity:

Capacity - Step-up													
Service Area	Metric	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Social support (including VCS)	Monthly capacity. Number of new clients.	17	17	17	17	17	17	17	17	17	17	17	17
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	903	894	885	876	867	858	849	840	831	822	813	805
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	19	19	19	19	19	19	19	19	19	19	19	19
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Please enter refreshed expected no. of referrals:

Demand - Step-up	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Service Type												
Social support (including VCS)	17	17	17	17	17	17	17	17	17	17	17	17
Reablement & Rehabilitation at home	903	894	885	876	867	858	849	840	831	822	813	805
Reablement & Rehabilitation in a bedded setting	19	19	19	19	19	19	19	19	19	19	19	19
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

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Report to:	**East Sussex Health and Wellbeing Board**
Date:	**15 July 2025**
By:	**Healthwatch East Sussex**
Title:	**Healthwatch East Sussex Annual Report 2024-25: Unlocking the power of people-driven care**
Purpose of Report:	**To provide an overview of Healthwatch Annual Report 2024-25**

Recommendations:

East Sussex Health and Wellbeing Board is recommended to consider and note the Healthwatch East Sussex Annual Report 2024-25

1 Background

1.1 Each local Healthwatch in England is required to publish an annual report providing an overview of its activity and statutory functions. The Healthwatch East Sussex Annual Report 2024-25 is titled '*Unlocking the power of people-driven care'* and is attached at Appendix 1.

2 Healthwatch East Sussex Annual Report 2024-25

2.1 The Annual report sets out, amongst other things, work over the course of the year; work on engagement; ways in which a difference has been made; information about volunteers; financial details; and details of Healthwatch's priorities for 2025/26.

3 Conclusion and reasons for recommendations

3.1 The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

Veronica Kirwan

Chief Executive, East Sussex Community Voice, delivering Healthwatch in East Sussex

Contact Officer

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Tel: 07794 100291

Appendix 1: *Healthwatch East Sussex Annual Report 2024-25: Unlocking the power of people-driven care*

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healthwatch East Sussex

Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch East Sussex

Contents

"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

Louise Ansari, Chief Executive, Healthwatch England

A message from our Chair

In the past twelve months we have witnessed change almost everywhere. We've seen a new Government, revised plans for NHS England and the Department for Health and Social Care, the Integrated Care Board being asked to reduce expenditure significantly, and proposed devolution and local government re-organisation.

These changes are going to impact our future health and care landscape, but I am confident we here at Healthwatch will adapt, as we have in the past. We will continue to use our membership of the Sussex Health and Care Assembly and East Sussex Health and Wellbeing Board to ensure public voice remains central to decision-making, whilst continuing to support patients to navigate local services.

Working collaboratively has been at the core of our work programme over the last year, both nationally, and locally with our Healthwatch colleagues in Brighton & Hove and West Sussex. The latter resulted in the three of us winning Healthwatch England's Impact of the Year Award for our work on Non-Emergency Patient Transport, which is hopefully leading to a better experience for service users.

As you will read in this year's report, we continue to make a difference, having worked especially hard to reach out to those communities whose voice often goes unheard, including prison residents and people using food banks.

It is pleasing to conclude by saying East Sussex County Council have extended our Healthwatch contract for a further two years, so a big thank to the County Council, and of course to our volunteers, our wonderful staff, our management team and my fellow board members.

"We are grateful to everyone who shares their experiences and views with Healthwatch and to national, regional and local health, care and voluntary organisations for working with us to support the wellbeing of people in East Sussex."

Keith Stevens, Chair of East Sussex Community Voice, delivering Healthwatch East Sussex

About us

Healthwatch East Sussex is your local health and social care champion.

We use our membership of the Sussex Health and Care Assembly and East Sussex Health and Wellbeing Board to ensure decision-makers use your feedback to improve care.

We share our insight with the Care Quality Commission, Safeguarding Adults Board, NHS Trusts, County Council, and individual service providers such as GPs and pharmacies.

We help people find reliable and trustworthy information and advice via our Information & Signposting Service.

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

To make sure that people's experiences help make health and care better.

Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

We've supported more than 4,000 people to have their say and get information about their care. We currently employ 9 staff and our work is supported by our 28 volunteers.

Reaching out:

3,586 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

566 people directly contacted us and **25,654** used our website for advice and information on topics such as finding an NHS dentist, registering with GPs and accessing vaccinations.

Championing your voice:

We published **35** reports about the improvements people would like to see in areas like **ear wax treatment, oral health and dentistry, access to GPs** and **hospital discharge**.

Our most read report was **Impacts of changes in cost of living on health and wellbeing**, highlighting the physical and mental effects on people's lives.

Statutory funding:

We're funded by **East Sussex County Council**. In 2024/25 we received **£364,470,** which is the same as the previous year.

Our partners

We've worked closely with local health and care commissioners and providers to ensure public and patient voice sits at the heart of their activity and decision-making.

East Sussex County Council

"Healthwatch East Sussex continue to play a critical role in ensuring that the voices of local communities are heard when it comes to health and social care services. Over the course of 2024/25, their ongoing commitment to advocating for the needs of residents, particularly in terms of access to care, service quality, and patient experiences, has informed existing practice and new service initiatives.

The East Sussex Care Homes Group welcomed findings from the Healthwatch Oral health in Care Homes and Discharge to Assess reports. Healthwatch are also helping shape current health and social care developments such as the Neighbourhood Mental Health Teams.

Their work not only empowers individuals but also supports the development of practice to ensure better, more responsive care for all in East Sussex."

NHS Sussex

"The partnership between the NHS and Healthwatch East Sussex is built on trust, shared values, and a shared commitment to putting people first.

By working together, we ensure that the voices of local communities are heard, valued, and used to shape services that truly meet their needs.

A great example of this is our joint work to improve how we hear from and work with children and young people—including co-producing an online platform where young people can connect, share ideas, and give feedback on NHS services.

This kind of collaboration strengthens our ability to deliver compassionate, high-quality care—making a real difference to the health and wellbeing of all young people in East Sussex."

Our partners

We've worked closely with local health and care commissioners and providers to ensure public and patient voice sits at the heart of their activity and decision-making.

East Sussex Healthcare NHS Trust

"Healthwatch East Sussex has continued to support East Sussex Healthcare NHS Trust during 2024/25, through various activities such as Patient Led Assessments of the Care Environment (PLACE) and providing us with insights through specific feedback on the experiences of patients, carers, relatives and local communities who engage with our services.

This information has been invaluable in helping us to shape and develop these services and we deeply value our ongoing relationship with Healthwatch and the value this adds to our work.

We look forward to working closely with Healthwatch East Sussex into 2025/26 and participating in the planning and delivering of further activities to support the development of healthcare in the area."

Healthwatch England

"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide.

Local people's experiences help us understand where we – and decision makers – must focus and highlight issues that might otherwise go unnoticed.

We can then make recommendations that will change care for the better, both locally and across the nation."

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in East Sussex. Here are a few highlights.

Spring

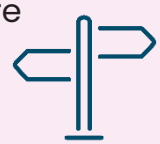
Engagement with patients helped our local hospital trust understand the potential impacts of changes to paediatric services at Eastbourne District General Hospital.

We used insight from our Listening Tour to call on County Council transport planners to consider health and care services when developing their Local Transport Plan.

Summer

Your feedback highlighted barriers to patient choice and the 'right to choose'. Our insight supported NHS Sussex to review patient-facing information.

Information and signposting sessions at local events supported ethnically diverse and migrant communities to navigate health and care services.



Autumn

As members of the East Sussex Pharmaceutical Needs Assessment (PNA) steering group, we fed your feedback on pharmacy into its development.

The East Sussex Health Overview and Scrutiny Committee (HOSC) review into audiology services made recommendations based on insight we shared.

Winter

NHS England updated their 'Find breast screening services' website to include East Sussex services after we flagged these were missing.

We collaborated with the new Non-Emergency Patient Transport Service (NEPTS) provider to ensure their website and leaflet were patient friendly and accessible.

Working together for change

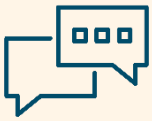
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Sussex were heard at Integrated Care System (ICS) level and influenced decisions made about services delivered across the county.

This year, we've worked with Healthwatch Brighton & Hove and Healthwatch West Sussex to achieve the following:

A collaborative network of local Healthwatch:

Funding secured from our Integrated Care Board (NHS Sussex) meant we could join important decision-making meetings to independently scrutinise services, speak up on behalf of patients and share their views. NHS Sussex leaders welcomed our insight and responded to our challenges. After highlighting the need for clearer communications, they published information about changes designed to improve access to NHS dentistry and to explain the different staff roles in GP surgeries.

The big conversation:



During 2024/25, the three Healthwatch teams delivered 12 short monthly digital polls to capture people's views on a range of topics. We heard from 3,418 people, including 953 from East Sussex.

Healthwatch East Sussex led polls covering eConsult, Hospital Discharge, Cancer Screening and Vaccinations. The results are available on our website and have provided important intelligence to those working to improve patient flows from hospital, increase awareness of and access to cancer screening, and support the delivery of COVID-19, Flu and other vaccinations.

Building strong relationships to achieve more:

We collaborated to use patient feedback to influence the re-commissioning of the new Sussex Non-Emergency Patient Transport Service (NEPTS). Patient views were included in the service specification, helping to deliver improved communications, clearer eligibility and signposting to alternatives.

Our work was recognised by receiving the 2024 Healthwatch England Impact Award, the first ever joint winners.

During 2025, we will be seeking experiences of people using the NEPTS service, delivered by the new provider (EMED) from April 2025.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.

Here are some examples of our work in East Sussex this year:

Creating empathy by bringing experiences to life

Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

Findings from our survey into people's experiences of ear wax services supported NHS Sussex and the East Sussex Health Overview and Scrutiny Committee identify responses to the challenges some people face accessing free NHS treatment. We shared how people's quality of life, education and employment could be affected and the financial barriers of 'paid for' services.

Getting services to involve the public

Involving local people in service development helps improve care for everyone.

We contributed to an East Sussex Healthcare NHS Trust event that brought together teams from across the Trust and other healthcare partners to share and compare examples of how patient feedback is gathered and used to inform service delivery and development. This raised operational awareness of the value of patient experience and techniques to capture it.

Improving care over time

Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

In 2024, our survey on Cost-of-Living highlighted how people's wellbeing, behaviour and use of healthcare services were negatively affected by increases in daily living costs. Thanks to what people shared, we've been able to give valuable insight to the East Sussex Financial Inclusion Steering Group, supported their creation of patient-friendly resources, and updated our own, to help people access financial and other forms of support.

Listening to your experiences

Services can't improve if service providers don't know what's wrong. Listening to your experiences shines a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback across our community.

People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

Listening to your experiences

Healthwatch East Sussex Listening Tour

Over the last year we adapted the approach to our Healthwatch Listening Tour, visiting three areas of East Sussex rather than one, to increase our reach and understand health and care issues across more communities.

During 2024/25, our Listening Tour focused on Wealden District, Lewes and the Havens, and Hastings Borough, hearing from 197 people.

What did we do?

We used a variety of activities to hear people's experiences of accessing and using health and care services. We visited a range of community groups across the three areas, held stakeholder events, delivered Information & Signposting sessions and shared a Listening Tour survey in person and online.

Key things we heard:

GP appointments are often difficult to access. People shared concerns over long waits, challenges using online booking systems and barriers to booking appointments in-person. We heard concerns as to whether digital platforms are triaged by clinicians.

Eligibility criteria for NHS patient transport is tight. People reliant on fewer public transport options outside major towns may struggle to attend medical appointments or return home from hospital.

Having caring responsibilities, a disability or multiple conditions were barriers to accessing healthcare, including attending appointments.

The experiences of people living across East Sussex has shaped the Healthwatch work programme for the year ahead, including focusing on non-emergency patient transport. Our Listening Tours strengthened our relationships with local groups and organisations, ensuring that we can continue to work with and hear from a range of different people.

What difference did this make?

We raised awareness of the East Sussex Carers Card and national guidance on discounted hospital parking for carers attending regular outpatient appointments or visiting unwell patients to reduce barriers to travel.

Our findings supported East Sussex County Council officers to work with NHS Estates teams to identify locations to install real time bus information in larger health service settings, including hospitals and clinics in 2025/26. NHS staff will also be encouraged to share the East Sussex interactive bus map.

Listening to your experiences

Oral Health in Care Homes

Care home residents currently waiting to access NHS services would welcome oral health care from dental therapists in their care home.

Access to dentistry is one of the most common issues we hear about, including in our engagement with adults living in care homes. In 2024, NHS Sussex commissioned a pilot to explore use of dental therapists to provide routine oral health checks and dentistry services for care home residents, linking remotely where appropriate with dentists using small camera technology.

What did we do?

We carried out Enter and View visits to ten care homes across East Sussex to understand people's experiences of oral health care, including their access to dentistry, and to seek their views about the potential use of dental therapists to provide oral health checks and dental care in care homes.

Key things we heard:

33% **of residents reported problems with their teeth, including mouth pain or needing new dentures.**

59% **of care home managers stated that it was difficult or very difficult for residents to see a dentist.**

69% **of residents would be happy to see a dental therapist, including using a camera to link to a dentist (where necessary).**

We heard how oral health impacted people's physical and mental wellbeing. Most residents we spoke to who had seen a dentist in the last year had done so privately, whilst those requiring or seeking NHS services often faced long waits, including access to the NHS Special Care Dental Service.

What difference did this make?

Our Enter and View report provided the first evidence of care home residents' views about the use of dental therapists providing oral health care. Our work contributed to the development of the NHS pilot in West Sussex, which could be a future model for domiciliary dentistry across the county, supporting increased frequency of oral health and dental checks in care homes.

Listening to your experiences

Hospital Discharge to D2A beds in care homes.

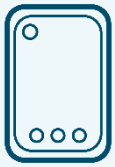
Patients discharged from hospital to 'discharge to assess' (D2A) beds in care homes are still not being involved enough in their discharge planning.

Discharge to Assess is a national NHS model where planning, assessment, and arranging ongoing care takes place in the D2A setting rather than in hospital. We were hearing that patients were waiting a long time in hospital for transfer to a D2A bed, leaving them at risk of deconditioning and loss of function.

What did we do?

We carried out Enter and View visits to ten care homes across East Sussex funded by the NHS Better Care Fund to provide D2A beds. We spoke to twenty-five residents about their experiences of hospital discharge, and to ten care home managers about their views of the local D2A scheme.

Key things we heard:



100% **of residents in a D2A bed stated that their hospital stay was unplanned.**

72% **of residents in a D2A bed stated that hospital staff did not clearly explain their discharge plan.**

90% **of care home managers assessed that residents lost independent living skills whilst in hospital.**

> "The staff are lovely, but I'm too young to be in a residential home with activities geared to older people"

We found most residents discharged to D2A beds remained in residential care. The likelihood of a person returning home increased where an allocated social worker supported residents in D2A beds. Our report recommended more resource be focused on reablement and rehabilitation support to maximise the numbers of people able to return home.

What difference did this make?

Our findings showed that using dedicated social workers and occupational therapists often benefits those in D2A beds. Some monies from the Better Care Fund have been allocated locally to employ an additional occupational therapist to assess and support residents discharged to D2A beds in 2025/26.

Listening to your experiences

Young Healthwatch

Young Healthwatch is made up of a group of young volunteers, working to ensure the voice of young people is heard by decision makers.

Our Young Healthwatch volunteers support our wider Healthwatch projects, participate in meetings and events to share their views and experiences, and undertake their own projects focused on improving health and care services used by children and young people (CYP).

GP Accreditation

We worked in Hastings to develop a new CYP accreditation to recognise GP practices that were welcoming and accessible to children and young people. The accreditation criteria reflected CYP identified priorities, including availability of information, communication and suitability of practice settings.

Our accreditation was piloted in Hastings. Three practices used our guidance to make their practices more accessible and welcoming to young people. We now hope to roll the accreditation out across practices in East Sussex.

Paediatric Services

Young Healthwatch volunteers visited Friston paediatric department and the paediatric section of the Emergency Department at Eastbourne District General Hospital, speaking to staff and sharing their views on how settings and services may be improved for young people.

We also shared our findings with the Health Overview and Scrutiny Committee (HOSC) to further their understanding of paediatric services locally.

Independent Youth Panel

We worked with NHS Sussex and their Youth Consultants to develop a new online youth panel for young people aged 13 – 24 in Sussex. The panel gives young people across Sussex a dedicated space to share their ideas, views and experiences with health and care services: bit.ly/3GSUttd.

> "We are delighted to have achieved the Children and Young People Friendly GP Accreditation. This recognition reflects our commitment to making the practice more welcoming and accessible for young people" – Station Practice (Hastings)

Hearing from communities

We're here for all residents of East Sussex. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Providing Information and Signposting sessions in Lewes Prison, at food banks across the county, and health and wellbeing drop-ins.
- Attending lunch clubs, dementia cafes, men's sheds, over-50s clubs, community networks and open-mic events across the county.
- Using our website, social media, newsletter and e-bulletins to gather feedback on services and issues.

Hearing from communities

Increasing awareness of financial support to access health and care services.

We heard about low levels of awareness of the support mechanisms available to help people to access health and care services.

We used feedback on 'gaps' in information gathered during visits to community food projects to produce a short hard-copy guide containing key information about key health and care services and financial support schemes, especially for those who may face challenges accessing information digitally.

What difference did this make?

Our guide was welcomed by local partners and their volunteers who continue to use the guide to signpost their clients to appropriate support. Our own staff and volunteers also use the guide to assist people we meet through our engagement and outreach activities.

Helping carers to park for free at different hospital trusts across Sussex

During our Listening Tour activities, we heard about the issues faced by local carers, including the costs of parking at hospitals.

We heard that whilst a 'Carers card' allows carers to park for free at East Sussex NHS Healthcare Trusts hospitals, it did not allow them to automatically park for free at other hospitals in Sussex. We contacted University Hospitals Sussex NHS Foundation Trust to ask if they could offer free parking to East Sussex carers.

What difference did this make?

University Hospitals Sussex NHS Foundation Trust have confirmed that East Sussex carers with a carers card who visit their hospitals can seek reduced or free parking on request. This may alleviate some of the financial burden faced by carers supporting their 'cared for' person at appointments outside East Sussex. We are now working to raise awareness of this amongst carers locally.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 566 people have reached out to us for advice, support or help finding services.

This year, we've helped people by:

- Publishing guidance including advice for carers, navigating musculoskeletal services, guidance on cervical screening, and cost-of-living support.
- Regularly sharing people's feedback with NHS Sussex, Adult Social Care and Health, East Sussex Healthcare NHS Trust and the Care Quality Commission.
- Delivering drop-in sessions to community spaces and groups across East Sussex and to less heard groups including food bank attendees, ethnically diverse communities and residents at HMP Lewes.

Information and signposting

Unexpected charges for an overseas visitor

A concerned enquirer contacted us to tell us that their wife, who was visiting from overseas, had received an unexpected charge after having emergency surgery during their visit.

They told us they had paid an additional charge as part of their visa application (Immigration Health Surcharge) which would make them exempt from paying for medical treatment while in the UK.

We provided details for the hospitals Overseas Visitors Manager and shared information detailing their rights to support them.

We also developed an article for our website explaining the rules around overseas visitors and charges for medical treatment to help support anyone in a similar situation in the future.

> "Thank you for your help, we really appreciate it."
> User Feedback

Helping patients navigate All Age Continuing Care

The family of a person in receipt of All Age Continuing Care (AACC) contacted us to tell us the care package for their daughter had suddenly changed, but they had received no information as to why.

We contacted AACC on the family's behalf to pass on their concerns and ask for feedback on how the service communicates with patients and their families. They acknowledged our request and took steps to address it.

This also highlighted the need for our team to be more aware of the AACC programme and how it works. We organised training with the AACC team for colleagues in Healthwatch across Sussex to ensure we understand their services and can support people enquiring about AACC in the future.

> "This is all beyond comprehension very worrying and very stressful"
> User Feedback

Showcasing volunteer impact

Our fantastic volunteers have given 689 hours (86 days) to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in East Sussex.

This year, our volunteers:

- Visited Emergency Departments at Eastbourne and Conquest Hospitals speaking to 358 patients about their pathways to attendance.
- Participated in annual Patient Led Assessment of the Care Environment (PLACE) audits in local hospitals and hospices.
- Co-designed and delivered two Enter and View projects to 20 care homes exploring people's experiences of oral health and discharge to assess.
- Undertook mystery shopping of GP websites and provided feedback on the East Sussex County Council Adult Social Care and Health website.

Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

"I began volunteering with Healthwatch in June 2024. I started volunteering as I have been involved with the NHS quite a lot, and this is a good way to share my experience and occupy myself. I have been involved in activities including doing surveys in A&E, mystery shopping GP websites, and speaking to care home residents. I get to learn lots of new things in my role, and it makes me happy to meet new people and share my experiences – I'm really enjoying it now. I think volunteering is important as it supports organisations who otherwise couldn't do what they do and helps to make sure that everyone can share their experiences"

Thirugnanam (Mr. T)

"I started volunteering for Healthwatch when I moved to the area about three years ago as it is a good way to understand and get involved in local services. I am a member of my PPG (Patient Participation Group) and acted as a Patient Safety Partner with NHS Sussex, which I'm looking forward to resuming. I have been involved in many activities over the last year, including talking to patients waiting to be seen at the Emergency Department at Eastbourne District General Hospital. I also took part in an 'Enter and View' project, speaking to people discharged from hospital to care homes for further assessment. It is important for Healthwatch volunteers to get out and speak to people in the community who might not complete a survey and so are seldom heard."

Jayne

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

www.healthwatcheastsussex.co.uk

0333 101 4007

volunteer@healthwatcheastsussex.co.uk

Finance and future priorities

We receive funding from East Sussex County Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£364,470	Staff pay	£295,205
Additional income (including Independent Health Complaints Advocacy – IHCAS)	£113,856	Commissioned services (including Independent Health Complaints Advocacy – IHCAS)	£106, 160
		Office overheads, communication and events	£75,817
Total income	**£478,326**	**Total Expenditure**	**£477,182**

Additional income included:

- £2,250 received from an NHS Sussex small grants fund to support COVID-19 vaccination promotion in Hastings Borough.
- £3,000 received from an NHS Sussex small grants fund to explore women and girls' experiences of health and care services and preferences for the future.

Integrated Care System (ICS) funding:

Healthwatch across Sussex each receive funding from our Integrated Care System (ICS) to support collaborative work at this level, including:

Purpose of ICS funding	Amount
To fund Healthwatch East Sussex to: • gather patient and public experiences Sussex-wide • collate patient and public experiences Sussex-wide • share insight at key Sussex-wide boards and meetings	**£10,000**

Finance and future priorities

Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in less heard communities and deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top four priorities for the next year are:

1. **Listen and engage with people**

   We will maximise the number of people we engage virtually via our updated website, online polls and social media, and use our Listening Tour and partnerships to maximise face-to-face engagement with individuals, communities and organisations across East Sussex.

2. **Understand the impact of pressures on health and care services**

   We will use our membership of the Sussex Health and Care Assembly and East Sussex Health and Wellbeing Board to ensure the impacts of pressures are understood and responses prioritise the needs of the public and patients.

3. **Embed a focus on equality and diversity in our projects and increase the voice of seldom heard communities**

   We will continue to prioritise our work with 'less heard' communities by offering information and signposting support to users of foodbanks and homeless people over the next 12 months.

4. **Explore the effects of social determinants on health and wellbeing**

   We will focus on services and settings beyond the NHS and social care by exploring how insecure housing impacts people's health and wellbeing.

Statutory statements

Healthwatch East Sussex is delivered by East Sussex Community Voice CIC, Unit 31, The Old Printworks, 1 Commercial Road, Eastbourne, East Sussex, BN21 3XQ.

Healthwatch East Sussex uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board of five members provides direction, oversight and scrutiny of our activities, ensuring decisions reflect the concerns and interests of our diverse local community. We also regularly consult our volunteers.

In 2024/25, our board met five times and made decisions on matters such as:

- setting our priorities and ensuring they aligned with our statutory functions.
- determining which projects and activities we dedicated our resources to.

We ensure there is wider public involvement in deciding our priorities by:

- Using insight from our Information & Signposting enquiries and Feedback Centre reviews to inform decisions and guide our activity.
- Gathering input from our multi-agency Healthwatch Advisory Group which meets quarterly.
- Undertaking engagement virtually and face-to-face so we hear from as many voices as possible.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, a web form on our website, via social media, and face-to-face at community networks, health and care events, food banks, migrant drop-ins and Lewes Prison.

We publish this annual report on our website and ensure it is made available to as many members of the public and partner organisations as possible, including East Sussex County Council, NHS Sussex and Healthwatch England.

Statutory statements

Responses to recommendations

In 2024/25 no providers failed to respond to requests for information or recommendations.

There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure people who can make decisions about services hear about the insights and experiences shared with us. In East Sussex, we take information to the Health & Wellbeing Board, Health & Care Partnership Board, Health Overview & Scrutiny Committee and approximately 40 other bodies and fora to support local decisions.

We take insight and experiences to decision-makers in the Sussex Integrated Care System (Sussex Health and Care). We are members of the Sussex Health & Care Assembly and alongside other Sussex Healthwatch sit on a range of thematic pan-Sussex boards and groups to champion patients' voices.

We share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

East Sussex Health and Wellbeing Board
Healthwatch East Sussex is represented on the East Sussex Health and Wellbeing Board by our Chief Executive. During 2024/25 our representative has championed the voice of the public and patients in the key health and care issues that have come before the board, including:

- Monitoring the Shared Delivery Plan (SDP) which is guiding implementation of the Sussex Integrated Care Strategy 'Improving Lives Together'.
- Commenting on responses to increased demand for hospital bed capacity, Integrated Community Team development, and plans for winter pressures.
- Contributing to 'deep dives' exploring Improving Health Life Expectancy, Housing; Mental Health; Community; and Children & Young People.

Statutory statements

Sussex Health and Care Assembly
Healthwatch East Sussex is represented on the Sussex Integrated Care Partnership (Sussex Health and Care Assembly) by our Chief Executive.

Contributions over the last 12 months included:

- Sharing patient and public feedback on health and care services received by Healthwatch East Sussex.
- Monitoring implementation of the *Improving Lives Together* Strategy.
- Sharing Healthwatch insight on the role of housing as a social determinant of health to inform how the assembly can work to reduce the negative impact of poor housing on health outcomes.
- Contributing to the development and implementation plans for Integrated Community Teams (ICT).

Alongside the Assembly, we also regularly collaborate with the other Sussex Healthwatch to contribute to the Sussex Quality and Patient Experience Committee (QPEC) and Quality Governance Improvement Group (QGIG).

Enter and view

This year, we made two Enter and View visits to services in East Sussex and made 24 recommendations as a result of these activities.

Location	Reason for visit	What you did as a result
Discharge to Assess beds (10 care homes)	To explore patient experiences of hospital discharge into 'discharge to assess' beds and care home staff experiences of the process.	Report/recommendations shared with Adult Social Care, Hospital Trust, NHS Sussex and care homes to inform review of the process.
Oral health in care homes (10 care homes)	To explore provision and effectiveness of oral health checks in care settings and to explore resident/staff perceptions on use of dental therapists to undertake routine oral health checks.	Report/recommendations shared with NHS Sussex dentistry commissioners and special care dentistry team. Dental therapist pilot now underway.

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

Date: **15 July 2025**

By: **Healthwatch East Sussex**

Title: **Healthwatch Listening Tour 2024/25**

Purpose of Report: **To provide an overview of Healthwatch engagement activity through our Listening Tour of 2024/25.**

Recommendations:

East Sussex Health and Wellbeing Board is recommended to consider and note the Healthwatch Listening Tour Report

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1. Background

1.1 Healthwatch East Sussex undertakes an annual Listening Tour to engage local people on their experiences of health and care. For 2024/25 we visited three areas to understand the priorities of people living in Wealden, Lewes and the Havens, and in Hastings.

1.2 Healthwatch uses a variety of activities to hear people's experiences of accessing and using health and care services. This includes individual surveys, outreach to community groups, and listening events with health and social care partners.

2. Healthwatch Listening Tour Report

2.1 The Listening Tour report sets out the feedback from Healthwatch engagement activities over the course of the year and presents recommendations on five main themes.

2.2 The five themes of feedback were: access to primary care; social isolation; social determinants and equality; transport; and health and wellbeing.

3 Conclusion and reasons for recommendations

3.1 The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

Matthew Ryan

Engagement Manager, East Sussex Community Voice, delivering Healthwatch in East Sussex

Contact Officer

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Appendix 1: *Healthwatch Listening Tour 2024/25*

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Healthwatch Listening Tour 2024/25: Summary Report

Published: June 2025

healthwatch East Sussex

Contents

Executive Summary

This Listening Tour report brings together the findings of engagement in Wealden, Lewes and the Havens and Hastings between May 2024 and May 2025.

The *Introduction* sets out the change in our approach over the last year, focusing on a wider area of East Sussex than in the past.

The *What We Heard* feedback is drawn from the three Listening Tour area reports that were published following engagement in each area.

This report identifies the differences and common themes in the areas that we visited, and makes five recommendations on these themes:

Accessing Primary Care: there is a need for multiple ways of accessing GP care.

Social Isolation: there is a significant role for social prescribing in tackling loneliness.

Social Determinants and Equality: there is a need for targeted support for young people, disabled adults, and carers.

Transport: there is a need for further co-ordination of public transport with the NHS and voluntary community schemes.

Health and Wellbeing: there is a need for targeted local initiatives to improve access to the community for people with reduced mobility.

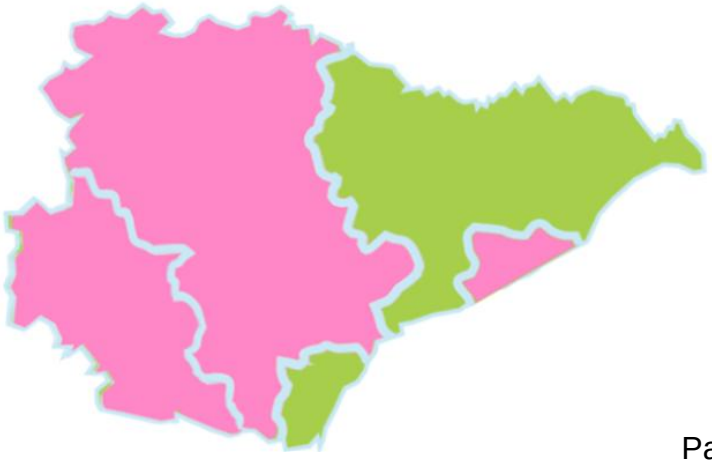
Introduction

Healthwatch East Sussex has previously undertaken an annual Listening Tour to a single part of East Sussex to intensively engage local people on their experiences of health and care. For 2024/25 we adapted our approach and visited three areas to increase our reach and understand the priorities of a range of local communities.

Throughout our Listening Tour we used a variety of activities to hear people's experiences of accessing and using health and care services. This included surveys, discussion groups, and listening events. This report provides a summary of our Listening Tour activity during 2024/25.

In 2024/25, we visited three areas of East Sussex including:

- Wealden District:
  May 2024 – August 2024
- Lewes and the Havens:
  September 2024 – December 2024
- Hastings Borough:
  February 2025 – May 2025



We visited a range of local groups, which included:

Wealden

Crowborough Community Café, Polegate Memory Café, Sussex Support Service, Uckfield Saturday Social, and Carers O'Clock.

Lewes and the Havens

Lewes Men's Shed, Lewes House of Friendship, Fitzjohn's Foodbank, Foundry Healthcare Reference Group, Our Songs, Our Stories Newhaven, and Newhaven Baptist Church Foodbank.

Hastings

Hastings Voluntary Action Age Friendly Coffee Morning, Care For the Carers Support Group, Parent and Carer Forum, East Sussex Recovery Alliance Drop in, and Listening Tour Coffee Morning.

Listening Tour Events

Listening Tour events were also held in each area at the end of each Tour phase.

Individual Surveys

We engaged **197** people throughout our tour, of which **49** completed individual surveys.

During our tour we used a simple feedback form that captured:

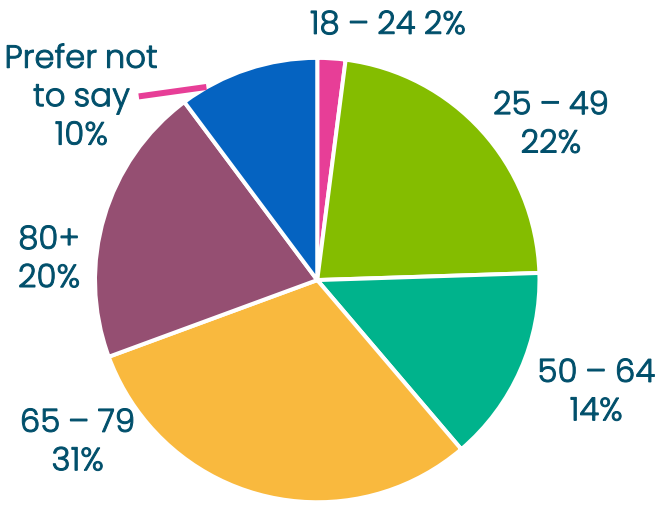
- Impacts on people's health and wellbeing
- Views and experiences of primary care
- The impact of social isolation
- Views on the social determinants of health
- Demographic details of survey respondents

Who completed individual surveys:

These figures are drawn from the 49 people who completed individual surveys during our outreach across our three areas.

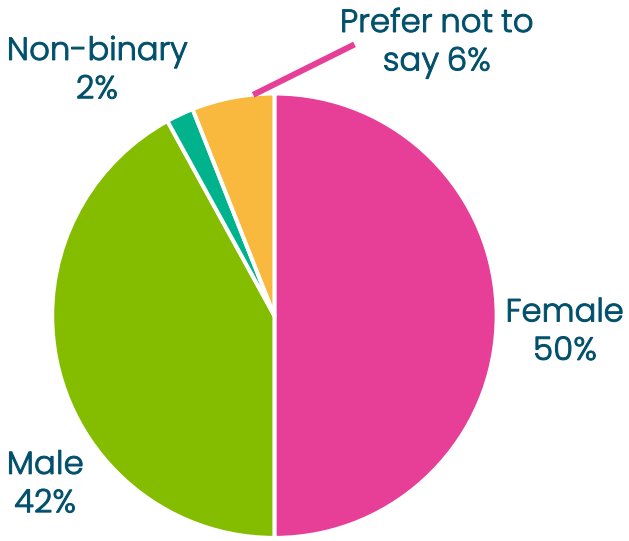
Age:

We spoke to adults of a range of different ages, but fewer people under the age of 24



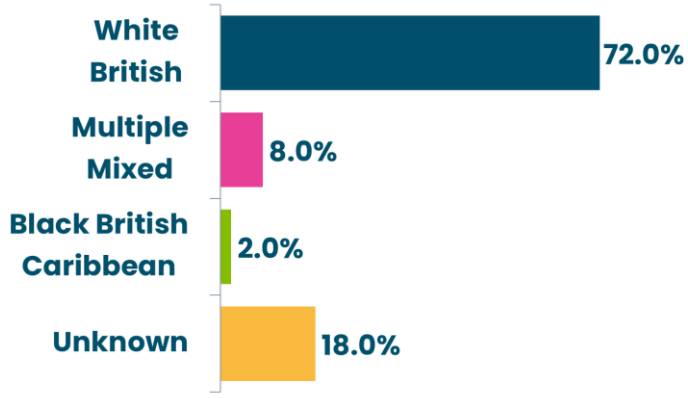
Gender:

The majority of those we surveyed were female.



Ethnicity :

The majority of those surveyed identified as White British



Disability

Survey respondents reported a range of disabilities and long-term conditions

Feedback Centre and Information and Signposting

Healthwatch East Sussex offers an online Feedback Centre, allowing people in East Sussex to leave feedback about their experiences of health and care services. We also offer an Information and Signposting (I&S) service, which provides information to support people to navigate the health and care sector.

Wealden

During our Wealden Listening Tour, we received seven pieces of feedback via our feedback centre, and 48 enquiries to our I&S service from people living in Wealden

Lewes & the Havens

During our Lewes and the Havens Listening Tour, we received one piece of feedback via our feedback centre, and 27 enquiries to our I&S service from people living in Lewes and the havens

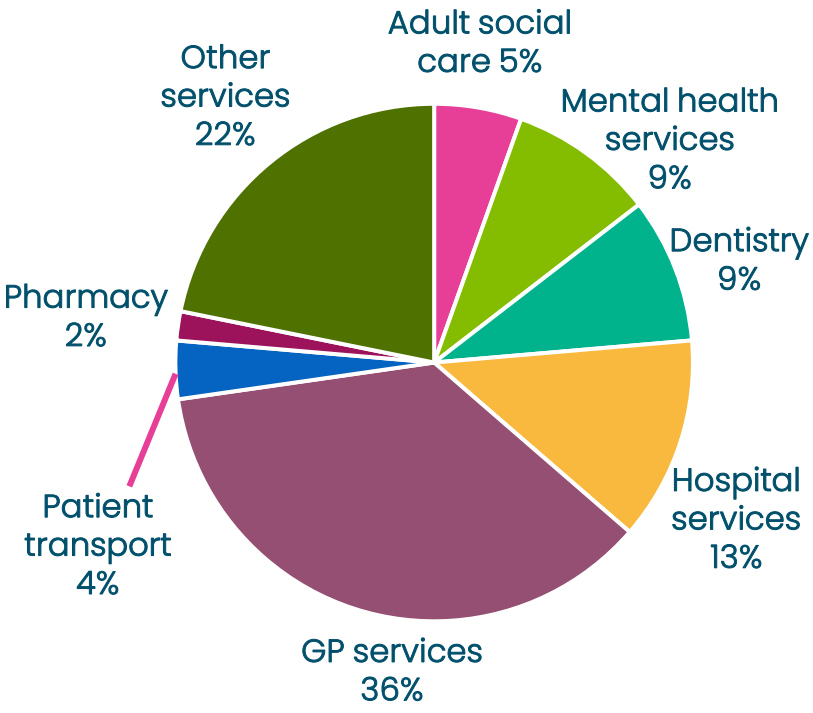
Hastings

During our Hastings Listening Tour, we received 13 pieces of feedback via our feedback centre, and 11 enquiries to our I&S service from people living in Hastings

Wealden

Those contacting our I&S service or completing a feedback form contacted us about a range of healthcare services. The most common service mentioned in feedback was GP services. A range of other healthcare services including dentistry, Adult Social Care services, and hospital services including A&E were also mentioned.

"Other" services included Vaccination services, the NHS app, and weight management services, among others.

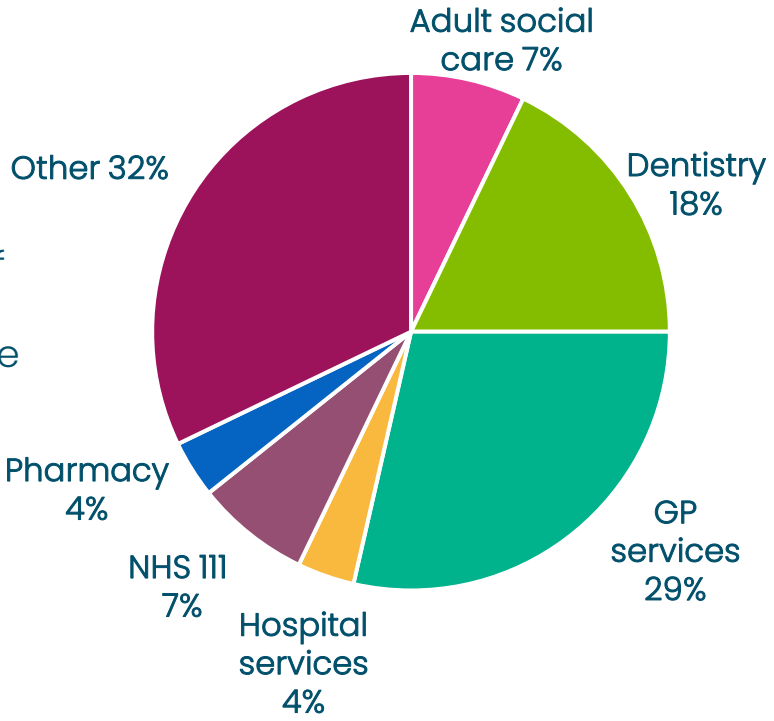


Feedback Centre and Information and Signposting

Lewes and the Havens

In Lewes and the Havens, the most common service mentioned in feedback was GP services. A range of other healthcare services including dentistry, NHS 111 and Adult Social Care services were also mentioned.

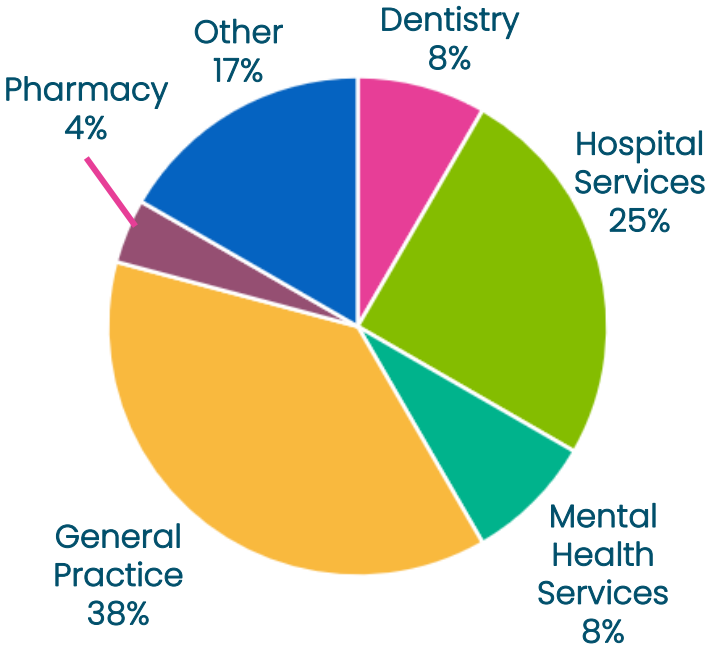
"Other" services included Lewes prison, continuing healthcare and audiology services.



Hastings

In Hastings, the most common service mentioned in feedback was GP services. A range of other healthcare services including dentistry, mental health services, and hospital services including A&E were also mentioned.

"Other" services included continuing healthcare and cuts to benefits, among others.



GP services were the most commonly mentioned service throughout all our Listening Tours, with one of the most common themes within this being finding it difficult to book an appointment and/or access GP services. Hospital services, dentistry, and mental health services were also regularly mentioned. Within this, a lack of NHS dentists, requests for help in finding appropriate mental health support, and feedback on hospital experiences were common reasons for contacting our I&S service. This feedback helped to shape our engagement with those we spoke to as part of our Listening Tour. Feedback on access to primary care was also reflected throughout the Tour.

Wealden

What we heard

Engagement in Wealden: What we heard

We engaged **15** people in group discussion

Health and Wellbeing

- There are quite a lot of activities going on for older people if they know where to find them.
- Carers particularly need a break from their caring roles and describe their wellbeing group as a "lifeline" to maintain care for loved ones.
- Half of older adults surveyed (50%) felt that income affects their health and wellbeing.
- The cost of living and housing impacted most on younger carers and people with disabilities.

Primary Care

- Most people surveyed continue to phone GP surgeries in the morning or visit face to face to book appointments.
- Some people (around 20%) are beginning to use online booking systems and the GP callback system.
- Whilst many people express a wish to see their GP face to face, over half of appointments (55%) are with other health professionals, mostly practice nurses or advanced nurse practitioners.
- Some people access Minor Injuries Units or Urgent Treatment Centres outside of Wealden if they can't get a same day or next day appointment.
- There was uniformly positive feedback on Minor Injuries Units and Urgent Treatment Centres.
- There is a lack of communication between health practitioners in Pembury Hospital in Kent and community practitioners in Wealden.
- There was positive feedback from carers on improvements to the 111 service in the last year, including booking GP appointments.
- There was positive feedback from carers on requesting repeat prescriptions online.

Engagement in Wealden: What we heard

Social Isolation

- A quarter of people surveyed (25%) reported that they 'never or did not often' feel connected to people in their community. A further 15% of people reported they 'sometimes' feel connected.
- The most common reason given for isolation was not feeling confident enough to access social groups. Health problems and lack of transport were also cited as reasons for isolation.
- Carers reported losing contact with friends who do not understand their caring role. Carers noted the difficulty re-establishing social networks when their caring role comes to an end.
- One carer noted that attending social groups enables them to retain their sense of humour and maintain their resilience. Carers made a lot of friends through attending wellbeing groups.
- Some people felt that better communication about community events would help them feel more connected to their community.

Social Determinants and Equality

- Half of older adults surveyed (50%) reported a hearing or sight impairment impacting on their ability to access health appointments.
- About a third (33%) of adults surveyed felt that having a disability impacted their ability to access healthcare.
- The welfare benefit system for working age disabled adults is complex and difficult to negotiate. People need support to understand how to complete the application for Universal Credit and the Personal Independence Payment from a mental health perspective.
- There is a lack of separate space for treating patients with dementia in Accident and Emergency at the Royal Sussex County Hospital.
- Carers reported they are unable to use the Carer Cards for discounted parking in hospitals outside of East Sussex, despite the NHS being pan-Sussex.

Wealden Listening Event: What we heard

Accessing Primary Care

- People who are working or have caring responsibilities cannot easily call GP surgeries at 8am to book appointments. Online booking systems are only as good as the capacity to triage requests for appointments.
- There is recognition that remote triage for primary care is a reality but presents a barrier for older people who still want to see a GP face to face.
- It is difficult for parents to request appointments online for teenage children due to Gillick competency and GDPR.
- People are unsure where to go if they cannot book a GP appointment. Some people access Minor Injuries Units in Wealden and further afield as they are easier to travel to than acute hospitals in Sussex.
- There was positive feedback about the 111 service, including the ability to triage people for GP appointments or hospital attendance.

Social Isolation

- There are a lot of activities for older people across Wealden, such as the Newick Lunch Club at St Mary's and U3A in Crowborough. Not all people want to meet with peers with the same long-term condition.
- Not enough men get involved in groups. There is a need for specific services based around activities, such as Men in Sheds and the walking group run by Family Hubs.
- Social prescribing could play an important role in connecting people up with activities that are of interest to them, using targeted social media.
- There are limited social activities for younger people, and cost is a barrier to participation. Intergenerational work though faith communities could help address inconsistent access across rural areas.

Social Determinants of Health and Wellbeing

- The cost of transport is a significant issue for some people living in Wealden. It is difficult for some people to get to health appointments or social activities, which impacts on their overall health and wellbeing.
- There are long waits for some services, such as the Child and Adolescent Mental Health Service (CAMHS). Some people can afford private treatment, but others cannot afford to pay.
- The digitalisation of access to primary care may improve over time, but risks creating additional barriers for people who struggle with technology.
- East Sussex Vision Support is training health professionals on the additional barriers to accessing support for people with visual impairments.

Lewes and the Havens

What we heard

healthwatch East Sussex

Engagement in Lewes and the Havens: What we heard

We engaged **32** people in group discussion

Health and Wellbeing

- Transport to and from acute hospitals is a significant issue, including for hospital discharge. Voluntary organisations like Nevill Good Neighbours can make a difference if people know how to find them.
- The cost of transport around the district is a barrier to some people accessing social activities that would support health and wellbeing. The older person's bus pass is vital to support people getting out and about.
- It was recognised that keeping physically active, including getting outside and taking the dog for a walk is linked to mental and physical wellbeing.
- There was interest in accessible and themed walks on local history or nature. The label of a 'wellbeing walk' to tackle loneliness in unhelpful.

Primary Care

- There is higher use of online booking and consultation in the Lewes area following introduction of the Anima system by Foundry Healthcare. Patients are also able to phone or make appointments face to face.
- Some people find online communication more convenient. Not everyone is confident communicating online or by phone and some people (particularly some men) prefer face to face appointments.
- People using online booking and consultation are of all ages and tend to better understand they are being triaged when contacting the GP.
- There is anxiety about the sharing of personal data for the purposes of triage. There is frustration about sharing the same information repeatedly and not being able to make online enquiries out of hours.
- There were questions about whether GPs are triaging enquiries. There were some reports of patients visiting A&E or the UTC at Lewes Victoria Hospital because they could not access a GP appointment.
- There was positive feedback on the 111 service because this can facilitate access to GP appointments out of hours.
- There was positive feedback on the role of pharmacies in primary care but reports of vaccine shortages and a lack of local NHS dentistry.

Engagement in Lewes and the Havens: What we heard

Social Isolation

- People felt connected to their community through their social activity but many were aware of more isolated people who felt less confident accessing groups.
- Social prescribers in GP practices can play an important role in referring people to community organisations, such as Lewes Men's Shed and Care for the Carers, particularly where people are less confident.
- The Holiday and Food (HAF) programme supports the social inclusion of children who receive benefits-related free school meals.
- Many people really value the social dimension of community groups in supporting wellbeing. They provide a social space for adults to do things and chat. Sharing food is very effective in bringing people together.
- People want to do activities for fun without the purpose of improving health and wellbeing.

Social Determinants and Equality

- Some adults with communication challenges (dyslexia) or visual impairments find it difficult to use online systems.
- Availability of appointments, including NHS dental care, has the biggest impact on health. This is compounded by transport challenges for disabled people, or people without access to a car.
- Some older people, including those living with dementia, need a lot of encouragement to access healthcare, and their needs are not always met appropriately in acute hospital settings.
- There was anxiety about the loss of the Winter Fuel Payment for low-income people not eligible for Pension Credit.
- Some people accessing foodbanks found it difficult to connect with others due to the cost of living. People valued the social connection and empowering model of the foodbanks in Lewes and Newhaven.
- More public benches could support mobility-impaired people along walking routes. Lewes Men's Shed could help provide benches.

Lewes and the Havens Listening Event : What we heard

Accessing Primary Care

- There is a risk that online access systems could potentially disadvantage people who would otherwise contact the surgery in more traditional ways, potentially resulting in unnecessary admissions to hospital.
- Havens Health is still a predominantly telephone-based appointment system. They feel they get more accurate information if they speak to patients to triage their needs.
- There is an NHS dentist in Peacehaven, but people are fearful about missing appointments and losing this service. The difficulty accessing NHS dentistry is about lists being closed to new patients.
- There was positive feedback from carers on the NHS app with managing prescriptions. The NHS app is more convenient and can be used to view the hospital appointment system.
- There is a huge variation between how each GP practice works, so it is impossible for other health practitioners to know what each one does.

Social Isolation

- Men are more likely to be socially isolated. They tend to have fewer friends but are also less likely to go to groups or reach out for support.
- Carers need regular respite, particularly with the closure of The Phoenix Centre in Lewes. Sit-in services are good, but don't last long and then the carer is left on their own again.
- There are social groups in Lewes and the Havens, including 'Soup and Social' at Denton Island Community Centre. Some people don't want to attend groups activities that are labelled for their 'wellbeing'.
- There are limited things for young people to do, particularly in Peacehaven where the Joff Youth Hub is currently closed.

Social Determinants of Health and Wellbeing

- Non-emergency patient transport is very limited. Some people struggle to get to appointments, and there are limited transport links to the Havens.
- The CTLA Community Transport service is expensive. Havens Cars is a voluntary service for local people, but they are low on drivers.
- There are significant socio-economic differences between Lewes and the Havens. There are also issues with digital exclusion, partly associated with poverty, but also because not everyone is confident with digital systems.
- The welfare benefits system is complex, and there is a culture of pride in the Newhaven area that means some benefits may not be claimed.

Hastings

What we heard

healthwatch East Sussex

Engagement in Hastings: What we heard

We engaged **63** people in group discussion

Health and Wellbeing

- Access to health and care services was a particular issue, with people reporting that it was difficult to get appointments, particularly with their dentist and GP practice.
- People valued the support provided by voluntary and community organisations in supporting their health and wellbeing, however shared that information about what support is available can be challenging to find, particularly for those who don't know what kind of support to look for.
- Transportation was a barrier for those relying on public transport, particularly for appointments outside of Hastings and/or first thing in the morning. People shared that buses can be unreliable, and that they are often by services told to book a taxi if they cannot get to their appointment by public transport, which for some is unaffordable.

Primary Care

- Feedback about GP services accessed was generally positive, however many people shared that they find it very difficult to get an appointment at their GP practice, leading to them giving up.
- People shared that online services are not accessible for those who struggle with or cannot use online services, making some people feel as though they are being "left behind".
- People highlighted the importance of being able to access services face to face, with this being particularly important for those who are older, have communication needs, and/or have multiple conditions.
- The timing of appointments was a barrier, with common feedback being that it is difficult to attend appointments which are early in the morning, or during working hours.
- Having a range of different methods to contact your GP practice was useful, with people sharing that how they contacted their GP practice depended on the urgency of their need. Many people said that they would call their GP practice if they needed a same-day appointment.

Engagement in Hastings: What we heard

Social Isolation

- People shared that they did not regularly feel connected to their community, with caring responsibilities and lack of confidence being the most commonly shared reasons for this.
- Throughout our engagement people shared how important the groups they attend are in supporting them to connect with others, with groups which connect them with people who have similar experiences to them (e.g., carers groups) being very valuable.
- Free activities that used to be available no longer exist, or if they do there is now a booking system and fee to attend. This means that people are not able to go out as much as they used to.
- People shared that there are not enough public toilets available, which can limit how much people are able to go out, with this being a particular issue for those who are older, have a health condition and/or have younger children.

Social Determinants and Equality

- A lack of understanding of different health conditions, the impact they have, and the kind of support that is needed is a barrier for people when attempting to access healthcare services. People shared they find themselves having to explain their health condition and what support they do and don't need, with some people saying that it would be easier for them not to disclose their health condition.
- The cost of living is continuing to impact people's health and wellbeing, with people sharing that they struggle to afford food and bills. One couple shared that throughout the winter they were only able to heat one room in their home, because it was too expensive to heat the whole house.
- Some people felt that they were not receiving appropriate support for their health conditions because they are older, with people sharing that they are sent away without having a proper investigation into their health issue.

Hastings Listening Event: What we heard

Accessing Primary Care

- It is very difficult to access primary care services, particularity GP and dentistry services. It was reported that some people with complex needs self-medicate with illegal street drugs.
- The use of technology, for example, being able to book appointments online, is very useful for younger generations. However, it should not become the only way to access services.
- Many GP practices have been developing their websites, making it easier for patients to find information and access different services. Many patients are not aware of what they are able to do on their practice's website, and more needs to be done to promote this.
- Many GP appointments are phone calls, but patients are only given a day and timeframe for the call, rather than an exact time. This is inaccessible for a wide range of people, who end up missing their appointment and having to rebook.
- Being a GP practice receptionist is a very important and skilled role, however, people shared that they did not feel that receptionists were always appropriately trained and were being asked to triage patients without the medical knowledge to do so.
- People are commonly advised to "talk to your GP" if you have a medical issue. This makes people think that they can only see a General Practitioner. It was suggested that this should change to "talk to your surgery", which may be more helpful.
- People shared that although patients may be sent for tests (e.g. blood tests) to look at what might be causing a medical issue, there is often no follow up unless the patient contacts the surgery after having the tests done.

Hastings Listening Event: What we heard

Social Isolation

- Organisations shared that although people can be signposted to community activities, attending groups alone is a barrier. People need someone who can attend groups with them, but this is difficult when the service cannot provide this support, and the person does not have a support network.
- Coffee and chat groups are useful but having an activity to do is very important for some of those who are socially isolated, as they may not feel comfortable attending a talking-based group..
- You have to pay for parking in many areas, and many car parks are removing their payment machines, pushing people to use payment apps. This prevents those who cannot access these services from going out.
- There are high levels of deprivation in Hastings, which can impact people's motivation to connect with others.

Social Determinants of Health and Wellbeing

- Many people can struggle with their health and wellbeing due to anxiety and other mental health conditions, which makes it difficult for them to reach out and access support. Some GP practices use withheld or unknown numbers, which is a barrier for people with social anxiety who may struggle with phone calls.
- Transportation is a barrier for people when attempting to access services or activities to support their health and wellbeing. Public transport is often unreliable, and often multiple modes of transport are needed, particularly to attend appointments outside of Hastings.
- Many places in Hastings require you to pay for parking, and there is a push towards using parking apps, with some areas removing their machines, meaning there is no option for cash payment. These issues create barriers for those who do drive but struggle to afford parking, and/or are unable to use digital payment methods.

What we heard: Quotes

"I always go in to make an appointment. I have a hearing impairment so I can't hear over the phone well and don't use internet."

"The phoning system at 8am is highly problematic. It excludes people who are already at work or have caring responsibilities."

"There is a difference between digital access and unlimited access, and digital access does not manage the unlimited demand from patients."

"Men's Sheds treat people the same, whatever their abilities, but we are not social workers."

"It has been a lifeline after losing my wife, providing friendship and company."

"The cost of living can make it difficult to get to important appointments."

"A bus route that I had relied on for many years ... was suddenly withdrawn. Now I can't afford to easily get to the doctors as I have to take a taxi."

"If you put more benches there, people will sit on them!"

Differences between Districts and Boroughs: Our areas

Throughout our Listening Tour, people shared a wide range of experiences and feedback on their local health and care services. Some of these themes were only mentioned in one area of our Listening Tour. These area specific themes are outlined below.

- In Wealden, people shared that there are lots of social activities in the area if you know where to look for these, but there are fewer social and wellbeing groups specifically for men.
- In some areas of Wealden there is a lack of outdoor seating, which can prevent those with mobility issues from being able to access green spaces and their community.
- Those we spoke to highlighted the large socioeconomic differences between Lewes and the Havens, with the suggestion that those in wealthier parts of the area may have better health and wellbeing overall due to better access to services being shared.
- Feedback from Lewes and the Havens suggested that lots of people in the area are now actively utilising online booking systems for GP appointments, and that this is generally working well. However, it was noted that during our Listening Tour in the area, not all GP practices had online booking systems available.
- In Hastings, people shared that the high levels of deprivation in Hastings have a great effect on local people's health and wellbeing. Many people shared that there is an issue with illegal drug use, with some people suggesting that people are turning to these drugs when they struggle to access the support they need.
- People shared that they felt that there is a lack of public toilets in Hastings, which can impact people's access to the community, particularly those who are older, have young children or have health conditions which mean that they need to be able to easily access a toilet.

While these issues were only mentioned in one area of East Sussex, this does not necessarily mean that this issue only affects that one area. However, it remains important to highlight that while lots of issues are relevant across East Sussex, some may be more important to those living in specific areas.

Common Themes

Accessing Primary Care

Accessing appointments at GP practices was the most common theme that people talked about during the Listening Tour. Participants shared that reaching and communicating with GP practices is challenging, especially for older people, carers, and people with disabilities.

- ### Digital First

Patients are encouraged to use digital tools to access appointments, but different people preferred different methods to make contact with their GP practice. Using technology is easy for some, but not for others.

Whilst younger people are generally more comfortable submitting information using a webform platform such as engage consult, digital exclusion is not simply about the age of patients. Some older people like the convenience of using NHS apps, whilst some younger adults struggle to access the technology due to income or disability.

The NHS app was highlighted as difficult to use, particularly for those with learning disabilities or other support needs. People with sight impairments and dyslexia were also struggling to use the Anima app. People with visual impairments found it harder to read messages sent by email or on the app if they use magnifying glasses. We heard that East Sussex Vision Support have visited GP practices to explain the additional barriers for people with visual impairments accessing primary care services.

More positively, some carers welcome the availability of online tools to order repeat prescriptions at a time of their convenience. This contrasts with the experience of calling GP surgeries by telephone to request an appointment to see a health professional. Carers don't have time to spend waiting on the telephone as they are looking after the person they care for.

- ### Telephone Access

There was mixed feedback on the use of the phone calls to request GP appointments. Some people preferred this form of access, whilst other people reported that this was the only way to make appointments, resulting in a rush at 8am. Some people said that if they visited their surgery face-to-face to request an appointment then they are directed to telephone at 8am.

There was frustration that some people making appointments by telephone were being asked to ring back the following day if all the appointments are taken in the morning. This frustration was shared with people using digital tools to access appointments if all appointments had already been booked for the day. An inability to book ahead, especially for less urgent issues, was often viewed as frustrating.

Common Themes

Accessing Primary Care

If people are unable to book same-day appointments for urgent health concerns then they may be unsure where to go. There was positive feedback about Minor Injury Units in Wealden, and Urgent Treatment Centres nearby because people were able to be seen the same day. There was positive feedback on the 111 service where people were able to access GP appointments through this service.

- ### Triage

There was a lack of awareness regarding the need to share information to enable the triaging of GP or primary care appointments. Some people reported that they do not like having to give sensitive or personal information to a receptionist and felt that they only ask to see a doctor when they need to.

Some struggle to communicate verbally on the phone, or express themselves using digital technology when requesting appointments, and this can impact their ability to access timely healthcare. Some reported delaying contact with their GP practice by phone as they were unsure what to say and had low expectations about getting an appointment.

People expressed concerns about the accuracy of the triaging system and who was making decisions about the prioritisation of appointments. It was identified that the introduction of the 'digital first' approach was not necessarily matched by the capacity of GP practices to triage all the information received and offer appointments to meet demand.

There was acknowledgement that receptionists at GP practices are doing a very difficult job, but there is a perception that receptionists are looking at a screen rather than speaking to the patients when recording information. Some carers reported that receptionists are more responsive to the needs of carers registered at the practice following input from Care for the Carers.

Social Isolation

Many people in rural areas reported feeling isolated on occasion. There are things going on if people are proactive in finding them, but this is dependent on the individual.

- ### Lack of Confidence

The biggest barrier to getting involved was lack of confidence and not feeling brave enough to make new friends. Carers reported it takes time to get used to being on your own when a partner is no longer living at home.

Common Themes

Social Isolation

Going to things on your own is a barrier, and some people say yes to activites suggested to them to please others but don't attend. People sometimes make excuses not to participate in activities when they lack confidence to socialise. The more isolated people are, the more important it is for them get out and go to activities, but the harder it is to find out about things and go.

- ### People at Risk of Social Isolation

We heard that not enough men get involved in social activities, and need more groups aimed specifically at them. Coffee and talking groups are not the right thing for everyone, and an activity can be more useful as it gives people something to do other than just talk.

NCT (National Childbirth Trust) runs groups for men in relaxed settings, including arranging walks and practical activities. Men's Sheds also offer a social space for men alongside woodwork and craft. They do not regard themselves as a mental health provider, but do offer activities for people referred by agencies, and try to treat everyone the same.

There are limited things for young people to do in rural areas, with few youth clubs and a lack of volunteers to run clubs. People are put off volunteering because of the responsibility of keeping people safe. Faith groups in rural areas are sometimes the only providers of youth clubs.

Young people are physically isolated if they do not have access to a car, and the cost of travelling by public transport can also be a barrier. This leads to a loss of confidence in some young people.

Some carers reported losing friends due to them being burnt out with their caring role. Friends do not always understand the impact of caring on carers' emotional wellbeing and physical wellbeing. Caring for people in crisis means people lose their friendships and so feel isolated without support. There is a need for ongoing support and connection rather than one-off activities.

- ### Information and Social Prescribing

There is a lack of awareness of services available to support people. People aren't aware of different formal and informal services until they are in crisis. A prevention approach should be in place before people get to crisis point. People felt the onus should be on front-line health and care practitioners to know what is out there and to refer people for early intervention.

The East Sussex Community Information Service (ESCIS) was highlighted as a valuable but under-promoted directory listing around 5000 local groups and services. People highlighted the positive role of social media in connecting people through Facebook groups and WhatsApp communities.

Common Themes

Social Isolation

Social prescribing can make a real difference to people's lives. There was positive feedback about proactive social prescribers finding activities that suit the individual and their interests. Social prescribing is often accessed through GP practices, which can make it harder for people to access this valuable support if they can't get a GP appointment.

It was reported that social prescribing could have a role in tackling social isolation and signposting people to appropriate activities in their locality. People felt that these services need greater investment and promotion.

Social Determinants and Equality

There are significant socioeconomic differences between Wealden, Lewes and The Havens, and Hastings. The Lewes and Wealden areas have different kinds of deprivation to other areas, with specific areas of rural poverty, and some people experiencing isolation.

There is a higher level of deprivation in the coastal communities of Newhaven and Hastings, with people reporting concerns about easy access to recreational drugs: *"it's easier to get weed than a doctor's appointment."*

Some forms of inequality cut across different age groups and levels of income. Digital exclusion is partly related to poverty but also reflects different skills and knowledge of digital systems. There is some evidence that people with digital skills can access healthcare more easily, as they know how to 'game the system' in order to get appointments faster.

- ### Welfare Benefits and Means Testing

The welfare benefits system is complex and we heard there is a culture of pride in the Newhaven area that means some benefits may not be claimed. Some people reported that the loss of the winter fuel payment would increase the risk of going into debt to stay warm, and this was a source of anxiety.

The benefit cap on families who have more than two children has a significant impact. The lack of affordable childcare makes it difficult for parents on low incomes to work or access social activities. We heard that the Holiday and Food (HAF) Scheme provides free childcare in the holidays. One mother told us she could reclaim 80% of the cost of childcare due to their eligibility for Universal Credit, which enables her children to take part in social activities.

People who are 'just about managing' are sometimes the most disadvantaged, as they are not eligible for means-tested welfare benefits and so find it difficult to afford discretionary spending.

Common Themes

Social Determinants and Equality

- ### People at Risk of Inequality

It was reported that young people were waiting years for input from the Child and Adolescent Mental Health Service (CAMHS). There were some reports people were paying for private health treatment due to the length of waiting lists for NHS care. While this enables some people to access healthcare, it reflects the difference in outcomes between those who can afford private care and those dependent on NHS treatment.

Older people accessing social activities across the county value the provision of a hot meal, as it's food they don't have to cook for themselves. Access to a good quality meal is important for people of all ages. Social clubs for older residents provide somewhere to come and meet other people, in a safe environment, have something to eat and use the toilet.

All carers reported their caring responsibilities made it difficult to access appointments, particularly for themselves, as they needed to be able to support the person they care for. All carers said that at times they have found it difficult to access healthcare when they needed it. One carer reported that their 'whole life' was controlled by their husband's additional needs.

Carers reported some poor experiences of hospital discharge, including inappropriate discharges from acute hospitals due to the pressure on the emergency department. This was exacerbated by poor communication between secondary health care and primary care. Carers living in East Sussex cannot use their carers cards for discounted parking in acute hospitals outside of the county, but appreciate the reductions provided locally.

- ### VCSE Role

Voluntary, community and social enterprise (VCSE) organisations play an important role in providing support to all but is most valued by people experiencing poverty and inequality. Churches and faith communities run youth clubs and dementia cafes. They also provide space for food banks or food partnerships to help feed people at risk of food poverty. We heard that there are pressures on the capacity of the VCSE sector due to the limited number of volunteers available to provide services.

Care for the Carers provide wellbeing groups across the county to give carers a connection to others, which they might otherwise find difficult. Where activities are held is important, as they need to be accessible and easy to get to.

Common Themes

Transport

Limited transport options contribute to difficulties accessing healthcare and social activities, especially when combined with other barriers such as low income.

- ### Health Appointments

People living in Wealden and Lewes have to travel significant distances to the nearest acute hospital. Infrequent bus services and poorly situated train stations require additional taxis, compounding accessibility issues.

The cost of living can make it difficult for some people to get to important appointments, particularly when the service is out-of-area. Some services (such as the lymphedema clinic in Eastbourne) are not accessible by public transport, and people have to pay for private taxis to get to them.

The national criteria for non-emergency patient transport are quite restrictive, and people reported that were unable to get to appointments as a result, particularly where they have to pay for transport from rural areas.

- ### Social Activities

Transport is a significant issue for people accessing social activities. The cost of public transport, including community transport services, can be a barrier, particularly where people have other priorities such as caring for children or their own health needs.

Limited transport has prevented some people from outlying areas coming to Lewes Men's Shed. There were reports of men who could not maintain their attendance at the Shed due to the cost or availability of appropriate transport across the district.

Mobility scooters can make a difference for some people with mobility needs, enabling them to access recreational and social activities in their localities. It is difficult for frail older people to get out and about in the winter, with some disabled people not wanting to take their mobility scooter out in the dark.

- ### VCSE Role

It was identified there is potential for the voluntary car schemes to play a bigger role in meeting the transport needs for local people, such as the Havens Cars and the Nevill Good Neighbours scheme. These VCSE services can provide assistance for people needing help attending appointments but rely on local volunteer drivers to have the capacity to help.

Common Themes

Health and Wellbeing

Keeping physically active, including getting out and about, was identified as the most important thing for health and wellbeing. This was very difficult during the Covid pandemic, but it was recognised that keeping physically active is linked to both mental and physical wellbeing. Older and disabled person's bus passes are vital to help people get out and about.

- ### Activities for Fun

Attending social groups enables people to retain a sense of humour and maintain their resilience in the face of challenges, including the cost of living crisis. People expressed interest in accessible and inclusive activities, such as themed walks in nature and local history.

Some projects, such as Health Walks, tend to attract people who are already healthy. People emphasised avoiding labels like "wellbeing walks". There is some value in having activities without having a specific purpose, or without being associated with a particular condition. Doing something just for the fun of it takes away the focus on people who are lonely.

It was reported there is a lot of recreational drug use in Hastings, and that it makes some people feel uncomfortable and unsafe when getting out and about. People suggested that there needed to be more action from the council and the police to make the town feel safe for everyone.

- ### Caring and Giving Back

For many carers the most important factor determining their health and wellbeing was the opportunity to have a break from their caring roles, and the opportunity to stop worrying about their loved ones. Carers reported having made a lot of friends through attending groups. Care for the Carers provide courses and activities that support carers to maintain their caring roles, including art courses and woodland walks. Giving something back helps people feel more connected to others.

- ### VCSE Role

Wellbeing Centres have a range of art and craft activity, information and advice, and other holistic activities for people with mental health challenges. There is a range of other VCSE services supporting social and emotional wellbeing in East Sussex, although their capacity is limited by the availability of volunteers and ongoing funding.

There was a call for more public benches to support people with reduced mobility along walking routes. Some Men's Shed groups have started work on making benches, and so there is potential for these groups to give something back by helping other people get out and about.

Listening Tour 2024/25 Recommendations

Recommendations for NHS Sussex and Primary Care Networks

1. Accessing Primary Care. The 'Digital First' approach to accessing GP appointments should be supported by alternative access routes for people who are digitally excluded, have sensory impairments, and other communication needs. NHS Sussex and GP practices should consistently clarify appointment options in line with Modern General Practice guidance, clearly communicate triage processes, and respond to the support requirements of people with additional needs.

2. Social Isolation Social prescribers who signpost people to social activities have a key role in tackling loneliness. NHS Sussex and Primary Care Networks should invest in social prescribing to help deliver the prevention agenda, including through Integrated Community Teams. The prevention strategies of local strategic partners in the Sussex Health and Care Assembly need to be aligned to tackle loneliness.

Recommendation for East Sussex County Council, District & Borough Councils

3. Social Determinants and Equality. Young people and those on low incomes, including disabled adults and carers, are most impacted by the increased cost of living. East Sussex County Council and local authorities should prioritise support for youth facilities, community assets such as Food Partnerships, and help for carers as identified in the East Sussex Carers Partnership Plan.

Recommendation for NHS Sussex and East Sussex County Council

4. Transport The cost and availability of transport can be a barrier to accessing health appointments and social activities. NHS Sussex should ask health providers to clarify transport options, including the low-income support scheme and where possible offer flexible appointment times. The East Sussex Local Transport Plan should factor in health and care, coordinating public transport with the NHS, non-emergency patient transport, and voluntary community schemes.

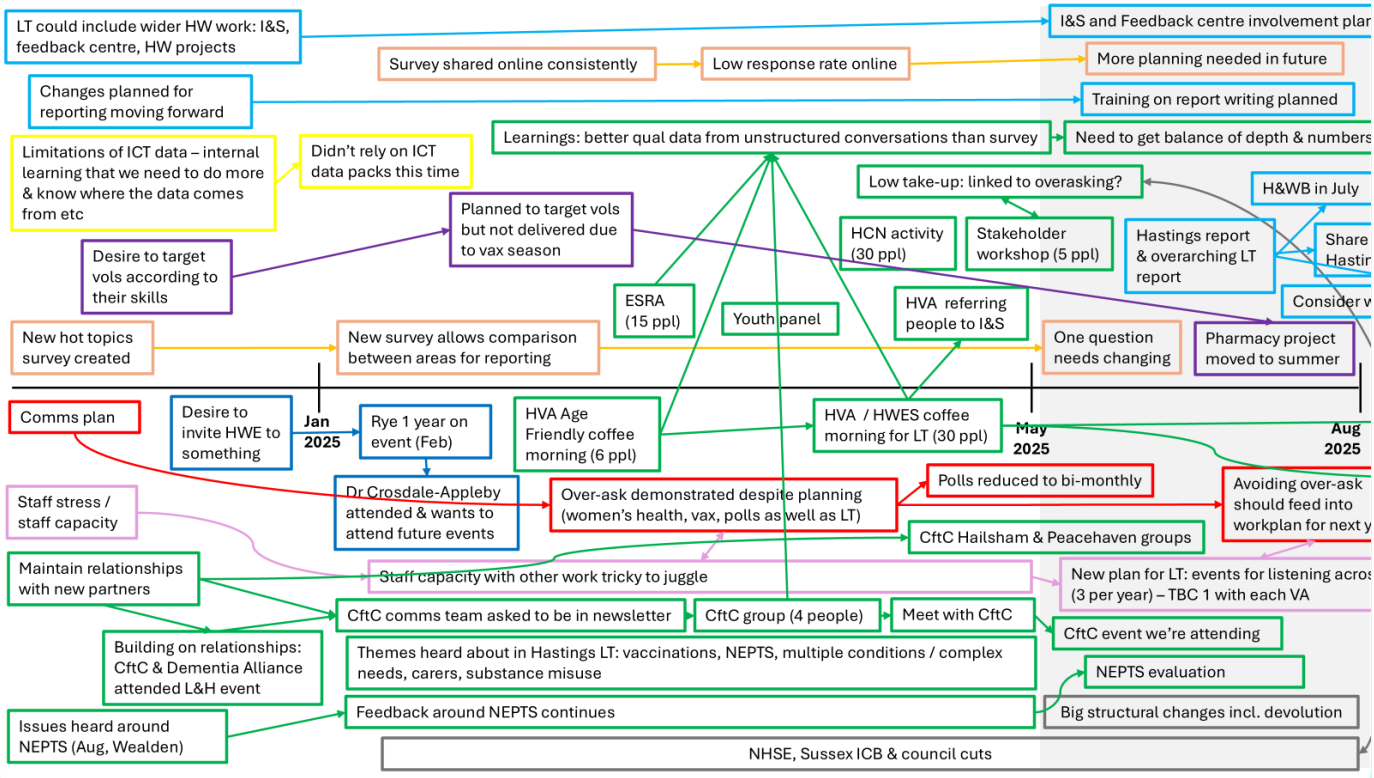
Recommendation for East Sussex County Council, District & Borough Councils

5. Health and Wellbeing. The 'What Matters to You' Adult Social Care Strategy identifies group activities, hobbies and volunteering as a priority. East Sussex County Council and local authorities should target support for local initiatives to improve access to the community for people with reduced mobility, including themed walks, community toilet schemes, and community seating.

Listening Tour 2024/25 Evaluation and Future Plan

Evaluation

Healthwatch East Sussex staff reviewed and evaluated the Listening Tour after each stage, using the Ripple Effect Mapping (REM) evaluation tool. We identified what we did, the intended and unintended impact of our activities, and the broad learning pathways to inform our future planning. The image below is taken from the Ripple Effect Mapping workshop following the completion of the Listening Tour in May 2025.



Future of the Listening Tour

Following evaluation of this year's engagement, Healthwatch will develop the Listening Tour further to include:

- Greater use of data from the Healthwatch Feedback Centre and Information and Signposting Service.
- A digital Listening Tour survey promoted throughout the year.
- Outreach to VCSE organisations across the whole of East Sussex.
- Two Listening Events, to feed into the developing workplans of Integrated Community Teams (ICTs)

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Report to:	East Sussex Health and Wellbeing Board.
Date of meeting:	15 July 2025
By:	Darrell Gale, Director of Public Health.
	Ross Boseley, Specialist Support Manager.
Title:	Annual Report of the Director of Public Health in East Sussex - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets.
Purpose:	To share the Annual Report of the Director of Public Health in East Sussex - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets.

RECOMMENDATIONS

The Board is recommended to review and champion the 2024-25 Annual Report of the Director of Public Health in East Sussex - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets, ahead of wider dissemination and publication.

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1. **Background**

1.1 This year's annual report is titled Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets, ahead of wider dissemination and publication at the end of July.

1.2 The report is a final draft with final revisions being worked through with the graphic designer. Following final revisions, like all Annual Reports it will be published on the East Sussex Joint Strategic Needs Assessment website.

2. **Supporting Information**

2.1 East Sussex has a nationally significant and internationally recognised coastline, including the Seven Sisters, Cuckmere Haven, Beachy Head and Camber Sands. These natural wonders neighbour many coastal towns, villages and communities. These places are enjoyed by residents and visitors alike. Each of our coastal towns and communities have their own unique character and this report aims to showcase this as well as outline their health and wellbeing.

2.2 This report builds on the Chief Medical Officers 2021 report, Health in Coastal Communities. Hastings was included within the CMO report as a case study and we hope this report will provide local partners with an opportunity to learn more about the health and wellbeing and the assets in each of these coastal communities, from East Saltdean in the west to Camber in the east of East Sussex.

2.3 We have proactively sought contributions from local borough, town and parish councils to capture views and perspectives on the health, wellbeing and assets of each place within the report. These complement the quantitative data included within the report.

Where contributions were made, they have been attributed. We hope that by including these additional contributors within this report, this will support future collaboration with town and parish councils.

2.4 Living by the coast offers numerous benefits for both mental and physical health. Coastal living can encourage an active lifestyle with opportunities for walking, swimming, and other outdoor activities. However, the sea also acts as a barrier to opportunity and restricts communities from achieving their full potential.

2.5 The age profile of some of our coastal locations, levels of deprivation and 'coastal features' all influence the health, wealth and happiness of our coastal communities. The data highlights that when a range of health, wellbeing and other data is compared by coastal and non-coastal populations, our coastal populations are more socially and economically disadvantaged, often have poorer health outcomes and, in some locations, have a shorter life expectancy.

2.6 The health and wellbeing of these coastal communities could be improved. Therefore, the report provides details of some of the programmes being implemented to address the health and wellbeing of coastal communities.

2.7 This report has tried to incorporate learning from reports that have won the Association of Directors of Public Health (ADPH) Annual Report Celebration and cover the themes from all the previous local Director of Public Health reports since 2018. This is to ensure these issues are viewed through a 'coastal' lens. Furthermore, we hope by referencing the previous reports, readers of this report are reminded and encouraged to revisit previous publications.

2.8 This report has also used language from the toolkit produced by Frameworks UK and the Health Foundation on how to make more impact on talking about the wider determinants of health. As a final version is prepared, some of the language will be further refined in line with the guidance on How to talk about the building blocks of health | The Health Foundation.

3. Conclusion and Recommendations

3.1 The 2024-25 Annual Report of the Director of Public Health in East Sussex - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets is now available to be reviewed by the Health and Wellbeing Board.

3.2 The Board is recommended to review and champion the 2024-25 Annual Report of the Director of Public Health in East Sussex - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets, ahead of wider dissemination and publication.

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Postcards from the Coast

Coastal Communities in East Sussex, their health, wellbeing and assets.

East Sussex County Council

Contents

1. Foreword

For many of us, our coast is a source of pleasure, fond memories and hope. Much of the East Sussex coast is shaped by our desire to enjoy the shoreline for a few hours, a holiday or a lifetime.

As children we may have made a trip to the seaside and beach on a sunny summer's day, this would have been full of exciting sights and experiences for the young mind. The Victorians saw our coastline as a holiday destination, for health and happiness, which set the path for the development of seaside resorts with piers and other forms of leisure and pleasure being built, much of that exists to some extent today. Whilst, in the modern age, many see the coast as a place to enjoy a well-earned retirement and our later years.

Our coastal towns, villages and communities in East Sussex are places that bring joy to so many people, it felt appropriate to use this year's annual report to show case our coastal communities. This report aims to balance what is great and precious about our coastal communities whilst acknowledging that there are health, wellbeing and other challenges associated with our coastal communities. Let's be clear, it's people in our coastal communities that experience fewer years of good health and shorter lives compared to their counterparts in non-coastal parts of East Sussex. We can and should take action to address the extremes that exist within East Sussex, such as the likelihood that a person living in St Leonards will have 20 fewer years in good health compared to a person living in north Wealden.

I see East Sussex as one of the most diverse coastal counties and I believe we are the only county council in which all our related district and borough councils have a coastal strip of their own. Each of these places has a range of assets that support the health, wealth and happiness of those that live and visit there.

This report builds on the previous reports that have been published since I became Director of Public Health at East Sussex County Council. These reports have sought to highlight the range of factors that influence the health and wellbeing of our local population, beyond the provision of free universal NHS healthcare.

Previous reports have included the following titles:

- Creativity for Healthier Lives
- Social Connections and Multi-agency Work to Tackle Loneliness
- Work, Skills, and Health
- COVID-19 in East Sussex
- Health and Housing

I have tried to ensure that we cover these topics again within this report with a focus on coastal communities. I am keen to demonstrate, that to improve health, we must continue to take collective and sustained action on the availability and quality of available housing, the need to improve school attendance to help drive performance in education and developing our local economy so it supports good work and skills. We must also support activities that improve social connection and reduce loneliness whilst supporting people to have access to creative and cultural opportunities throughout their lives. These are the essential building blocks for a healthy life that is well lived.

Each section of this report highlights local action that improves and protects the health of our local population. I am delighted by the many contributions received by partners and elected members across East Sussex that have helped to produce this report.

I hope you enjoy this report and share with me, the need to address the health, wealth and happiness of our coastal communities. I also hope it inspires you to Experience Sussex, visit our coastal towns and villages and enjoy all they have to offer you, your friends and family.

2. Executive Summary

The lives of some East Sussex residents living on our coast are being cut short. We know that this is due to, some of the following factors:

- Housing,
- Education,
- Skills and employment,
- Income,
- Transport,
- Safe and well-connected communities

On average, residents who live in non-coastal communities enjoy ten years of extra life and can expect to spend an extra twenty years of good health compared to their coastal counterparts.

In addition to the factors listed above, East Sussex has long seen an in-migration of older, retired citizens posing an increased demand on health and social care services combined with an outmigration of younger populations in search of education and employment opportunities. This skews the age profile of East Sussex but poor health outcomes for coastal communities are not solely due to the older population.

Many coastal communities were historically built around single industries like tourism, fishing, or port work, which have since declined, largely due to globalisation and this has contributed to increasingly scarce, low-paid, or seasonal employment.

Census data from 2021 shows that coastal communities have higher levels of deprivation, fewer and lower level qualifications and higher unemployment rates. The differences in health and wellbeing between coastal communities and non-coastal communities can be seen at every age. In coastal communities (compared to non-coastal communities):

- Childhood vaccination rates are lower leading to poorer immunity,
- School children are more likely to feel lonely and have a poor diet,
- Adults are more likely to smoke,
- Older people are more likely to have non communicable conditions such as hypertension and coronary heart disease, and
- Across the ages, there are higher incidents of depression and hospital admissions for self-harm.

This report explores the above issues in detail but also celebrates coastal communities as places of beauty, history and home to thriving communities in the words of those living there.

The report also highlights several key programmes that the council and our partners have been implementing to improve the health and prosperity of those in our coastal communities. This includes interventions that aim to improve local housing, develop skills and our future health and care work force, workplace health initiatives and programmes that aim to reduce loneliness.

Despite the health inequalities that exist in our coastal communities in East Sussex, we know what measures can address and improve these. The recommendations in this report outline a number of areas for action to improve the health and wellbeing of coastal communities.

Recommendations

The Building Blocks of Health

1. Build and sustain, long term, multi-agency action on the building blocks of health. These include programmes that support:

   1.1 Increased educational attainment and aspiration for those in coastal communities,

   1.2 Increased the availability of better-quality and affordable housing and homes for those in coastal communities, and

   1.3 The development of the local economy to support high quality and secure employment opportunities in coastal communities

2. Undertake an assessment of the opportunities that local government reform and a combined Sussex Mayoral Authority could present in addressing the factors that influence coastal health and opportunity inequalities in East Sussex.

3. Build on our community development programmes such as Making It Happen and Mr Hastings and St Leonards, and work alongside people in their coastal neighbourhoods who want to take action to create positive change.

4. Further develop our cultural and nature based coastal assets locally to ensure those living in and near them can access them and benefit from them for their health and wellbeing.

5. Recognise all the impacts of climate change on our coastal communities. Work collaboratively with partners to protect our coastal communities from current and future risks of climate change and ensure they can take proactive measures to protect themselves and livelihoods from climate hazards in the short, medium and longer term.

6. Build on the Aspirations programme delivered in schools in Hastings that aims to address the health and care workforce shortages in coastal communities by promoting medical, health and care careers in Hastings.

7. Further develop our local tourist economy and the 'Experience Sussex' initiative to support local prosperity in coastal communities in East Sussex.

Research and Data

8. Develop further research partnerships and enhanced data collection and sharing opportunities that provides detailed local evidence on what works to improve the health, wealth and happiness of our local coastal communities in the county.

9. Ensure and advocate that large scale health and care research programmes, such as the Our Future Health study actively recruits coastal communities to their studies similarly in a way they would recruit participants with protected characteristics or from an inclusion group.

Targeted initiatives and Prevention

10. Explore the feasibility and acceptability of specific national health inequalities initiatives such as becoming a Marmot Coast and build on the learning from initiatives by the Coastal Navigators Network over the next two years.

11. Build on existing targeted and enhanced interventions to increase the uptake of national vaccinations and screening programmes.

12. Develop our targeted and enhanced primary prevention programmes that reduce and delay the burden of non-communicable diseases such as cancer and cardiovascular disease in our coastal communities.

13. Work with our NHS partners, particularly GP practices to ensure that secondary and tertiary prevention of cardiovascular diseases is maximised in our coastal communities.

14. Build on our workplace health programme to ensure that workplaces in coastal communities are supporting the health and wellbeing of their employees.

15. Build on our extensive programme of work to improve cliff safety and reduce the number of deaths at cliffs in East Sussex.

16. Develop our county wide Public Health approach to gambling and ensure that our coastal communities are not disproportionately exposed and affected by harms caused by gambling.

17. Build on action on healthy ageing and tackling ageism and promoting age friendly communities and employers within our coastal communities.

3. Introduction

East Sussex has a nationally significant and internationally recognised coastline including the Seven Sisters, Cuckmere Haven, Beachy Head and Camber Sands. These local natural wonders neighbour many coastal towns, villages and communities. These places are enjoyed by residents and visitors alike. Each of our coastal towns and communities have their own unique history and character and this report aims to showcase this as well as outline their health and wellbeing.

This report builds on the Chief Medical Officers 2021 report, Health in Coastal Communities[1]. Hastings was included within the report as a case study, and we hope this report will provide local partners with an opportunity to learn more about the health and wellbeing assets in each of these coastal communities from East Saltdean in the west and Camber in the east of East Sussex.

Living by the coast offers numerous opportunities that benefit both mental and physical health. Coastal living can encourage an active lifestyle with opportunities for walking, swimming, and other outdoor activities. However, poor transport connectivity and the limited labour catchment area, restricted by the sea, are often paired with the socio-economic challenges, in most cases originated by a long process of de-industrialisation[2] therefore our communities aren't achieving their full potential.

The health and wellbeing of these coastal communities could be improved, and this report profiles the health and wellbeing of each place whilst celebrating what makes these great places to live.

A range of data sources have been used within the report, including Census, Quality and Outcomes Framework GP practice data and Hospital Episode Statistics. Rather than reproducing data that is already available, e.g. Area profiles for Eastbourne and Hastings, these are signposted to within this report. Where other types of relevant local reports, such as East Sussex area snapshots are also published for Peacehaven, Newhaven, Hollington in Hastings and areas of Bexhill-on-sea they are also sign posted to rather than reproduced.

A key term to note is the building blocks of health. These are the wider determinants of health and these include education, housing, employment and occupation and the need to belong to a community. These topics have been covered in previous annual reports and will be revisited themes through a coastal perspective.

Attention has been drawn to several issues that affect our coast. This includes coastal flooding and climate change, bathing water quality and the persistence of cliff locations used by too many people to end their lives.

Action can be taken to improve the health of our coastal communities, this in turn will reduce the health inequalities that exists in the whole county.

This report shares what is great about the coastal communities we have in East Sussex, all of which have key strengths to build on and can work together to build a fairer, happier and healthier East Sussex.

4. Defining Coastal Communities

What is a coastal community? There is no agreed definition and other reports from different agencies have used a variety of definitions for coastal communities. For this report, we have taken several different approaches to try and include all our coastal communities in the county. However, each approach to defining them has advantages and disadvantages.

The ONS published a report in 2020 that defined coastal towns and cities[3], it split them as 169 coastal towns between seaside towns and other coastal (non-seaside) towns. To make the distinction between a seaside town and other coastal town, they consulted several lists of seaside towns previously published as well as examining a range of information on each town. Their aim has been to split the towns depending on whether the town has a tourist beach and associated visitor attractions or whether the town is focused on other activities such as being a port town or a town with an industrial heritage. However, this definition means some of our smaller coastal communities in East Sussex, such as Camber, would be not captured.

Since then, the ONS has published Census 2021 data using a Coastal Built-up area classification. Built-up areas (BUAs) are a geography based on the physical built environment, using Ordnance Survey topographic data to recognise developed land, such as cities, towns, and villages. This allows economic and social statistics to be investigated based on actual settlements where most people live[4].

Coastal BUAs included have a boundary within 1 kilometre (km) of the coastline and with a surface area of 50% or more within 3km of the coastline or BUAs which have a perimeter of more than 2.5km within 25 metres of the coastline. These are then classified by the size of the population.

Table 1: ONS Coastal Built-Up Area classifications.

Population range (Usual resident population)	BUA size classification	Approximate settlement type	East Sussex Coastal community
0-4,999	Minor	Hamlet or village	Camber Crumbles East Saltdean Fairlight Pett Pevensey Bay Telscombe Cliffs Winchelsea Beach
5,000-19,999	Small	Larger village / small town	Newhaven Peacehaven
20,000-74,999	Medium	Medium towns	Bexhill-on-Sea Seaford
75,000-199,999	Large	Large towns / smaller cities	Eastbourne Hastings
200,000+	Major	Cities	

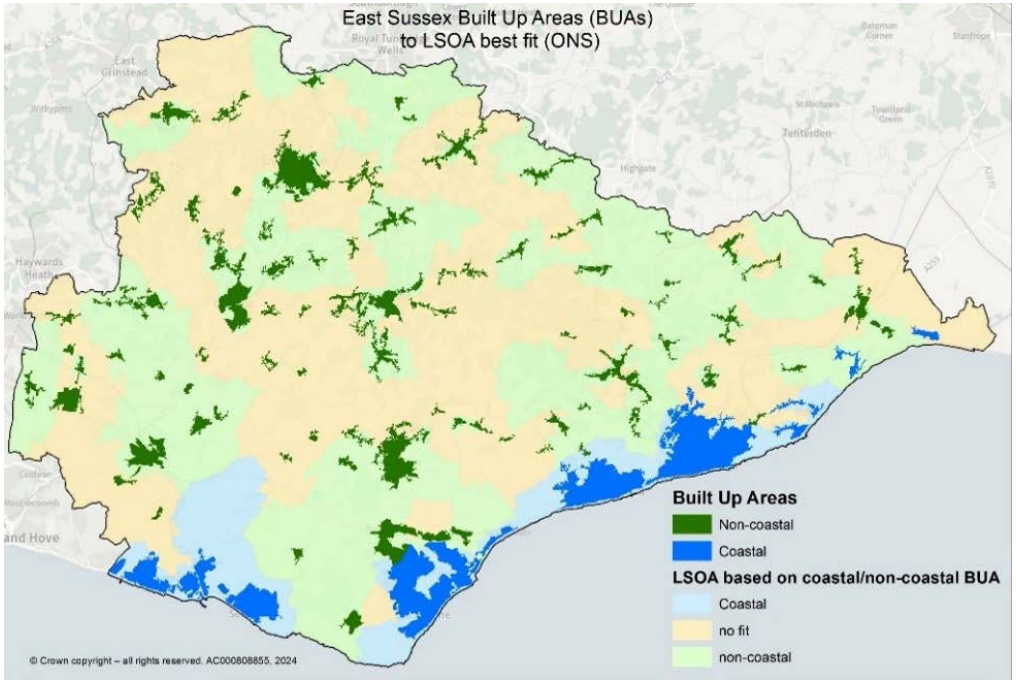
It is this definition that we have used as the basis of our report. This definition allows for the breadth of our coastal communities to be included within the report.

The majority of health and wellbeing data is not available for BUAs, and where this is the case the ONS Lower Super Output Area (LSOA) best fit lookup to BUAs has been used. This lookup maps BUAs to LSOAs, and the LSOAs that coastal BUAs are mapped to, become 'coastal LSOAs', and LSOAs that non-coastal BUAs map to become 'non-coastal LSOAs'.

Therefore, coastal / non-coastal BUAs are not the same populations as coastal / non-coastal LSOAs. For example, some of our minor coastal BUAs in Rother district align to an LSOA that predominantly includes populations in non-coastal locations and so are not captured within coastal LSOAs. There are also a number of LSOAs within the county that the best fit lookup means that no BUA is assigned to it, and hence are not included within the coastal areas, or within a non-coastal comparator Map 1.

Some data presented within this report is based on school or GP practice level data. In these instances, the coastal classification of the LSOA of residence of pupils / patients has been used to determine whether the school/practice can be considered as coastal or non-coastal.

Map 1: East Sussex Build Up Areas and LSOA best fit map.



Other definitions also exist with The Coastal Communities Alliance describes a coastal community [5] 'as any coastal settlement within an English local authority area whose boundaries include English foreshore, including local authorities whose boundaries only include estuarine foreshore. Coastal settlements include seaside towns, ports and other areas which have a clear connection to the coastal economy'.

Whilst research led by the University of Plymouth, Understanding the research and policy needs of English coastal communities, towards a new coastal classification project[6] aims to co-design, implement, and make publicly available a geodemographic classification of English coastal communities. The initiative is driven by the growing

awareness of the challenges faced by these communities, which have some of the worst health outcomes in England, as highlighted in the 2021 Chief Medical Officer's annual report and the 2022 Levelling up White Paper.

Despite increasing policy attention, there are barriers to developing effective solutions due to insufficient knowledge about the nature and diversity of coastal communities. Some communities are struggling, while others are thriving. The relationships between economic, social, cultural, political, and historical factors are not well understood, and the specific needs of coastal communities often go unreported due to the lack of targeted data.

The project aims to create an evidence-based classification of coastal communities linked to granular data. It involves stakeholder engagement to identify key variables, provide technical advice, and ensure the classification is relevant and updatable. The project will collect and analyse a wide range of data at a small area level, using a coastal 'flag' to explore the unique attributes of coastal communities and the impact of contextual factors on health, education, social mobility, and other socio-economic outcomes.

Ultimately, the classification will enhance understanding of the varied characteristics and needs of coastal communities, supporting the development of effective policy responses and facilitating shared learning from applied research and local interventions.

5. National Coastal Health and Wellbeing

5.1 England's Chief Medical Officer (CMO) Professor Chris Whitty's 2021 report, Health in coastal communities

England's Chief Medical Officer (CMO) Professor Chris Whitty's 2021 report, Health in coastal communities[7], highlighted the persistent health challenges faced by coastal communities despite the efforts of local leaders. These communities experience a high burden of physical and mental health conditions, lower life expectancy, and higher rates of major diseases.

The report recommended the development of a cross-government national strategy to improve the health of coastal communities. Professor Whitty collaborated with Directors of Public Health in coastal regions, examining case studies from large port cities and smaller seaside towns.

These case studies provided insights into the demographic structure, health and wellbeing outcomes, and the strengths and challenges of these communities. Hastings was one of the case studies included in the report.

Key points from the report include:

Older population: Coastal regions often attract older, retired citizens who have more health problems but lack the same access to healthcare as urban areas. In 2019, 31% of the population in smaller seaside towns were aged 65 or over, compared to 22% in smaller non-coastal towns.

Healthcare staff shortages: Coastal communities face difficulties in attracting NHS and social care staff. The report found that these areas have 14.6% fewer postgraduate medical trainees, 15% fewer consultants, and 7.4% fewer nurses per patient than the national average, despite higher healthcare needs.

Housing and deprivation: An oversupply of guest housing has led to houses in multiple occupation (HMOs), resulting in concentrations of deprivation and ill health. Poor quality but cheap HMOs attract vulnerable people from other parts of the UK, often with complex health needs.

Geographical barriers: The sea acts as both a benefit and a barrier. It is harder to attract healthcare staff to peripheral areas, catchment areas for health services are foreshortened, and transport is limited, which in turn limits job opportunities. The least wealthy often then have the worst health outcomes.

The report also noted that coastal communities with poor health outcomes share more similarities with other coastal areas than with their nearest inland neighbours. For example, Blackpool has more in common with Hastings, Skegness, or Torbay than with Preston, just 18 miles inland.

Despite these challenges, the report highlighted the paradox that coastal areas are generally healthier than inland counterparts due to the physical and mental health benefits of living near the coast. These benefits include better access to outdoor spaces for exercise, social contact, and lower air pollution.

The CMO made three key recommendations:

1. National Strategy: Develop a cross-government national strategy to improve the health and wellbeing of coastal communities, incorporating key drivers such as housing, environment, education, employment, and transport.
2. Healthcare Workforce: Address the mismatch between health and social care worker deployment and disease in coastal areas. This should be actioned by NHS England.
3. Research and Data: Improve the lack of granular data and actionable research into the health needs of coastal communities. Research funders should provide incentives for research aimed specifically at improving coastal community health.

These recommendations aim to address the unique challenges faced by coastal communities and improve their overall health and wellbeing.

5.2 The decline of English seaside towns and possible solutions

In her book, The Seaside, England's Love Affair, Madeleine Bunting [8] considers five trends that have contributed to the deprivation of seaside towns. She looks at possible paths to turning their fortunes around, she calls this pattern of social and economic decline England's 'salt fringe', analogous to the US rust belt as a process of deindustrialisation and social decline. It afflicts towns on every English coastline from Hastings on the south coast to Clacton on the east and Weston-Super-Mare on the west. At the root of this plight is the challenge of dealing with an **exceptional combination and concentration** of five trends. The decline of English seaside towns can be attributed to five main factors:

1. Wage levels in seaside resorts are among the lowest in the country due to the dominance of low-paid sectors like care and hospitality, and the prevalence of seasonal work.
2. The population in many seaside resorts is ageing, with towns like Minehead and Skegness having the oldest populations in the country. This ageing population, combined with the exodus of young people seeking better job opportunities, contributes to high rates of long-term health conditions and loneliness among retirees.
3. There is a persistent problem of low educational achievement and low aspiration in many coastal towns. This is compounded by difficulties in recruiting and retaining quality teachers, resulting in low social mobility and trapping unskilled youngsters in low-paying jobs.
4. A dysfunctional housing market is crippling these towns' search for a future. In some places, there is a lack of affordable housing, making it difficult for local employers to fill jobs. In other areas, former hotels and boarding houses have been converted into cheap bedsits, attracting vulnerable populations and putting a strain on public services.
5. Seaside towns attract a highly vulnerable population, including people coming out of prison, fleeing domestic violence, or struggling with substance abuse and mental health issues. This concentration of vulnerability puts intense strain on public services like the NHS, social services, and the police.

Similarly to the CMO report, Bunting outlines possible solutions to address disadvantage in English coastal towns. These include:

1. **Raising political awareness** about the importance of coastal deprivation is crucial. Seaside resorts, though representing a small percentage of the national population, attract millions of visitors annually, contributing significantly to people's wellbeing and life satisfaction. For instance, Blackpool sees 13 million visitors each year, while Skegness attracts 4 million.
2. **Better data collection**, particularly more granular data, could improve awareness and debate about coastal poverty, which often clusters in small pockets not captured by broader statistical measures.
3. **Investing in infrastructure**, especially connectivity, is essential. Good public transport and digital connections are key areas for improvement. The rise of home working since COVID-19 has opened new opportunities for some seaside resorts, with young families moving from urban centres like London and Manchester to more affordable coastal towns.
4. **Community groups** around the coast are mobilising around local heritage and welfare projects, such as soup runs, food banks, and creative initiatives to inspire youngsters. Ambitious projects like the Campus for Future Living in Mablethorpe, involving Lincoln medical school and a café for care workers, address prevalent health issues. Similarly, the new Eden North visitor attraction in Morecambe and East Quay in Watchet, combining an art gallery with workshops and studios, offer inspiring examples of how England can re-imagine and revitalise its beloved coastal areas.

5. The health and care workforce in coastal communities

Following on from the CMO report, programmes in East Sussex have acknowledged the challenges associated with recruiting to the health and care workforce. Attracting and retaining NHS and social care staff in these areas is sometimes difficult. Health Education England's analysis within the Chief Medical Officer's Annual Report 2021 Health in Coastal Communities report shows that coastal communities, despite having older and more deprived populations, have significantly fewer postgraduate medical trainees, consultants, and nurses per patient. Health service catchment areas are also limited, and transport to major NHS centres is often restricted.

There is a notable lack of data and research on the health of coastal communities, with most data only available at broader local authority, masking the true extent of deprivation and health.

A national strategy, alongside local and regional initiatives, is needed to address these recurring problems. Without systematic action, the poor health outcomes in coastal communities will worsen as the population ages. The medical profession, researchers, public health officials, and all levels of government have a responsibility to tackle these public health challenges. Within East Sussex we have started to address this workforce challenge.

Aspirations: Inspiring Future Health and Social Care Workers in Hastings

Working in health and social care is considered personally and professionally rewarding. It offers countless career streams[9] from nursing and medicine to social work, physiotherapy, dentistry and scientific roles. However, many children, especially those from disadvantaged backgrounds, may not realise these options are open to them. In Hastings, 'Aspirations' is trying to change these perceptions by showing young students what is possible.

Originally called 'Grow your own GP', Aspirations was initially designed and funded as one of the prototypes tested within the Universal Healthcare programme in Hastings. This programme[10] saw a collaborative effort between academics and health and care leaders toward the shared purpose of making healthcare fair for all. It recognised the role of social, economic, and environmental factors as building blocks of health, and it focused on testing innovative ways to guarantee equal access to healthcare services and opportunities for all. Public Health at East Sussex County Council has decided to continue funding Aspirations for the next three academic years.

Aspirations aims at breaking down barriers, inspiring ambition, and helping children from disadvantaged backgrounds in Hastings choose for a brighter future; it is delivered by a local organisation called Education Futures Trust[11].

Targeting Year 5 students (ages 9-10) from schools in high areas of deprivation, the project offers seven interactive sessions. Children meet local health and social care professionals, including critical care nurses, junior doctors, midwives, school nurses, social workers, and microbiologists. These sessions are not just about listening; they

include practical activities like learning cardiopulmonary rehabilitation (CPR) and using a defibrillator. This hands-on approach makes the careers feel real and achievable.

The power of seeing role models from their local neighbourhoods, challenging stereotypes, and experiencing hands-on activities constitutes the basis of Aspirations, which believes in the motto: If you can see it, you can be it. By introducing children to real healthcare professionals, they can imagine themselves in those roles and see that these careers are within reach.

Pupils also get to ask questions and learn about essential skills such as communication, problem-solving, empathy, compassion and leadership. This helps them understand the transferable skills they will need and the subjects to focus on in school, empowering them to pursue these careers.

Teachers and parents are invited to some of the sessions to become more confident on pathways around job opportunities in health and care.

The first year of Aspirations reached 104 children in four Hastings schools. At the start, only 13% of the students were interested in health and social care careers. By the end, this had jumped to 32%. Students could also name more health and care professions, going from 15 to 25.

Additionally, 88% recognised that English and maths are crucial for all future careers, and 72% gained a better understanding of what it's like to work in the NHS.

Over the next three years, Aspirations will continue to reach more schools in Hastings, with a particular focus on engaging with parents. By helping them identify what jobs are available, the programme aims to inspire whole families with intergenerational impact. Another key priority is to work with healthcare, education and academic partners to create a pathway from primary school up until employment, including work experiences, placements, or mentoring.

This initiative not only raises aspirations but will lead to improved access to high quality jobs. This means secure income and positive effect on mental health and wellbeing. Long term, this project aims to contribute to the sustainability of the local health and care workforce, currently considered a priority particularly in coastal areas.

6. Our County and Our Coastal Communities

6.1 East Sussex

The geography of East Sussex

East Sussex is located on the southeast coast of England. It is currently a two-tier local authority, with an upper tier local authority (East Sussex County Council) and five lower tier local authorities (Eastbourne Borough Council, Hastings Borough Council, Lewes District Council, Rother District Council and Wealden District Council) covering a population of 545,800 as per the Census 2021.

East Sussex lies between Kent to the north and east, and Brighton and West Sussex to the west. The most populated areas are along the coast with other inland towns surrounded by more rural areas.

The county includes the iconic Seven Sisters coastline, the South Downs National Park and the High Weald area of Outstanding Natural Beauty. Within Lewes district there is a port at Newhaven with cross channel connections to Dieppe for both commercial and private passengers.

Map 2: Map of East Sussex.

6.2 Demographics

6.2.1 Age

The population of East Sussex was 545,800 as per the Census 2021, 303,955 (55.60%) of those live in coastal BUAs. There is considerable variation in the graphical and population size of East Sussex Coastal BUAs. BUAs are classified by population size as minor, small, medium, large or major, and characteristics are explored using Census 2021 data.

East Sussex has two large, two medium, two small and eight minor Coastal BUAs. The median age for East Sussex Coastal BUAs is outlined in table 2. The majority of East Sussex of coastal BUAs have a median age that is older than the median age for England and Wales coastal BUAs of the same size.

However, all coastal areas closest to the neighbouring major city of Brighton and Hove have a median age lower than the average of the for England and Wales coastal BUAs of the same size. The only other exception is Camber with a median age of 50 which is younger than the median age for minor coastal BUAs in England and Wales of 53.

An older population brings benefits, they often contribute to the economy through volunteer work, family care and part-time jobs[12]. However, the natural ageing process brings about physiological changes. This gradual decline increases the risk of chronic conditions such as heart disease, arthritis, and diabetes[13].

In addition to the biological aspects, older populations might face challenges in accessing healthcare. Limited mobility, financial constraints, and inadequate transportation can make it difficult. For seniors to visit healthcare providers. These barriers often lead to delays in diagnosis and management of health conditions, exacerbating their severity.

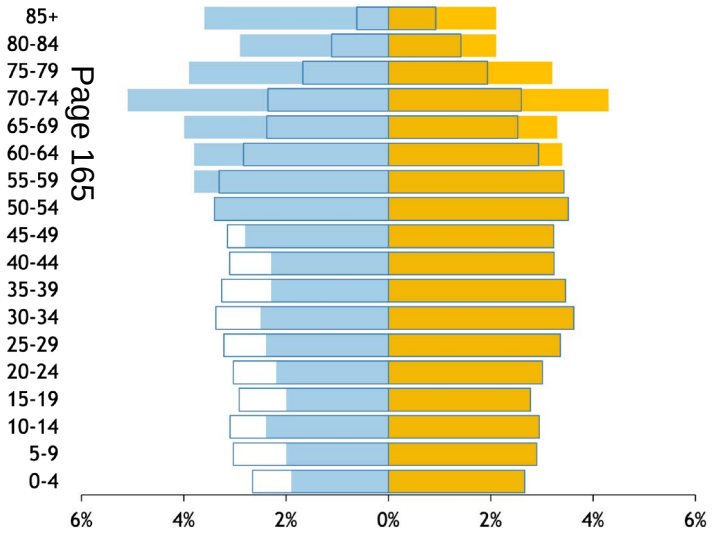
Table 2: The median age of East Sussex Coastal BUAs compared to the Median age for England and Wales Coastal BUAs of same size.

BUA Size classification and median age for England and Wales	BUA Name	Median age
Large Median age = 41	Eastbourne	45
	Hastings	43
Medium Median age = 44	Bexhill-on-Sea	54
	Seaford	54
Small Median age = 48	Newhaven	40
	Peacehaven	46
Minor Median age = 53	Camber	50
	Crumbles	54
	East Saltdean	51
	Fairlight	63
	Pett	58
	Pevensey Bay	59
	Telscombe Cliffs	45
	Winchelsea Beach	60

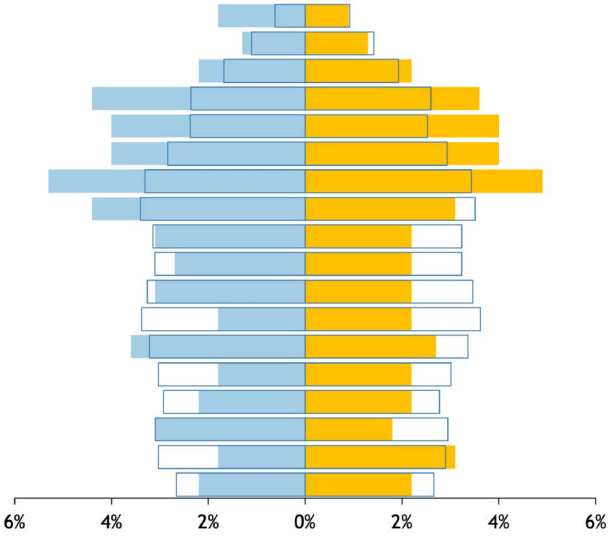
Figure 1: Population pyramids of East Sussex Coastal Built-Up Areas England 2021

The following pages include the population pyramids for our 14 coastal build up areas. These are split by gender and five-year age bands and are compared to England. They highlight the range of age profiles we see between these communities. Our coastal communities to the West of county, Telscombe Cliffs, Peacehaven and Newhaven are closer to the national age profile, as are our lager towns of Hastings and Eastbourne. Bexhill – on – sea, Camber, Crumbles, East Saltdean, Fairlight, Pevensey Bay, Pett, Seaford and Winchelsea Beach have noticeable higher populations of retired adults compared to England, although all East Sussex coastal communities have larger older female populations compared to nationally. Every coastal area in the county has a smaller proportion of adults aged 20-24 than England. The charts also show that women make up larger proportions of our 85+ groups in our coastal locations.

Bexhill-on-sea age profile, 2021 Total population 43750



Camber age profile, 2021 Total population 1,125



East Saltdean age profile, 2021 Total population 2,880

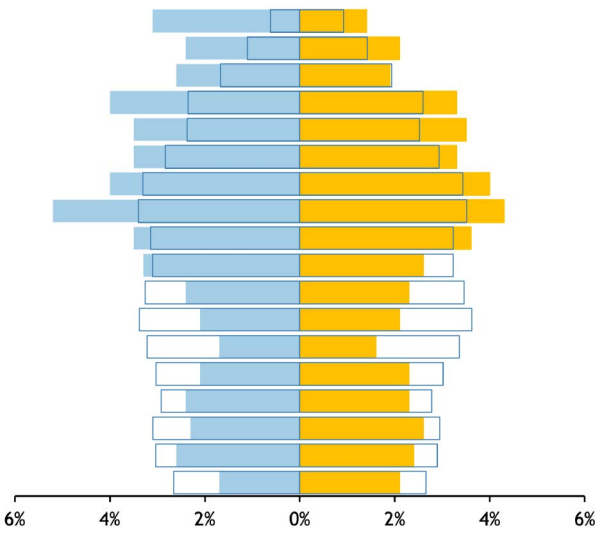
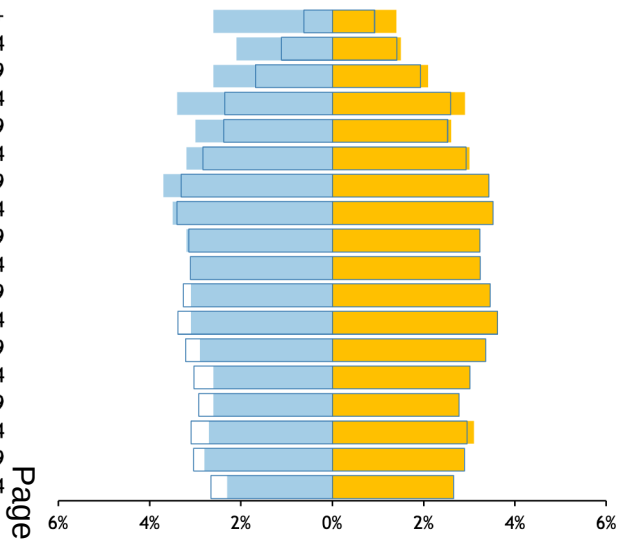
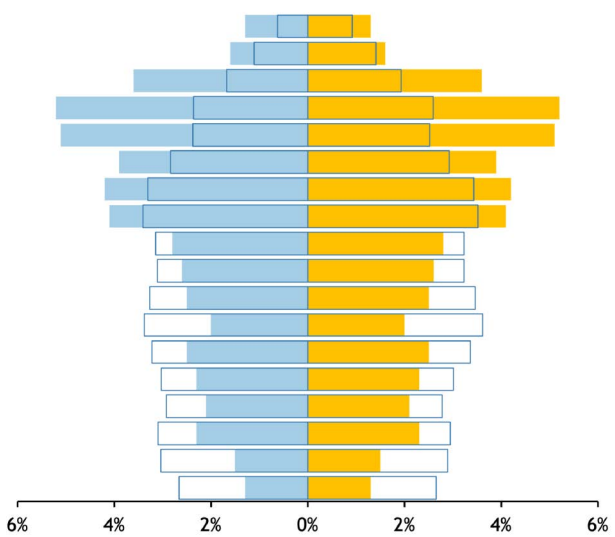


Figure 1: Population pyramids of East Sussex Coastal Built-Up Areas England 2021

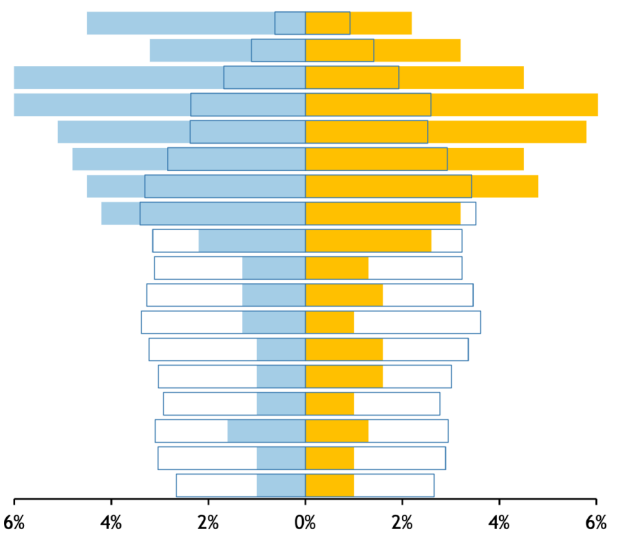
Eastbourne age profile, 2021 Total population 99,185



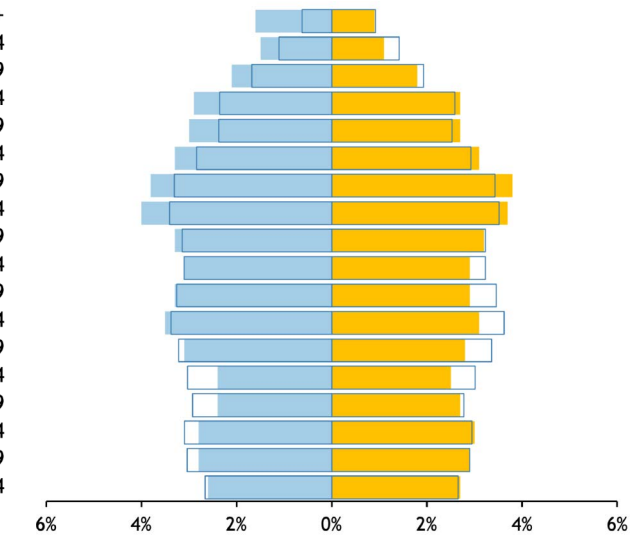
Crumbles age profile, 2021 Total population 3,060



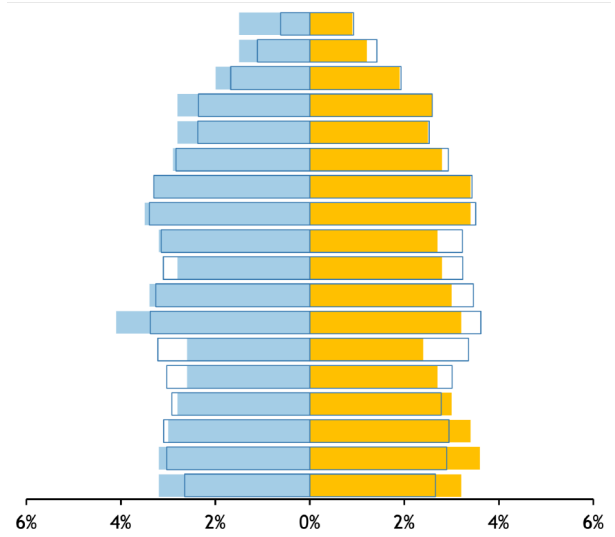
Fairlight age profile, 2021 Total population 1,560



Hastings age profile, 2021 Total population 91,485



Newhaven age profile, 2021 Total population 12,850



Peacehaven age profile, 2021 Total population 15,705

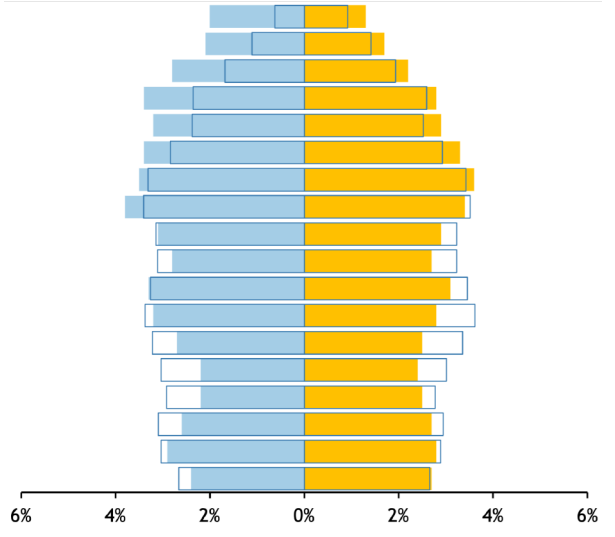
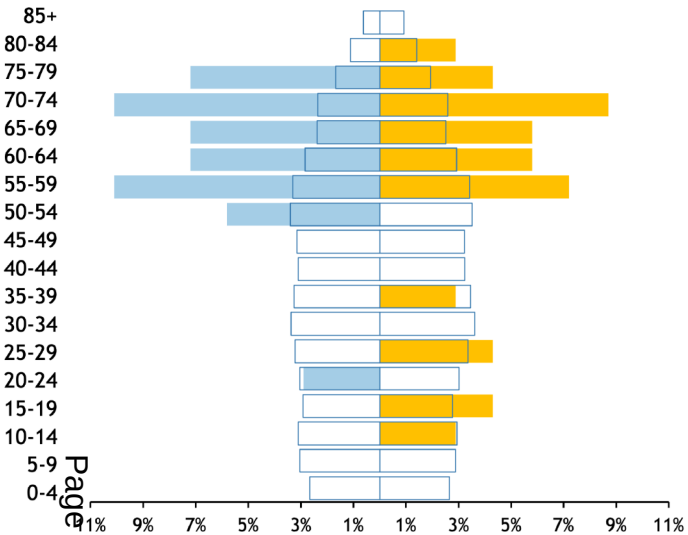
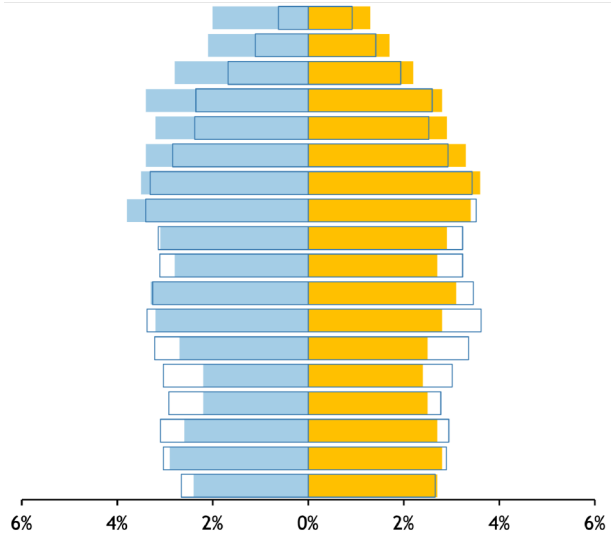


Figure 1: Population pyramids of East Sussex Coastal Built-Up Areas England 2021 England Male England Female Location Male Location Female

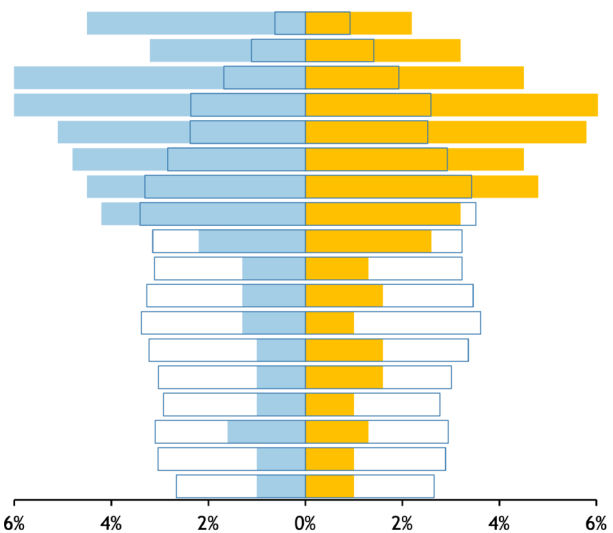
Pett age profile, 2021 Total population 345* Multiple age categories have suppressed data



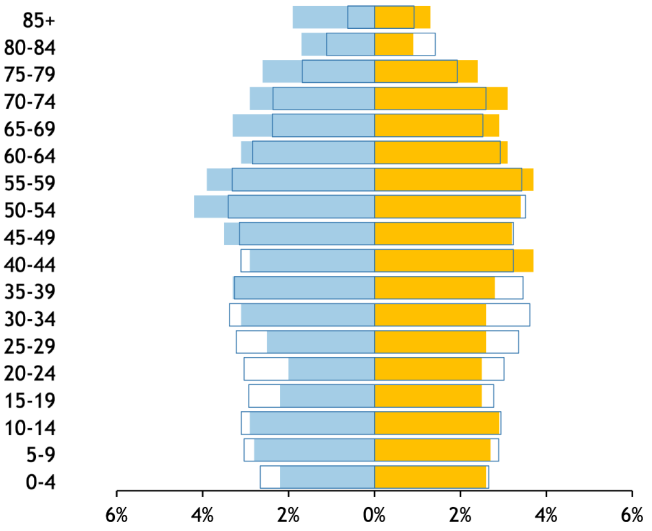
Pevensey Bay age profile, 2021 Total population 2,895



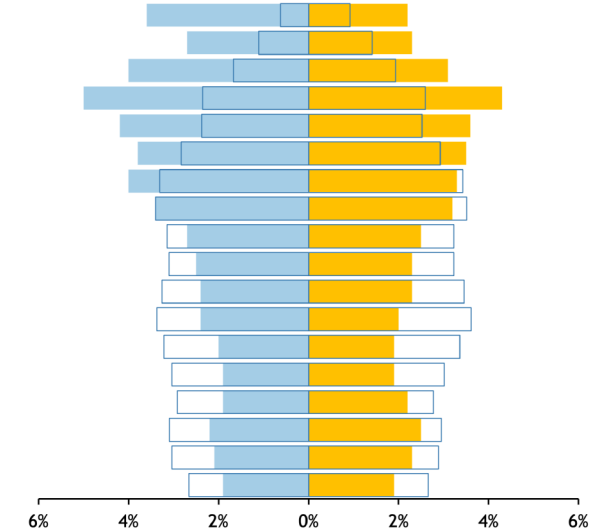
Fairlight age profile, 2021 Total population 1,560



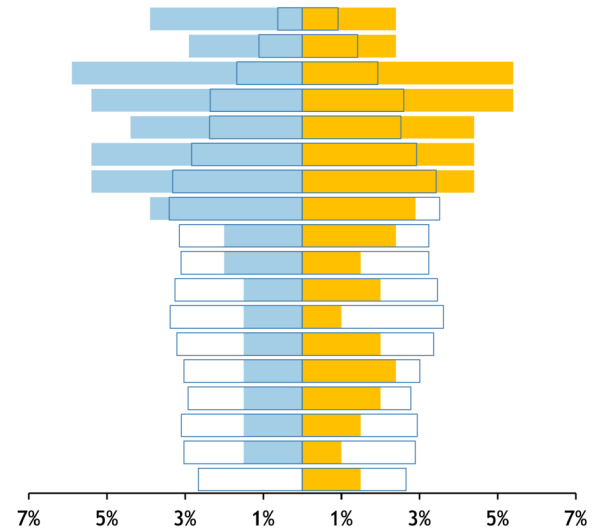
Telscombe Cliffs age profile, 2021 Total population 4,240



Seaford age profile, 2021 Total population 23,850



Winchelsea Beach age profile, 2021 Total population 1,025



Action on an ageing population and ageism

Given the age profile of the county, especially in our coastal communities, there is a wealth of multi-agency action on healthy ageing in the county.

The County Council's scrutiny review on healthy ageing[14] in Autumn 2024 made recommendations to increase physical activity and tackle ageism. Physical activity initiatives include embedding physical activity in adult social care and rolling out the Stronger for Life programme, targeting early prevention of falls. The review also emphasised the importance of tackling ageism and celebrating the positive contributions of older people to our county.

Age-Friendly Communities initiatives with Hastings Borough and Rother District Councils to become an age-friendly community, which involves a needs assessment, community engagement, and developing a plan based on the World Health Organisation's framework. The first year in 2025 focuses on appointing an officer, conducting assessments, and creating a plan. The initiative covers various domains, including housing, transport, social respect, outdoor spaces, and health services.

Intergenerational activities and ageism awareness raising work on a project to encourage intergenerational activities, which help tackle ageism. The council is developing a guide for setting up intergenerational activities and showcasing best practice. The council also supports the national campaign Age Without Limits that aims to raise awareness of ageism.

Employer engagement and volunteering efforts are being made to promote age-friendly employer pledges through the Wellbeing At Work programme. Encouraging accessible volunteering and using positive language and images to highlight the contributions of older people are also priorities.

A new Healthy Ageing Partnership Group has been established to coordinate efforts and resources for healthy ageing and falls prevention.

Figure 2: A new Healthy Ageing Partnership Group has been established to coordinate efforts and resources for healthy ageing and falls prevention within the county.

6.3 Coastal Deprivation

6.3.1 Index of Multiple Deprivation (IMD)

Health inequalities often exist because of inequalities in the building blocks of health. These are the social, environmental and economic factors that shape our health and wellbeing throughout our lives[15].

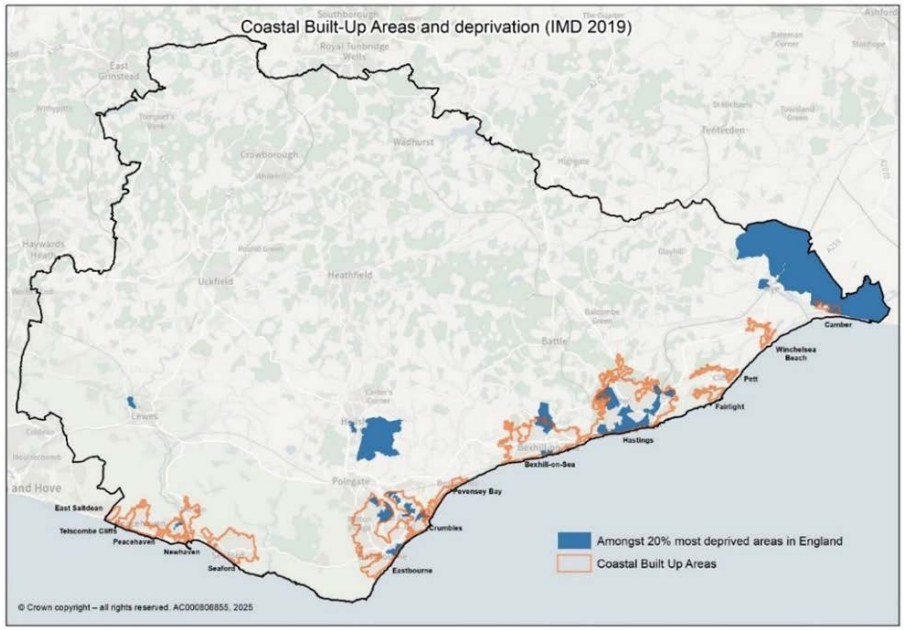
Deprivation refers to a lack of basic necessities like adequate housing, food, income, or education, which are considered crucial building blocks of health, meaning they significantly impact a person's overall wellbeing and ability to maintain good health. When deprived of these essential elements, individuals are more likely to experience poor health outcomes due to increased stress, limited access to transport and diet options, more difficulty in accessing healthcare, and more likely to engage in unhealthy behaviour.

The Index of Multiple Deprivation is the official measure of relative deprivation in England and is part of a suite of outputs that form the Indices of Deprivation. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions[16].

Within East Sussex, most of our areas of deprivation are within the coastal strip. This means there is a complex interplay between deprivation, demographics and coastal features influencing the health of the coastal population. Map 2 shows the East Sussex coastal BUAs and the most deprived quintile or fifth of the population in England.

Other than a small area in Lewes, East Hailsham, a community north of Bexhill and our rural boarder with Kent north of Rye and Camber, large parts of our most deprived populations reside in coastal communities. It is within these communities we often see differences in educational, employment and health outcomes.

Map 2: Coastal Built-Up Areas and the most deprived quintile of population in England.



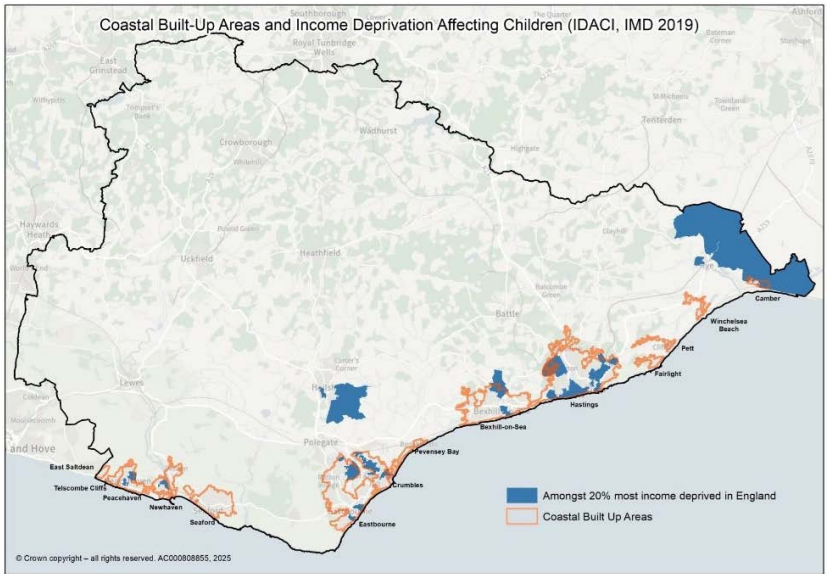
6.3.2 The Income Deprivation Affecting Children Index (IDACI)

IDACI measures the proportion of all children aged 0 to 15 living in income deprived families[17]. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings.

Deprivation can impact a child's development and wellbeing. It can lead to poor health outcomes, limited access to education, increased absence at school, and increased stress. Children in deprived areas may face challenges such as inadequate housing, food insecurity, and limited access to healthcare, which can hinder future career and employment opportunities[18].

Maps 3 highlights East Sussex coastal BUAs and the most deprived quintile or fifth of the population in England. Similar to the IMD map 2, other than areas in East Hailsham, north of Bexhill and our rural boarder with Kent north of Rye and Camber, large parts of our most deprived populations reside in coastal communities. IDACI also highlights children living in deprivation within parts of Peacehaven.

Maps 3 East Sussex coastal BUAs and Income Deprivation Affecting Children Index (IDACI) 2019.



These areas in blue should be considered as priority areas for actions to support child health and education.

6.3.3 Income Deprivation Affecting Older People Index (IDAOPI)

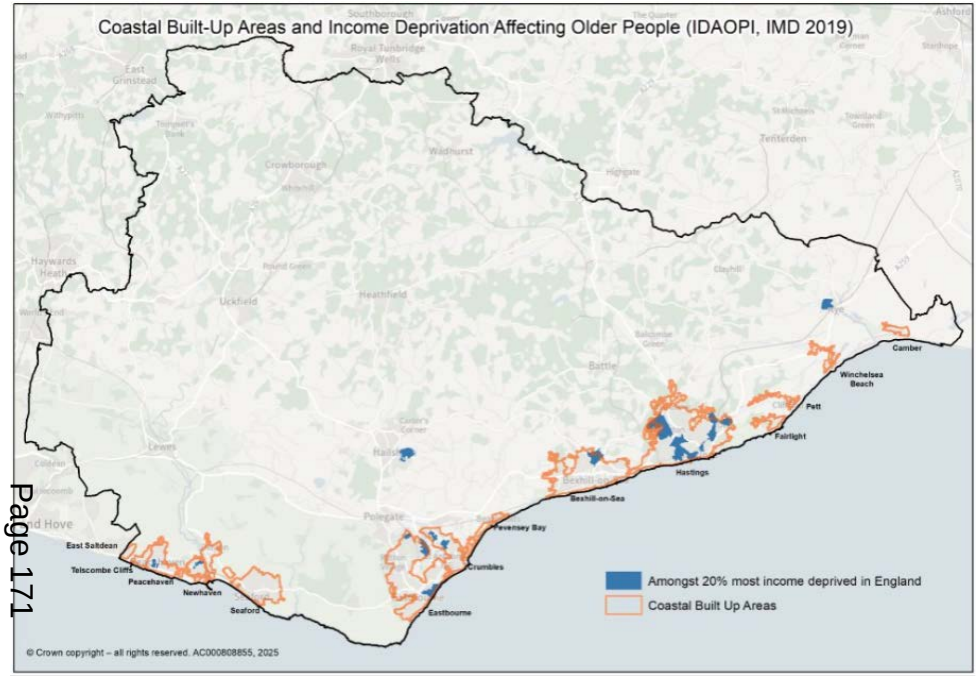
Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation[19].

It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out of work, and those that are in work but who have low earnings.

Deprivation significantly impacts older adults aged 60 and above. It can lead to poor health outcomes, including increased risk of chronic diseases like heart disease and diabetes. Social isolation and loneliness are prevalent, contributing to mental health issues such as depression and anxiety. Limited access to healthcare and financial constraints further exacerbates these challenges.

Map 4 highlights how our coastal BUAs contain amongst the most income deprived over 60s in the county. Apart from a small area in Hailsham and Rye, nearly all those affected by income deprivation reside in our coastal communities.

Map 4: East Sussex coastal BUAs and Income Deprivation Affecting Older People Index (IDAOPI) 2019.

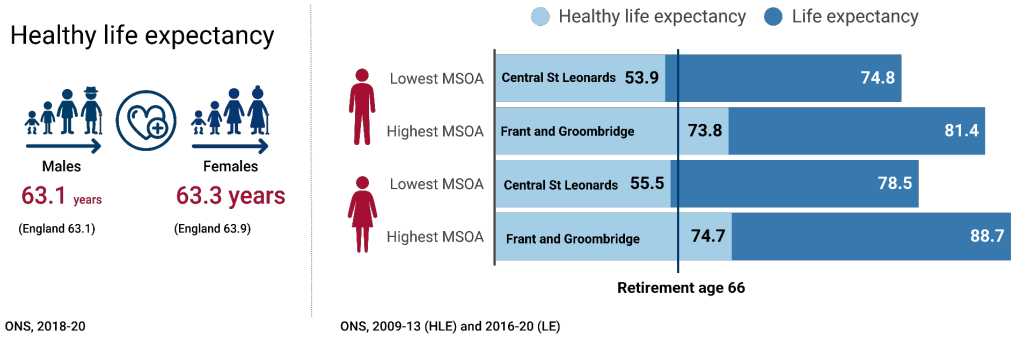


The areas in blue should be prioritised for action to improve the health of older people living there.

6.4 Life and Healthy Life Expectancy

Life expectancy refers to the average number of years a person can expect to live based on current mortality rates, with Healthy Life Expectancy (HLE) the number of these years someone can expect to live in good general health. In East Sussex there is a significant disparity in both between coastal and non-coastal areas.

Figure 3: Healthy Life Expectancy and Life Expectancy difference in East Sussex.



Life expectancy within coastal areas can be up to 10 years lower with men in Central St Leonards having an average life expectancy of 74.8 years whilst for women it is 78.5 years. Within East Sussex there is a 20-year difference in how long someone could expect to live in good health, depending on where they live. The lowest HLE in the county is in Central St Leonards, with women expecting to live 55.5 years in good health and 53.9 years for men. This is below the age of the state pension, meaning these groups may have to work in poorer health, access welfare benefits or live on a reduced income.

In contrast its men and women in Frant and Groombridge which is in the north of the county and in the part furthest away from the coast, that has both the highest life expectancy and HLE.

Action to address life expectancy

All of our public health programmes will be contributing to efforts to increase life expectancy across our coastal communities. However, The Mr Hastings and St Leonards project [20] is based on the belief that men in Hastings and St Leonards will live happier, healthier, and longer lives if they are at the heart of decision making and live in strong, supportive, and well-connected communities, where they can fulfil their potential. This project is reflecting this belief by supporting men to talk about what matters for them.

Research shows that life expectancy for men in Hastings and St Leonards is significantly lower than the national average. There have been many great initiatives across the borough that have made a real difference to individual men's health and wellbeing. However, this hasn't changed the bigger picture around men's life expectancy locally.

The project is hosted by Hastings Voluntary Action.

6.5 Accommodation tenure of households

Housing plays a pivotal role in determining an individual's health and wellbeing. Given this importance, our 2019 report was on this topic Annual Public Health Report 2019/20 - Health and Housing.

Adequate housing provides shelter, which is important for maintaining proper health. This protection helps reduce the risk of hypothermia, heat stroke, respiratory illnesses, and other health issues aggravated by poor living conditions.

Moreover, housing stability is directly linked to mental health[21]. Those with secure, stable housing tend to experience less stress and anxiety compared to individuals faced with housing insecurities or homelessness. Constant worries about eviction or moving can lead to chronic stress, which, in turn, negatively impacts mental and physical health[22].

A stable home also facilitates access to healthcare. Living in a safe neighbourhood with reliable transportation options makes it easier for residents to attend medical appointments, receive timely diagnoses, and follow up on treatments. Conversely, poor housing conditions or unstable locations can make leaving the home and visiting healthcare providers a daunting task, resulting in neglected health needs.

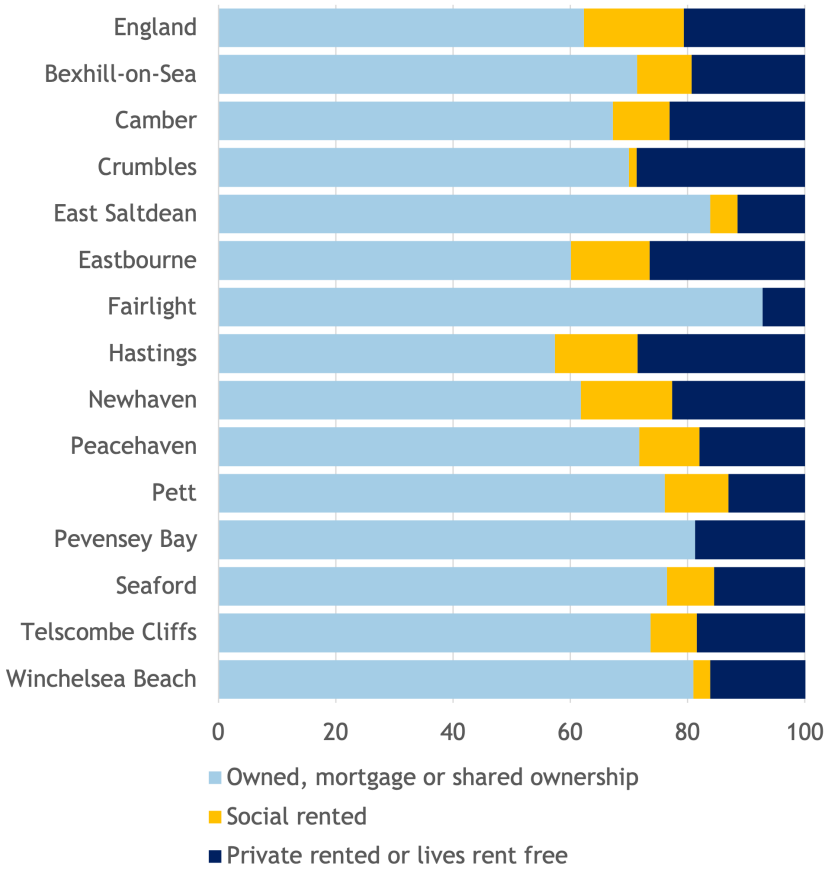
Indoor environmental quality significantly impacts health as well. Houses that are free from mould, lead, or other allergens create healthier living environments. Mould exposure can lead to respiratory issues, while lead exposure can result in serious developmental problems, especially in children. Quality housing minimises these risks.

Additionally, adequate housing provides a safe space for individuals and families to practice healthy habits, such as cooking nutritious meals and exercising. Overcrowded or unsanitary conditions can impede such practices, contributing to poor diet and increased susceptibility to illness.

Figure 4 shows the proportion of accommodation tenure of households by East Sussex Coastal BUAs and England (Census 2021). Some East Sussex coastal locations have higher levels of home ownership, with East Saltdean (84%), Fairlight (93%) and Winchelsea Beach (81%) having the highest. Eastbourne (60%) and Hastings (57%) have lower levels of home ownership compared to England (62%).

All East Sussex coastal locations have lower levels of social rented homes compared to England (18%) and range from 1% in the Crumbles to 16% in Newhaven. Whilst some of coastal BUAs have lower levels of private rent or lives rent free compared to England (21%), Camber (23%), Crumbles (29%), Eastbourne (27%), Hastings (29%) and Newhaven (23%) all have higher percentages.

Figure 4: Percentage of accommodation tenure of households by East Sussex Coastal BUA and England. Census 2021.



Many coastal areas face a significant challenge with high numbers of people living in temporary accommodation. Recent figures found 580 households living in temporary accommodation in Hastings and 309 households in Eastbourne, including 1,027 children. Strengthening homelessness prevention is key, this has included the creation of multi-agency hubs to improve early access to housing advice, such as the ones in Eastbourne and Bexhill.

The Public Health department within ESCC have been collaborating with housing partners, including additional investment in home-visiting, wellbeing and employment services. The East Sussex Wellbeing and Employment (ESWE) service was recently subject to an NIHR external evaluation, one participant spoke about the importance of the project in reducing social isolation "they were ringing me up every week and they were tremendous. Because all they're trying to do is to get you to get involved back again into the community".

Action on improving health by working with housing

During the pandemic, Public Health further integrated with housing partners on several key areas including infection control and the vaccine roll out, responding to the 'Everyone In' instruction for rough sleepers and providing additional capacity for access to substance dependency, mental health services and training and employability support.

Partners were keen to explore how we could enable ongoing cross - sector collaboration, which has led to the creation of a refreshed strategic housing partnership board supported by a series of specialist groups. The aim of the partnership is to set a medium - and long -term vision for the development of the housing sector locally and support partners to make the best use of capacity, resources and expertise across the sectors.

The structure of the partnership reflects the comments from the Institute for Health Equity that "addressing housing-related health inequalities requires a multifaceted approach that encompasses not only improving housing quality, security and affordability, and improving the neighbourhoods where individuals and families live".

The partnership will continue to lead cross sector collaboration through devolution and local government reorganisation.

Public Health and housing authorities are working in partnership to develop a place-based retrofit strategy. A key aim of the strategy will be to build on successful partnership work to address fuel poverty and reduce health inequalities. The strategy will include a focus on people living in the private rented sector, which in some coastal communities can account for almost a third of the total housing stock.

The Director of Public Health's report on housing and health, highlighted the need to build more affordable homes. Since then, the government introduced new mandatory housing targets for all local authorities. Hastings saw its target increase by 47%. Much of the coastal strip is already urban and work is underway across the housing authorities to develop a partnership approach to meeting the new targets, including links to community-led approaches.

Homelessness

Local data from housing authorities state the number of people rough sleeping is usually higher in coastal, urban areas. The latest snapshot counts of the number of people rough sleeping were 41 in Hastings, 26 in Eastbourne and 12 in Rother.

To help address this, housing partners are keen to work to expand the range of temporary and move on accommodation options for people leaving the streets. A holistic approach with health, mental health, substance dependency and social care services is also key for people with multiple compound needs, building on the good practice started through the local Rough Sleeping Initiative and Changing Futures programmes and the findings of a recent needs assessment.

7. Education and qualifications

Education serves as an important building block of health enabling individuals to improve their own health and contribute positively to societal health outcomes[23].

Higher educational attainment often leads to better job opportunities, higher income, and economic security. With more financial resources, individuals can afford healthier food, safe housing, healthcare, and fitness activities, all contributing to improved health.

Education can enhance self-esteem, social status, and coping skills, leading to better mental health. Educated individuals are more likely to engage in social networks and communities, which provide emotional support and reinforce healthy behaviours. Education correlates with healthier lifestyle choices. Educated individuals tend to smoke less, drink less alcohol, and engage in physical activities more frequently. These lifestyle choices significantly reduce risks for chronic diseases like heart disease, diabetes, and certain cancers[24].

Education improves an individual's ability to understand health information and navigate the healthcare system. This increased health literacy helps in making informed decisions about diet, exercise, and medical care, leading to better health management and preventative care[25].

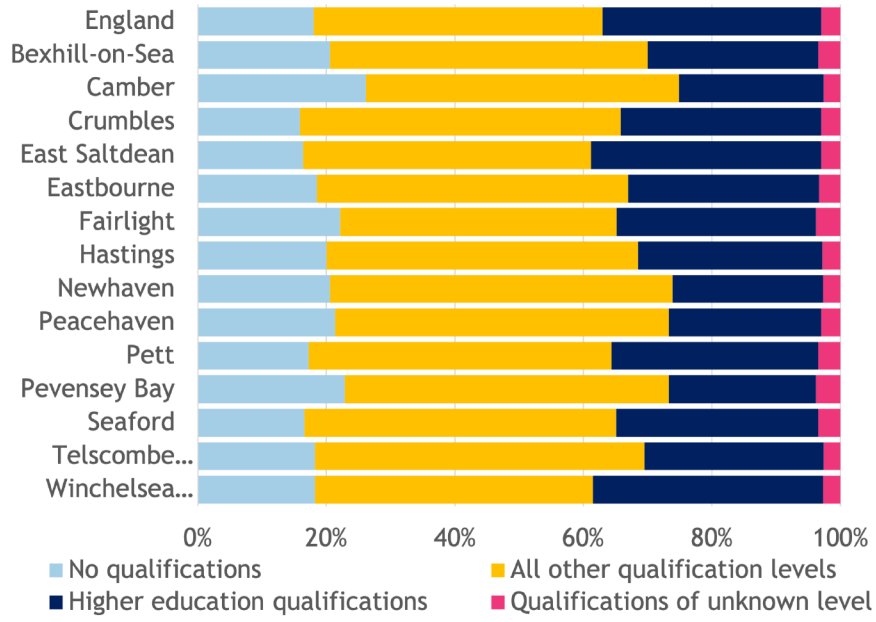
Educated individuals are more likely to be employed in jobs that provide private health insurance and other benefits. Better access to private healthcare services ensures timely medical interventions and regular health check-ups in addition to those by the NHS.

Education influences parental behaviours, with educated parents more likely to provide a healthy environment for their children. This includes nutritious meals, promoting physical activity, and setting a foundation for educational success, perpetuating a cycle of health and wellbeing[26].

Studies show that higher levels of education correlate with longer life expectancy[27]. Education influences the development of health-promoting policies and societal changes, with educated populations advocating for healthier environments and policies.

Within East Sussex a number of our coastal BUAs have higher populations that have no qualifications compared to England (18%). These include Camber (26%) Pevensey Bay (23%) and Fairlight (22%). Only Winchelsea Beach and East Saltdean (both 36%) have a larger percentage of residents with higher education qualifications compared to England (34%).

Figure 5: Percentage of highest level of qualification of usual residents of East Sussex Coastal BUAs and England and Wales, Census 2021.



Skills development enhances social mobility by providing individuals with the knowledge and abilities needed to access better job opportunities. This leads to higher income, improved living standards, and greater economic stability. Additionally, skilled individuals can contribute more effectively to their communities, fostering overall societal growth and reducing inequality.

The Annual public health report 2021/22 - Work Skills and Health highlighted the role of developing skills to improve prosperity and health in the county.

Action on skills and housing retrofit

Skills East Sussex is the county's strategic body for employability and skills. The group works together to improve local employment and skills levels to increase economic prosperity in East Sussex.

Since the publication of the work, skills and health report there has been multi-agency action on developing an East Sussex Retrofit Skills Plan.

The East Sussex Retrofit Skills Plan was developed in response to the Skills East Sussex (SES) priority 'green skills for a net zero future' and workstream activity in the SES Construction and Built Environment Sector Task Group strategic plan 2024/25.

The plan highlights the urgent need for targeted skills training and recruitment efforts to ensure that the local workforce can meet the demands of the housing retrofit sector and support the region's goals for a net-zero and greener future.

£240,000 of Department for Energy Security and Net Zero funding was awarded to boost green skills through a Retrofit Skills Strategy, mapping the current green skills picture, identifying gaps and developing activities to address this.

More information about the work of Skills East Sussex (SES) can be found online.

7.1 Employment and economic activity status

Employment is a pivotal factor in determining an individual's health and overall quality of life.

First and foremost, having a job provides a steady income, which is essential for securing necessities like food, housing, and transport to healthcare. This financial stability ensures that individuals can afford nutritious and balanced meals, can live in more healthy environments, and access medical services when needed, thereby directly impacting their physical wellbeing[28]. Moreover, employment contributes to mental health by offering structure, purpose, and a sense of identity. Engaging in meaningful work can boost self-esteem,

provide a sense of accomplishment, and facilitate social connections with colleagues. These aspects help combat feelings of isolation and depression, promoting overall mental wellness.

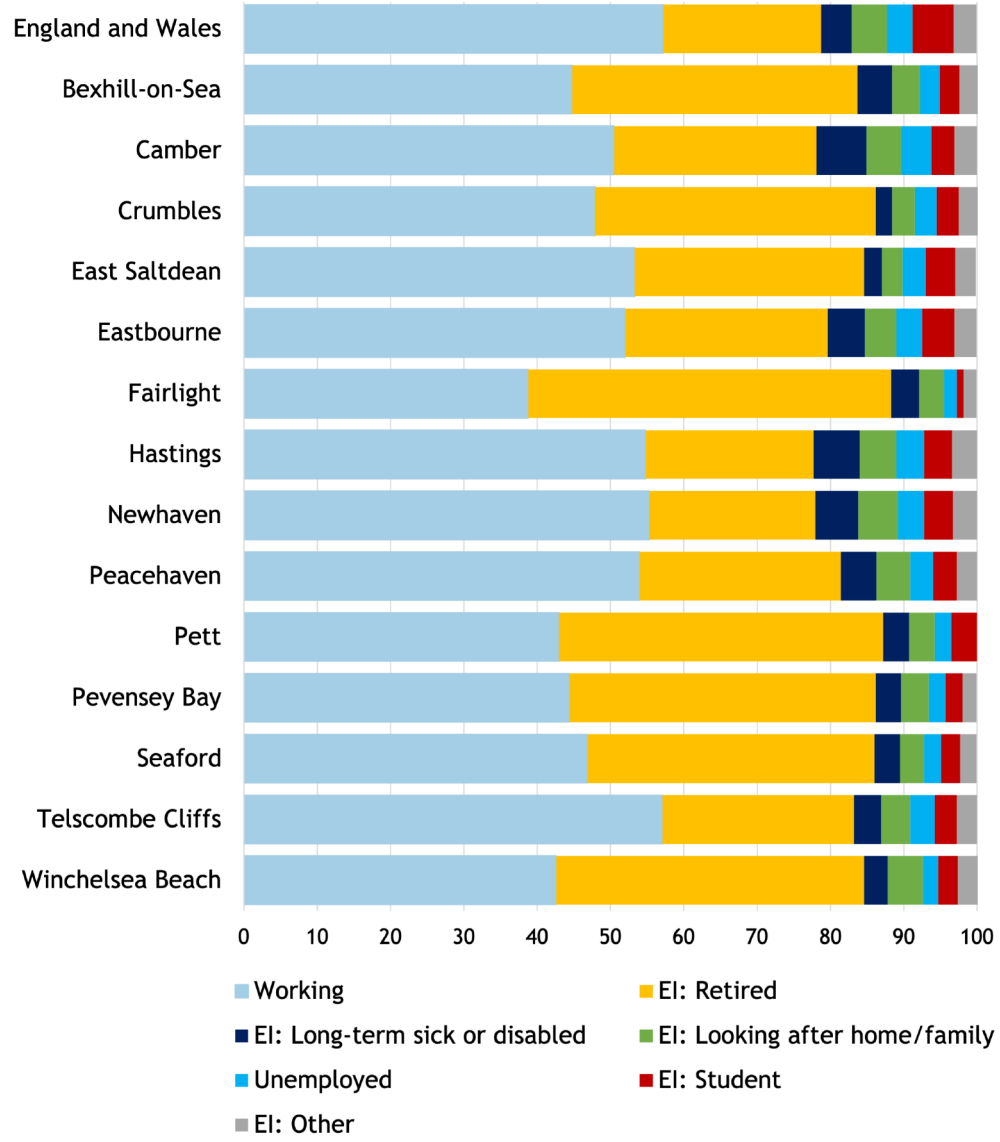
Workplaces can also be vital in providing access to healthcare benefits, sick leave, and health and wellbeing programmes. These benefits make medical care more accessible and affordable, enabling early detection and treatment of health issues, thereby enhancing long-term health outcomes.

Employment often encourages the development of healthy lifestyle habits. Many workplaces promote wellness initiatives, such as exercise programmes or mental health days.

The social aspect of employment cannot be underestimated either. Interaction with colleagues provides opportunities for social support and engagement, which are essential components of mental health. These relationships can offer emotional support during challenging times, fostering resilience and reducing stress levels. However, it's important to note that not all employment situations are beneficial. Jobs with high stress, long hours, or hazardous conditions can negatively impact health. Therefore, the quality and nature of employment are fundamental in determining its overall impact on health.

Figure 6 highlights Economic activity status, East Sussex Coastal BUAs and England and Wales from the Census 2021. All our BUAs have higher percentages of retired residents compared to England and Wales (21.5%), this ranges from Fairlight (49.5%) to Newhaven (22.6%). Several of our coastal BUAs have larger percentages of people not economically active due to sickness and disability compared to England and Wales generally (4.2%), these are Camber (6.8%), Hastings (6.3%) and Newhaven (5.9%). Most of our coastal BUAs have lower levels of unemployment compared to England and Wales (3.5%) except for Camber (4.2%), Hastings (3.8%) and Newhaven (3.6%).

Figure 6: Economic activity status, East Sussex Coastal BUAs and England and Wales. Census 2021.



Key: EI = Economically inactive

Action on health, employment and workplaces

The ESTAR (Employment Support, Training, Advice and Resources[29]) **Homeless Prevention Employment Brokers** work across the county, receiving referrals from Housing Officers, Wellbeing Coordinators, The Department for Work and Pensions and other statutory services to support residents at risk of homelessness to remain in their homes by helping them with employment support.

Brokers provide support with employability, budgeting, and referrals to other support or specialist services to meet wider client needs. To date, the team has engaged 120 residents in coastal East Sussex, directly supporting 21 families from becoming homeless. The team is currently working with over 35 residents living in the coastal strip.

The Wellbeing at Work Programme

Offers workplace health resources, training, events and a signposting service to those working in East Sussex.

It operates a free Accreditation Scheme for East Sussex employers, providing a framework to improve employee health and wellbeing, whilst rewarding organisations who are actively working to do so.

Is free to all organisations with more than one employee based in East Sussex (excluding Brighton and Hove). Is funded and delivered by Public Health at East Sussex County Council.

The Let's Do Business Group based in Hastings have participated in the Wellbeing at Work Programme since March 2023.

Shaun Hook, Finance Manager from Let's do Business group shared his thoughts on how the programme is supporting the health and wellbeing of people in work.

How has wellbeing at work helped your organisation succeed?

"Wellbeing at Work helped us focus on areas we may not have considered as a company but also recognise what we were already doing. The programme ensured that wellbeing initiatives, and events were communicated and promoted to all employees in the best way. It encouraged us to initiate a new Employee Assistance Programme and provide menopause awareness training for all Managers.

The introduction of the wellbeing survey allowed us to receive invaluable employee feedback and showed a measured increase in staff satisfaction which acknowledged our commitment to their wellbeing in and out of work with an increased awareness of physical and mental health, a supportive culture for all.

How has your organisation engaged with our resources and training offer?

"The training is, relevant, timely and free. The newsletter is useful, and the information is often used for wider circulation. Regular one to ones with the Wellbeing at Work team are encouraging and helpful.

Would you recommend the programmes to other businesses?

"Without doubt the programme is a great framework for businesses who are not sure how to start this process or where to go next. The information and support provided is outstanding and I would recommend it to all local businesses.

7.2 Health Status

Self-reported health status in England is an indicator used by health authorities to understand population wellbeing[30]. This subjective measure gives individuals the opportunity to evaluate their own health, providing insights that are often inaccessible through clinical assessments alone. The importance of self-reported health lies in its ability to reflect both physical conditions and mental wellbeing, capturing a broader perspective of the population's health.

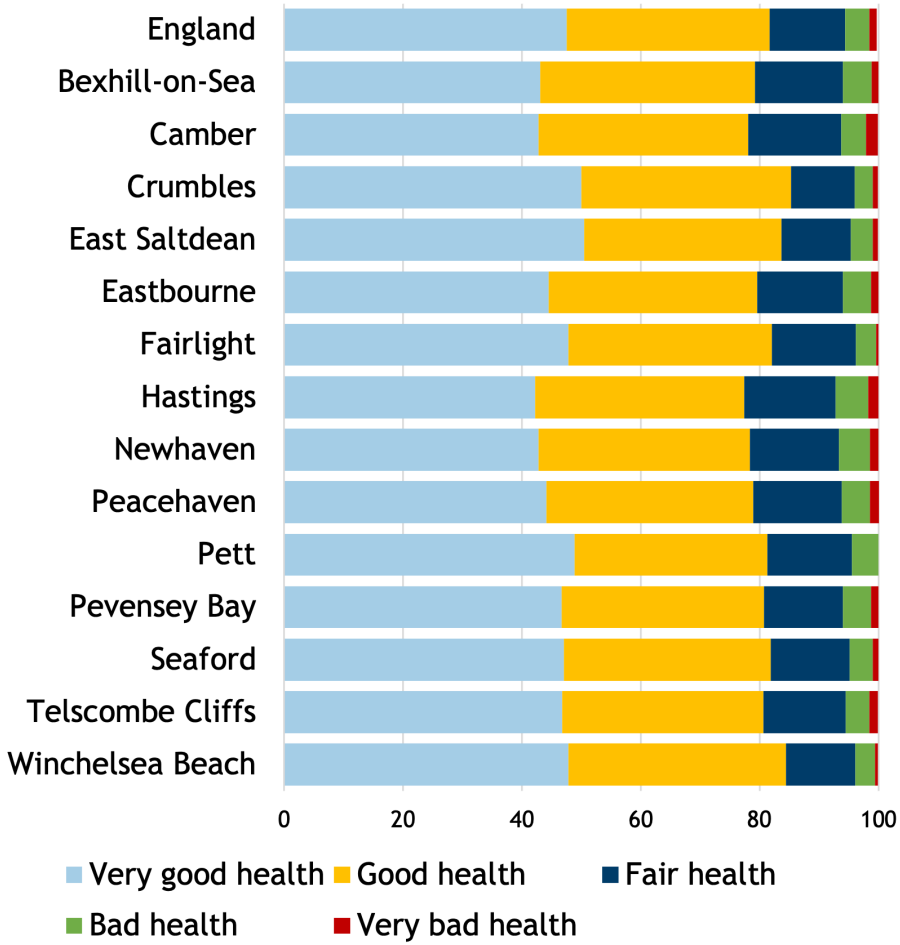
Studies have shown that self-reported health status can sometimes predict mortality and morbidity outcomes almost as effectively as objective health measures. People who report their health as 'poor' are more likely to experience adverse health events, highlighting the importance of this measure in identifying at-risk populations. A previous study from the 2001 census shown coastal populations were more likely to report 'good health' compared to inland populations[31].

One trend in England is the disparity in self-reported health status across socioeconomic groups. Individuals from affluent backgrounds generally report better health compared to those from deprived areas. This disparity underscores the social determinants of health, such as income, education, and housing, and their impact on overall wellbeing.

Age is another significant factor affecting self-reported health. Younger individuals are more likely to report 'very good' health, while older age groups increasingly report 'fair' or 'bad' health as chronic conditions become more prevalent.

For East Sussex coastal BUAs, residents reported very good health in a range from 50.5% in East Saltdean to 42.2 % in Hastings compared to 47.5% nationally. Whilst several coastal BUAs had larger proportions of their residents reported bad health compared to England (4.1%). These include Bexhill on sea (4.8%) Camber (4.2%) Eastbourne (4.7%), Hastings (5.5%), Newhaven (5.3%), Peacehaven (4.8%), Pett (4.5%).

Figure 7: Age standardised general health status of usual residents by East Sussex Coastal BUAs and England 2021.



7.3 Disability

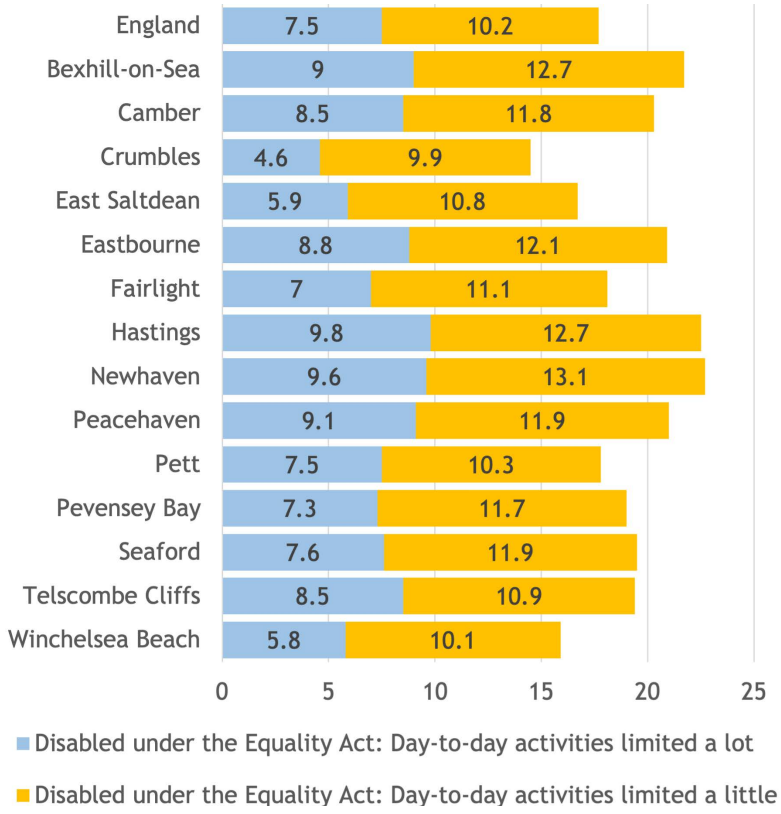
The health of disabled people is a multifaceted issue that encompasses physical, mental, and social dimensions. Disabled individuals often face unique health challenges, including limited access to healthcare services, which can exacerbate their conditions. Physical health issues are prevalent, with many disabled people experiencing chronic pain, mobility limitations, and secondary health conditions such as respiratory or cardiovascular problems[32].

Mental health is another critical aspect, as disabled individuals are more likely to experience conditions like depression and anxiety. The psychological stress of living with a disability, combined with social isolation and stigma, can significantly impact their mental wellbeing. Social determinants of health, such as income, education, and housing, play an important role in shaping the health outcomes of disabled people. Those from lower socioeconomic backgrounds are particularly vulnerable to poor health due to limited resources and support.

Furthermore, the caregiving responsibilities often fall on unpaid carers, whose health can also suffer as a result. The physical demands and emotional strain of caregiving can lead to physical ailments, stress, and mental health issues, highlighting the need for comprehensive support systems. Addressing these multifaceted health challenges requires a holistic approach, encompassing medical, social, and economic interventions to improve the overall wellbeing of disabled people.

Figure 8 highlights the percentage of residents by disability status (Age-standardised percentages) in East Sussex Coastal BUAs and England. Several East Sussex coastal BUAs have a higher percentage of residents who are disabled under the equality act in which their day to day lives are impacted a little. These include Bexhill on sea (12.7%), Camber (11.8%), East Saltdean (10.8%), Eastbourne (12.1%), Fairlight (11.1%), Hastings (12.7%) Newhaven (13.1%), Peacehaven (11.9%), Pett (10.3%), Pevensey Bay (11.7%), Seaford (11.9%), Telscombe Cliffs (10.9%). Only Winchelsea Beach, Pevensey Bay, Fairlight (7%) East Saltdean (5.9%) and Crumbles (4.6%) have a smaller percentage of residents who are disabled under the Equality Act whose day-to-day activities are limited a lot compared to England (7.5%).

Figure 8: Percentage of residents by disability status (Age-standardised percentages) in East Sussex Coastal BUAs and England. Census 2021.



7.4 Unpaid carer status

Unpaid carers play an essential role in society, providing care and support to family members or friends who are ill, older, or disabled. Their contributions often go under recognised, yet they are indispensable to the healthcare system. However, the health and wellbeing of unpaid carers can be profoundly affected by their responsibilities, leading to numerous challenges that need to be addressed.

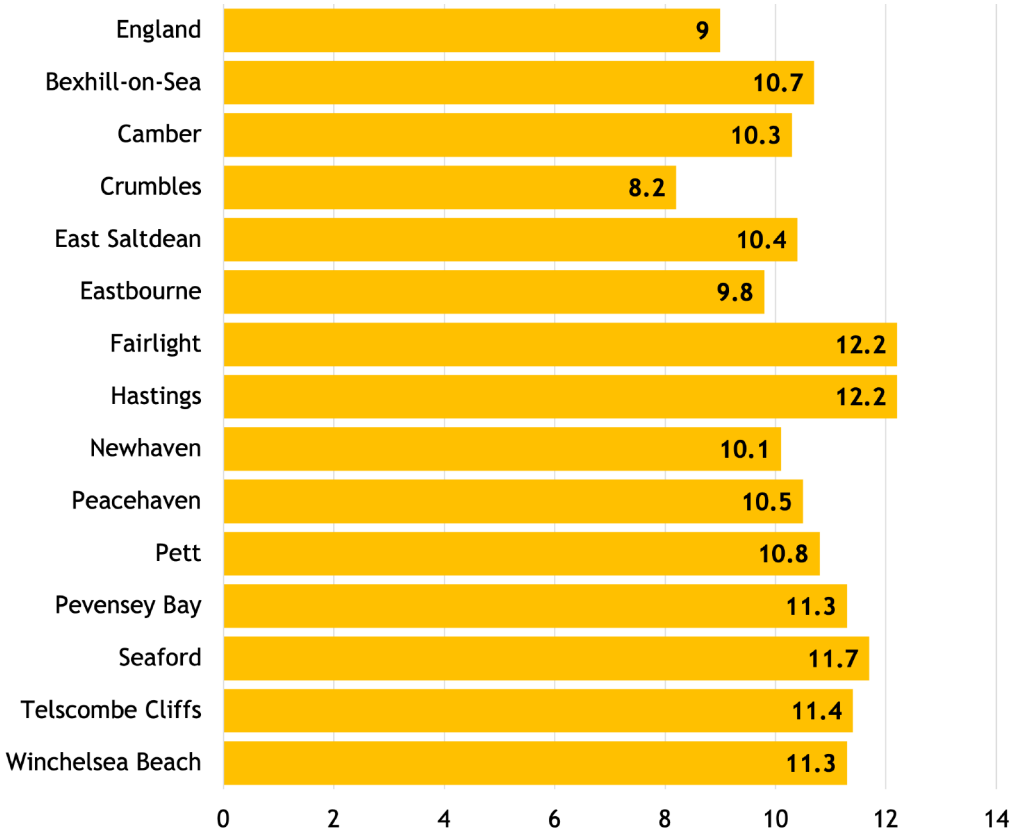
Physical health is a significant concern for unpaid carers. Many carers experience back pain, fatigue, and other physical ailments due to the physical demands of caregiving. The tasks may involve lifting, assisting with mobility, and managing daily activities, all of which can take a toll on a carer's body over time. Additionally, the stress associated with caregiving can weaken the immune system, making carers more susceptible to illness.

Mental health issues are also prevalent among unpaid carers[33]. The constant demands and emotional strain of caring for a loved one can lead to stress, anxiety, and depression. Social isolation is a common experience, as carers often have less time to engage in their personal interests or socialise with friends and family. This isolation can exacerbate feelings of loneliness and mental health issues[34].

Furthermore, financial strain is a reality for many unpaid carers. Balancing caregiving responsibilities with work can be challenging, leading some to reduce work hours or leave their jobs entirely. This situation not only impacts personal finances but also limits access to employer-based support services and benefits[35].

Figure 9 highlights the age-standardised percentages of people aged five years and over who provided any amount of unpaid care in East Sussex Coastal BUAs and England from the Census 2021. All the East Sussex BUAs have a higher proportion of people providing any amount of unpaid care compared to England, with the exception of Crumbles. Fairlight and Hastings have largest proportion with 12.2%.

Figure 9: Percentages (age-standardised) of people aged five years and over who provided any amount of unpaid care in East Sussex Coastal BUAs and England. Census 2021.



7.5 Ethnicity

Data from the 2021 census shows that East Sussex has a higher percentage (approximately, 88%) of White British and Northern Irish compared to England (approximately, 74%)[36]. However, Figure 10, shows that our coastal communities have larger proportions of all ethnic groups compared to non-coastal areas.

Ethnic minority groups often face significant health inequalities compared to the majority population. These disparities are influenced by a range of social, economic, and environmental factors that impact their overall wellbeing[37].

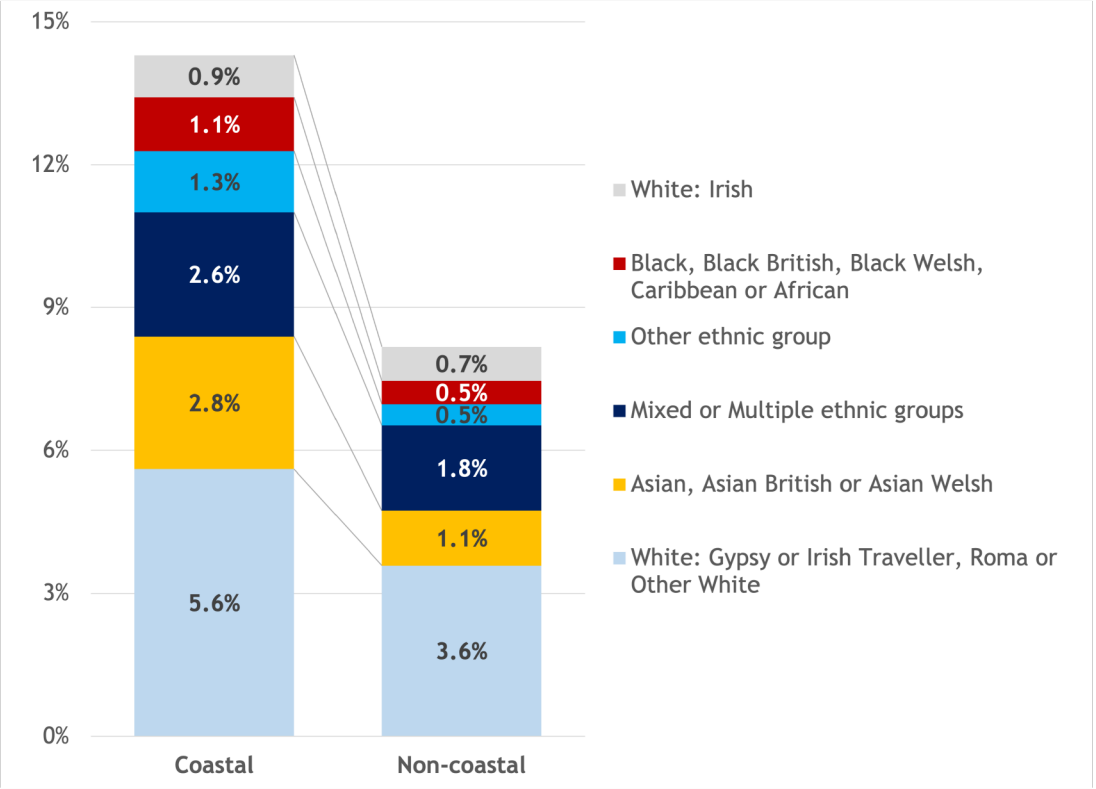
Access to healthcare is one of the primary issues contributing to health inequalities among ethnic minorities. Language barriers, cultural differences, and discrimination can hinder their ability to receive timely and appropriate medical care[38]. Additionally, ethnic minorities are more likely to live in deprived areas in East Sussex, with our most ethnically diverse communities also being the most deprived.

Socioeconomic factors, the building blocks of health, also play a critical role in the health outcomes of ethnic minority groups. Unemployment, lower income levels, and inadequate housing conditions are prevalent within these communities. These factors can lead to increased stress, poor nutrition, and limited opportunities for physical activity, all of which negatively affect health.

Chronic diseases such as diabetes, hypertension, and cardiovascular diseases are more common among ethnic minority populations[39]. These conditions are often linked to lifestyle factors, genetic predispositions, and limited access to preventive health and wellbeing services. Moreover, the stigma and discrimination faced by ethnic minorities can contribute to mental health issues, such as anxiety and depression, further impacting their overall health[40].

It is essential to address these health inequalities through targeted interventions and policies that promote equity and inclusiveness in healthcare. Culturally sensitive health education programmes, improved access to health and wellbeing services, and efforts to combat discrimination are crucial steps toward reducing health disparities and improving the wellbeing of ethnic minority communities.

Figure 10 Ethnicity groups by coastal classification (LSOA-based), Census 2021.



Note - White: English, Welsh, Scottish, Northern Irish or British not shown

8. Local Health Profiles and Assets of our Coastal Communities

8.1 Bexhill-on-Sea

Table 3: Bexhill-on-sea headline health, demographic and building blocks of health data.

Population size	43,754
Median age	54
Percentage of retirees	38.9
Percentage of carers	10.7
Percentage with a disability	21.7
Percentage with no qualifications	20.6
Self-reported good and very good health	79.2
Percentage of social rent	9.3

Bexhill-on-Sea, commonly known as Bexhill, offers a blend of history, cultural attractions, and a shingle coastline. The first reference to Bexhill is in a charter of King Offa in 772AD. There were certainly people living here before this time, but we know almost nothing about them[41].

It was a Victorian seaside resort. The Bexhill Museum offers insights into this history, with exhibits ranging from local archaeology to the town's role in the development of motoring in the UK.

In more contemporary times, one of Bexhill's most famous landmarks is the De La Warr Pavilion, an iconic modernist building opened in 1935. The pavilion serves as an arts centre and gallery, hosting a variety of contemporary art exhibitions, live performances, and cultural events throughout the year. It's a centrepiece of cultural life in the town.

The seafront in Bexhill is known for its shingle beaches and promenade, providing a perfect setting for leisurely walks and relaxation. Views of the English Channel are magnificent, especially during the sunrise and sunset.

Bexhill offers beautiful parks and gardens, such as Egerton Park, which features a boating lake, children's play areas, and well-maintained gardens. The nearby High Weald Area of Outstanding Natural Beauty provides further opportunities for hiking and exploration.

Bexhill's town centre offers a mix of shops, cafés, and restaurants, catering to a variety of tastes and preference. There something for everyone, whether it's history, art, or simply scenic beauty and tranquillity.

The Area Report for Bexhill Central and Sackville[42] provides a comprehensive overview of the area, focusing on the Making it Happen (MIH) programme from November 2019 to December 2024. The aim is to offer background information and insights to support conversations about neighbourhoods in East Sussex, complementing statistical data with qualitative insights.

Stewart Drew, Director and CEO, De La Warr Pavilion shares what role De La Warr Pavilion has in supporting the health and happiness of residents and visitors alike.

> One of the founding principles of De La Warr Pavilion when it opened in 1935 was to promote health in mind, body and soul.
>
> We continue with that ethos today, providing creative and cultural experiences to help boost the health and wellbeing of our local community. Our packed programme includes free fortnightly making sessions, creative holiday clubs for children eligible for benefits-related free school meals, art and craft workshops for people living with dementia and their carers, and creative groups for young people experiencing social, emotional or mental health challenges and from asylum seeker, refugee and migrant backgrounds.
>
> We host shows by local dance and drama groups and work with organisations including Create Music and Bexhill Festival of Music to give young people hugely valuable professional performance experience. This is in addition to our year-round programme of uplifting and inspiring gigs, performances, comedy shows, talks and free exhibitions.

Action on Employment and Housing Security in Bexhill-on-Sea

In response to the findings of the CMO Report of 2021, NHS England alongside other coastal areas delivered the Turning The Tide[43] programme aimed at tackling the considerable health and employment inequalities which exist in coastal communities. One of the recommendations was the establishment of a Coastal Navigators Network of NHS ICBs that can share best practice and deliver collective action. NHS Sussex is one of six locations collaborating as part of The Coastal Navigators' Network (CNN) Programme.

Bexhill-on-sea is a priority area for the CNN programme within East Sussex. Employment and housing security is the local focus with local stakeholders wanting to emphasise the importance of better coordination of skills and employability funding, improved data for tailoring programmes, and addressing the insufficient supply of affordable housing through strengthened partnerships and integrated support services.

8.2 Camber

Table 4: Camber headline health, demographic and building blocks of health data.

Population size	1,125
Median age	50
Percentage of retirees	27.6
Percentage of carers	10.3
Percentage with a disability	20.3
Percentage with no qualifications	15.9
Self-reported good and very good health	78.1
Percentage of social rent	9.6

Nestled among the most eastern coast of Rother District, Camber is known for its sandy beaches. Originally a collection of fishermen's dwellings has grown to population of over 1000.

Unlike many other shingle beaches in the region, Camber boasts expansive sand dunes. The beach at Camber Sands stretches for miles, offering vast open spaces for visitors to enjoy. Its golden sands are perfect for sunbathing and building sandcastles[44].

The flat, wide shoreline is ideal for a variety of water sports, including kite surfing, windsurfing, and paddle boarding. The consistent winds and gentle waves make it a hotspot for enthusiasts of these activities, drawing visitors from near and far.

One of the unique features of Camber Sands is its tidal range. At low tide, the beach expands even further, revealing tidal pools and mudflats that are teeming with marine life. This makes it a fantastic spot for families, as children can spend hours exploring and discovering the wonders of the shoreline.

Camber Sands is not just about the beach. The surrounding dunes and marshlands are part of the Rye Harbour Nature Reserve, a haven for birdwatchers and nature lovers. The diverse habitats support a wide variety of bird species, making it an excellent location for wildlife photography and peaceful walks. The reserve is well-maintained, with multiple trails and observation points that allow visitors to immerse themselves in the natural beauty of the area[45].

Camber Sands beach is designated smoke free[46], along with Bexhill beach from the De La Warr Pavilion to the Coronation Bandstand on East Parade. Visitors are being asked to support the voluntary initiative by choosing not to smoke on these beaches, helping to protect children and young people as well as the environment from the harmful effects of smoking and the associated litter of cigarette butts.

8.3 East Saltdean and Telscombe Cliffs

Table 5: East Saltdean and Telscombe cliffs headline health, demographic and building blocks of health data.

	East Saltdean	Telscombe Cliffs
Population size	2,880	4,240
Median age	51	45
Percentage of retirees	31.3	31.3
Percentage of carers	10.4	11.4
Percentage with a disability	16.7	19.4
Percentage with no qualifications	16.4	18.2
Percentage of self-reported good and very good health	83.7	80.6
Percentage of social rent	4.6	7.9

East Saltdean and Telscombe Cliffs are coastal communities located within the Lewes District of East Sussex. Telscombe Cliffs, developed in the 20th century, is home to around 4,000 residents and features a primary school and a civic centre. East Saltdean, part of the larger Saltdean area, which is part of the city of Brighton and Hove, is known for its scenic cliff-top views and proximity to the South Downs National Park. East Saltdean and Telscombe Cliffs are part of Telscombe Town Council, hence why they are merged for this section.

Both areas are characterised by Telscombe Tye providing a natural break between the settlements. The communities are part of the Brighton to Newhaven Cliffs Site of Special Scientific Interest, known for its geological and biological significance.

Cllr Michele Lawrie East Saltdean and Telscombe Town Councillor shared what makes these two coastal communities great places to live.

“Everyone has their own ideas about what makes somewhere a ‘great place to live’. When house hunting for our family home, neither my husband nor I had much of a checklist. We had two dogs, two cats, and two small children. I was raised in the Irish countryside with no local facilities; my husband, raised in an Essex town, wanted a village pub and somewhere to walk the dogs! We agreed that we wanted to be close to the natural environment but with facilities nearby. East Saltdean and Telscombe Cliffs seemed to tick those boxes, and so we found ourselves next to the South Downs, looking out over the Channel.

We love the Art Deco buildings, the warmth of the community, and the beautiful land and seascapes. There are good local schools and nurseries, plenty of parks and playgrounds with football pitches and skateboard parks, and access to tennis courts and a trampoline park. The local beaches are an obvious attraction for swimming, paddle boarding and kayaking, and of course the recently beautiful

renovated, Lido, which is open all year round. There's a wide range of children's clubs and activities; ballet, musical theatre, football clubs, a Swimming and Surf Club, and local Scout groups.

Telscombe Tye, part of the South Downs National Park, is great for hiking, kite-flying and dog walking. The whole area is particularly dog friendly - designated beaches where dogs are permitted, parks where they can be walked off lead (but under control!) pet shops and vets, and Dogtember swims at the Lido specifically for our furry friends!

For the humans the wide range of cafés and restaurants, mostly owned and run by local families, mean you can choose from sushi, Turkish, Italian, Asian cuisine to name but a few, and tennis courts and gyms in which to work it all off! You can run or cycle on the undercliff, find yoga and Pilates classes in private studios as well as in church halls, the civic centre or at the lido, and even groups for cold water swimmers! The local bowls club is very popular and there are local Community and church groups.

There are dental and medical centres, pharmacies, banks and libraries. Post offices, now central hubs for Amazon and Evri drop-offs, along with local services like window-cleaning, gardening, hairdressing, and garages for MOTs and car repairs, meet most day-to-day needs.

A great bus service connects us to cinemas, theatres, music venues, shopping areas, and offers easy access to train stations, airports, and ferry terminals for longer trips. The ferry at Newhaven gives easy access to Europe, and buses to Brighton Station give easy access to Gatwick airport and London. Two decades later, what a great decision it was to come here and raise a family! If I were to be writing that checklist now, East Saltdean and Telscombe Cliffs would tick every box!

8.4 Eastbourne and The Crumbles

Table 7: Eastbourne and The Crumbles headline health, demographic and building blocks of health data.

	Eastbourne	Crumbles
Population size	99,185	3,060
Median age	45	54
Percentage of retirees	27.6	38.3
Percentage of carers	9.8	8.2
Percentage with a disability	20.9	14.5
Percentage with no qualifications	18.5	15.9
Self-reported good and very good health	79.6	85.3
Percentage of social rent	13.4	1.3

Eastbourne known for its Victorian charm, is a popular destination for tourists and a beloved home for residents. The town boasts a seafront with Eastbourne Pier as a centrepiece. Built in the late 19th century, the pier offers entertainment, cafés, and panoramic views of the

English Channel. The Eastbourne seafront promenade is perfect for leisurely strolls or faster paced runs and is lined with well-preserved Victorian hotels.

The Crumbles is a shingle beach located between Eastbourne and Pevensey Bay[47]. The Sovereign Harbour development is situated on an area of Eastbourne known as The Crumbles hence why the Crumbles has been incorporated within the section on Eastbourne.

Eastbourne's natural beauty is enhanced by Beachy Head and the South Downs National Park. Beachy Head, the highest chalk sea cliff in Britain, offers breathtaking views and is a popular spot for hiking and photography. The South Downs provide a diverse landscape with trails for walkers and cyclists.

Culturally, Eastbourne hosts various events, including the annual Eastbourne Airshow and the annual Eastbourne International Tennis Tournament. The town is home to the Congress Theatre, which, along with other venues, showcases a wide range of performances from plays to live music.

Eastbourne also has several museums and historical sites. The Eastbourne Redoubt Fortress, a circular seaside defence built during the Napoleonic Wars, offers visitors insight into the town's military history[48]. Art lovers can explore the galleries at the Towner Art Gallery, which features contemporary works and exhibitions[49].

We know that engaging in cultural and creative activities is good for health and wellbeing. Research has suggested a direct association between those who engage in two hours of arts engagement per week and significantly better wellbeing, compared to those who engage in less than two hours a week[50].

The Annual Report of the Director of Public Health in East Sussex 2023 / 24 - Creativity for Healthier Lives highlights the importance of creative and cultural pursuits to support health. The report highlighted local work in Eastbourne.

Nathan Gardner, Producer, Photographer and Filmmaker shared thoughts on Eastbourne ALIVE, an ambitious cultural programme coinciding with Towner Eastbourne hosting Turner Prize 2023 which presented partnerships, exhibitions and community projects all aimed at providing long lasting cultural change in Eastbourne, following the Turner Prize.

> "Eastbourne Alive and the Turner Prize brought a challenge to our town that asked us to reflect on our identity as a town. So, when we invited young creatives across the town to help us capture Eastbourne through their lens, we didn't really know what to expect. Through our workshops and conversations, some of the folks felt that we're seen as old-fashioned, that youth are invisible, and they lack true representation.
>
> But through this project, we played with these perceptions—exploring what Eastbourne truly means to its young community. The sea? Its our ultimate comfort on the sad days and a hangout spot with our mates. Quirky spots like Camilla's, the much-loved bookshop with equally loved parrot make this our town, alongside all the familiar high street shops, and then recently through the Turner Prize we had street interventions of amazing public art in the library, in the town centre and outside the Towner Gallery.
>
> Its almost like the video helped us see Eastbourne fresh through young people's lens, and maybe start redefining and rediscovering our town as a place that embraces the old, welcomes the new, loves the quirky nature of being by the sea and celebrates all those things that make Eastbourne truly alive!

Councillor Jenny Williams BEM

“I’ve lived on the coast for nearly 30 years, with the last 18 in Eastbourne. In that time, I’ve built a business, raised my children, and developed a strong network of friends from Worthing to Hastings. Eastbourne has been a brilliant place to bring up a family—safe, well-connected, and with good schools, fantastic outdoor spaces, and a real sense of community.

But it’s also been a great place to work and build something for the future.

People sometimes assume Eastbourne is just a summer town, but that couldn’t be further from the truth. Yes, the warmer months bring a great energy to beach days, long evenings, and visitors enjoying the seafront. There’s nothing better than the buzz of the busy promenade during Airborne or my own personal tradition—prosecco on the beach with friends at sunset.

But this town is for all year round. The world-class Towner Gallery, which hosted the Turner Prize last year, is a hub for contemporary art. Our theatres bring in top productions, and the town’s independent cafés and restaurants serve up great food no matter the season.

Eastbourne’s digital infrastructure is strong, making it easier than ever to live and work here with Brighton and London within easy commuting distance, access to ‘City-life’ is readily available.

One of Eastbourne’s greatest strengths is its natural surroundings. The sea, the Downs, and our green spaces aren’t just beautiful; they add to the quality of life, supporting mental health and wellbeing. I love the days when I finish work and head out on the seafront or take a walk on the Downs. That balance of work and lifestyle is something I cherish.

Of course, no town is without challenges, and Eastbourne has its fair share-economic shifts, changing visitor trends, and evolving demographics. But there are also huge opportunities. More people are looking to move their businesses out of larger cities, and coastal towns are at a turning point. Investment in infrastructure, smart business support, and new business models post-COVID mean there is real potential for growth.

That’s why I’ve been involved in shaping Eastbourne’s Seafront Strategy 2050, a vision for a Seafront for Every Generation, ensuring that our coastline is a place where people of all ages can live, work, visit, and enjoy together. Eastbourne’s future must build on what makes it special, while also evolving in a way that strengthens its economy, enhances its public spaces, and ensures it remains a vibrant, thriving place to be.

For me, Eastbourne has always been more than just a place to live. It’s where I’ve built my life, watched my children grow, and had the privilege of being part of a coastal community. The town is evolving, and as we look ahead, it’s crucial that we continue to create opportunities, whether that’s supporting local businesses, investing in our cultural spaces, or making sure the seafront remains a space for everyone to enjoy.

Eastbourne, which includes the Crumbles also known as Sovereign Harbour is one of two coastal areas which is a borough council and an Integrated community team. The geography of the ICT is not an exact match between local authority district and NHS practice / PCN catchment, however the ICT profiles gives local demographics, health needs, social determinants and wider determinants of health.

8.5 Fairlight

Table 8: Fairlight headline health, demographic and building blocks of health data.

Population size	1,560
Median age	63
Percentage of retirees	49.5
Percentage of carers	12.2
Percentage with a disability	18.1
Percentage with no qualifications	22.1
Self-reported good and very good health	82.1
Percentage of social rent	Suppressed data

Fairlight, in Rother District, nestled between Hastings and the serene coastal views, Fairlight offers a unique blend of countryside tranquillity and seaside allure. Known for its picturesque landscapes, the village is part of the High Weald Area of Outstanding Natural Beauty, providing both residents and visitors with rural vistas and opportunities for outdoor activities like hiking and birdwatching.

The village is adjacent to Fairlight Country Park, a popular local attraction featuring rugged cliff tops, verdant woodlands, and meadows. This park is home to a variety of wildlife, making it a haven for nature lovers. One of the highlights of the park nature reserve, where you can enjoy breathtaking views of the English Channel and explore its rich biodiversity.

The Bale House is a visitor centre at the Country Park Nature Reserve that in opened in 2021[51].

The centre provides an exciting facility for visitors to the park to find out about this special landscape, for school visits, activities and family events. You will be able to find information about the park, its geology, habitats, species that live there, and heritage all in one place.

8.6 Hastings and St Leonards

Table 9: Hastings and St Leonards headline health, demographic and building blocks of health data.

Population size	91,485
Median age	43
Percentage of retirees	22.9
Percentage of carers	12.3
Percentage with a disability	22.5
Percentage with no qualifications	20
Percentage of self-reported good and very good health	77.4
Percentage of social rent	14.1

Set between hills that reach to the sea, Hastings is an oyster that comes with its own grit, where the smooth bustle of modern life rubs along with the rough edges of tradition.

Look up and you'll see the ruins of the castle watching over Hastings, as they have in one guise or another for nearly 1,000 years. The three-mile seafront of Hastings stretches from the fishing fleet at the eastern end through the hustle and bustle of the arcades and funfair rides, to the pier and unique double-decker promenade Bottle Alley, arriving finally at peaceful Grosvenor Gardens.

Hastings and St Leonards-on-Sea are neighbouring coastal towns. These towns are renowned for their historical significance. Hastings is famously tied to the Battle of Hastings in 1066, a pivotal moment in English history when William the Conqueror defeated King Harold II. Although the battle took place in nearby Battle, Hastings serves as a cultural and historical hub for exploring this era. The town boasts Hastings Castle, the first Norman castle in England, providing panoramic views and an exhibit detailing the conquest.

The Old Town in Hastings offers a blend of narrow streets, timbered houses, and independent shops. It has character, with its bustling seafood restaurants and pubs. The Fishermen's Museum and Shipwreck Museum provide insights into Hastings' maritime heritage, while the Hastings Contemporary Gallery showcases contemporary British art.

St Leonards-on-Sea, developed in the early 19th century by James Burton as a purpose-built seaside resort, features beautiful Regency and Victorian architecture. The town is known for its artistic community, with galleries, studios, and creative spaces thriving throughout. The St Leonards Gardens offers a green retreat with landscaped gardens and serene water features.

Both Hastings and St Leonards share a lively cultural calendar, including events like the Hastings International Piano Concerto

Competition and the Jack in the Green festival. The towns also have a vibrant music scene, with live performances and festivals attracting crowds.

Hastings and St Leonards are our second coastal community which is a Borough, primary care network and Integrated Community Team.

Cllr Hilton - Deputy Leader of Hastings Borough Council

"For me it is the landscape of Hastings that makes it so special alongside the amazingly lively, outspoken and creative community that lives here. Before I moved here seventeen years ago, I had no idea there were still such wild and beautiful spaces along the south coast. Swimming out from the beach below the country park and just seeing woodland and cliffs down to the sea or walking along the beach at Rock a Nore at low tide to see dinosaur footprints are a real privilege and we need to be doing more to promote our amazing landscapes at this end of East Sussex.

Alongside these beautiful green spaces, we are so lucky to have community groups across the town who are passionate about helping looking after them as well as running community orchards, gardens, greenhouses and growing projects. There is more to be done to encourage everyone to access the health and wellbeing benefits of our green spaces, and while we have a lively and creative town there are still too many people struggling with long term health issues as well as a lack of decent affordable housing. However, I am hugely grateful to the many people running a huge range of charities and community groups that work so hard to support people to have a better life.

Our beachfront and areas such as St Leonards has been brought to life over recent years by many independent businesses and there seems to be a festival or event to attend pretty much every weekend of the year. It would be hard to ever be bored in Hastings! Over the next few years I look forward to our project to improve and green our town centre as well as investments in key heritage sites like Hastings Castle and St Mary in the Castle which will all contribute to promoting our town as a great place to live and visit.

Action on the building blocks of health, Regeneration in Hastings

Hastings Commons

Hastings Commons take derelict and difficult buildings around the White Rock area of Hastings into community custody, transforming them into social spaces, homes and workspaces that will always be affordable and open to all.

They celebrate people's ideas, energy and together they shape the places and share the stories of this special, historic neighbourhood.

Dominant models of regeneration, ownership and development have failed and exploited our communities for decades. Too often local people have been disempowered and displaced, geographic divisions exacerbated, inequality increased, our environment damaged, and the physical and social fabric of a place destroyed.

Hastings Commons is an ambitious, pioneering approach to community-led regeneration in the White Rock neighbourhood of Hastings that seeks to challenge this by offering a real alternative.

It aims to challenge traditional models of regeneration, ownership, and development that have often disempowered and displaced local communities. Hastings Commons offers a real alternative by focusing

on community ownership and collaborative management of buildings and spaces.

Hastings Commons seeks to create a place shaped by local people for local benefit. The goal is to retain the character and diversity of the area while ensuring that spaces and homes remain affordable and inclusive for future generations.

Since 2014, Hastings Commons has brought over 8,500 square meters of floor space into community ownership across a cluster of buildings in the centre of Hastings.

These buildings have been renovated to a high quality, offering genuinely affordable rents and supporting residents and businesses to collaborate and take more control of where they live and work.

The Observer Building

The Commons is a collection of buildings and spaces where ‘commoners’ (people who take action for the common good) can connect, grow, have fun, and make an impact.

Action on education and skills attainment in Hastings

Steps to Success

The Department for Education has funded Steps to Success in Hastings, providing opportunities for 84 persistently absent year 10 children from six Hastings schools to benefit from one-to-one coaching, workshops, and work experience from February 2024. The project aim is to improve participants’ school attendance and engagement and to raise aspirations. 78 (93%) students remain on the programme. 65 (86%) have had at least 3 coaching sessions to date. Comparing the cohort’s Year 11 attendance with Year 9, there is a 3% improvement in attendance. The programme concludes in March.

Expanding on the success of the first Careers and Enterprise-funded Effective Transitions Fund pilot (ETF1), and the above project in Hastings, Steps to Success (‘EFT2’) is now working with 315 year 10 participants, of which 203 are in coastal East Sussex. Almost all (94%) are on Free School Meals, and all are either persistently absent from school and/or have SEND, cohorts which are most at risk of becoming NEET (Not in Education, Employment or Training). Students are supported to commit to positive career and personal goals, to improve their school attendance, engagement, and attainment, and to progress into a high-quality post-16 pathway that matches their talents and ambitions.

More information about how Skills East Sussex (SES) works together to improve local employment and skills levels to increase economic prosperity in East Sussex is available online.

8.7 Newhaven

Table 10: Newhaven headline health, demographic and building blocks of health data.

Population size	12,850
Median age	40
Percentage of retirees	22.6
Percentage of carers	10.1
Percentage with a disability	22.7
Percentage with no qualifications	20.6
Percentage of self-reported good and very good health	78.4
Percentage of social rent	15.6

Newhaven is a coastal town in East Sussex, situated at the mouth of the River Ouse. It is positioned on the English Channel coast, approximately nine miles east of Brighton and features a significant maritime heritage. Historically, Newhaven emerged as a pivotal port town due to its strategic location, establishing itself as a key crossing point to France which still has a ferry service to Dieppe.

The town is part of the Lewes district and boasts a rich history dating back to the Saxon era, initially known as Meeching. Its port has played a crucial role over the centuries, especially during the 19th and 20th centuries when it became a major transportation hub for cross-Channel ferries. Today, Newhaven continues to operate a ferry service that links England with Dieppe in France.

Newhaven offers a charming mix of natural beauty and industrial functionality. The town has several residential areas and is characterised by a combination of historic buildings and modern developments. The Newhaven Fort, a 19th-century fortification, is a key attraction that provides insights into the town's military history while offering panoramic views of the surrounding coast.

Newhaven's natural surroundings include the sweeping cliffs of the South Downs National Park and the picturesque Seaford Bay, which offer numerous opportunities for outdoor activities such as hiking and birdwatching. The Ouse Estuary Nature Reserve is a significant local natural reserve, providing a habitat for diverse wildlife.

The Newhaven Area Snapshot[52] provides comprehensive overview of the Newhaven Meeching and Newhaven Valley areas, focusing on the Making it Happen (MIH) programme from November 2019 to December 2024. The aim is to offer background information and insights to support conversations about neighbourhoods in East Sussex, complementing statistical data with qualitative insights.

Stephen Honey - Executive Officer, Newhaven Town Council

“I moved to Newhaven over 20 years ago from London via Brighton and have never looked back. Although I had not crystallised why until 2020 when the lockdowns started.

It was only then that I realised what made Newhaven a great place to live. I could spend my ‘allocated exercise time’ each day to walk through the Ouse Estuary Nature Reserve, just 5 minutes from my house. I could walk a mile or two and wander through the lost village of Tide Mills. Then onto the beach with views across the Channel, up to Newhaven Fort and the glorious, world renowned Seven Sisters. If I walked half a mile in the opposite direction, I would be on the South Downs, from where, I could see from the Seven Sisters around to Newhaven Harbour, Newhaven town, north along the Ouse River towards Lewes.

It is a terrible thing to admit that it took an event like the Covid-19 pandemic for me to realise what a tremendous place I lived in especially when considering health and wellbeing. It was at this point that I along with many others came to realise what a vital role, spending time outdoors in ‘nature’ held for both physical and mental health.

Newhaven has suffered in recent years from having a poor reputation but that is changing with many artistic ventures over the past 18 months and many more to come. Millions of pounds in funding will be helping to revitalise the town centre and a new Health hub on its way. There is also a wayfinding exercise to provide pedestrian-focused streetscape improvements and to improve access to the centre of the town from the railway station.

Ultimately, whilst the location of Newhaven, at the mouth of the Ouse River on the South coast and the South Downs in easy reach is important, as with most towns, it is the people of Newhaven that make it what it is. I recently started to work for Newhaven Town Council to try and ‘give back’ a little to my community.

What I have now realised is that I am a minnow in the ‘giving back’ stakes as there are so many people in this town that give so much of their time and energy to push the town forward to even greater things.

From the Councillors who give so much time and effort for no recompense to the landlady of our local pub that turned it into a community shop during the pandemic making it easier for local residents to get their groceries. There are many local groups and initiatives aimed at promoting social connections and community engagement, which are well known for improving mental wellbeing.

Newhaven is a town that offers the perfect balance of coastal charm, historical significance, and modern convenience. With its natural surroundings, powerful sense of community, excellent transport links, and ongoing regeneration, it is no wonder that more people are choosing to make Newhaven their home. Whether you are looking for a fresh start or a place to put down roots, Newhaven is a great place to live.

Action on tackling loneliness in Peacehaven, Newhaven and across our coastal communities

Gill Reynolds, Tackling Loneliness Programme Facilitator, Sussex Community Development Association (SCDA)

> “Whoever you are, whatever your age and circumstance, wherever you live, it’s important to remember that feeling lonely is a natural part of feeling human, and everyone, at some point in our lives will feel lonely.

The Tackling Loneliness Programme is a 2-year funded programme completing in December 2025. It builds on the Annual Public Health Report 2022/23 - Connecting People and Places which set out recommendations of what we need to do to tackle loneliness in East Sussex.

We define loneliness as the ‘a subjective negative feeling that emerges when our expectations for connection and the reality of our connections don’t match up’. We understand that anyone can experience loneliness and it is often transient, but when it is prolonged and severe, it can become a significant problem.

We recognise that there is a wealth of local community support groups and services which help people to feel more connected to each other and have a greater sense of belonging to their local communities. We have been creating shared learning spaces for the many services to connect with each other and share their learning about loneliness.

We have convened shared learning groups for Peacehaven, Newhaven and Hastings. We have representation from over 70 people from a wide range of Voluntary, Community and Social Enterprise (VCSE), NHS Health and Statutory sector services, all committed to collaboratively connecting to tackle loneliness and learning together.

Loneliness can be triggered by life events at various points throughout the life course from birth to the end of life, which ranges from experiencing bullying in childhood, bereavement, becoming a career, loss of a job or relationship and loved one, including pets, all puts a person at risk of experiencing loneliness.

We know that people who are lonely are often less resilient and have lower self-esteem and that loneliness is associated with ‘poorer sleep’. Experiencing chronic loneliness can increase the risk of early mortality by 50%. We are delivering our Loneliness Matters workshops across the county, which takes a deeper dive into identifying loneliness in ourselves and others, understanding how loneliness exacerbates both physical and mental health problems and explores who are the loneliest people in our communities.

Loneliness is a risk factor for the progression of frailty and poorer cognitive function among older adults. In Eastbourne, Linking Lives Befriending service connects Link Friends with volunteers.

> “At first I just wanted some company at home, but over time I felt able to leave my flat and go to my local lunch club.

In Seaford, Friends of Bishopstone Station (FOB) provide a space for people to connect.

> “I have made new friends and contacts, I used to be quite lonely since my husband passed away; Meet up Mondays has made a huge difference to my week, people to chat to, human companionship. Sundays are very lonely days.

We understand that being lonely is not simply about feeling socially isolated/lacking communal ties, it's also about being heard and understood. Compass Arts in Eastbourne recognises this as important to their artists who experience serious mental illness

> "Without Compass Arts I wouldn't have the impetus to explore and to have a sense of agency. I have found my voice again. I also have found mutual respect, camaraderie and validation.

Tackling Loneliness Project • SCDA

8.8 Peacehaven

Table 11: Peacehaven headline health, demographic and building blocks of health data.

Population size	15,705
Median age	46
Percentage of retirees	27.4
Percentage of carers	10.5
Percentage with a disability	21
Percentage with no qualifications	21.4
Percentage of self-reported good and very good health	78.9
Percentage of social rent	10.2

Peacehaven is a coastal town located in Lewes District, East Sussex, it is perched atop the scenic chalk cliffs of the South Downs, offering views over the English Channel.

Founded in 1916 by Charles Neville, Peacehaven began as a planned community, initially named 'New Anzac-on-Sea' to honour the

Australian and New Zealand Army Corps. The name was eventually changed to Peacehaven, reflecting a more tranquil appeal.

The town lies approximately six miles east of Brighton, making it a peaceful residential retreat for those seeking to escape the hustle and bustle of city life while still being relatively close to urban amenities.

One of the key features of Peacehaven is its rural charm and beautiful landscapes, including the South Downs National Park nearby, which offers opportunities for walking and outdoor activities.

Peacehaven comprises mostly residential homes, with a mix of architecture styles ranging from early 20th-century houses to modern developments. It has essential amenities that cater to its residents, such as schools, shops, parks, and community centres.

The cliff top promenade is a popular attraction, providing breathtaking coastal views and access to several walking and cycling paths, including the Undercliff Walk leading towards Brighton. The point where the Prime meridian of the world crosses the coast is marked by a 3.5m (11ft) tall obelisk, commissioned by Charles Neville. It was unveiled on 10 August 1936, and has been relocated twice due to erosion of the cliffs.

The climate is generally mild, typifying the maritime climate of southern England.

The Peacehaven Area Snapshot[53] provides a comprehensive overview of the Peacehaven West and Peacehaven North areas, focusing on the Making it Happen (MIH) programme from November 2019 to December 2024. The aim is to offer background information and insights to support conversations about neighbourhoods in East Sussex, complementing statistical data with qualitative insights.

8.9 Pett

Table 12: Pett headline health, demographic and building blocks of health data.

Population size	345
Median age	58
Percentage of retirees	44.2
Percentage of carers	10.8
Percentage with a disability	17.8
Percentage with no qualifications	12.2
Percentage of self-reported good and very good health	81.3
Percentage of social rent	10.9

Pett is a village in Rother District, East Sussex, Pett Level, part of the larger Pett Parish, features a coastline with prehistoric forest remnants visible during low tides and an array of bird life, making it a popular spot for nature enthusiasts.

Cllr David Tasker shares what makes Pett and Pett Level: A Wonderful Place to Live.

Living in Pett and Pett Level

“I’ve come to appreciate what makes these small communities so special. Nestled between the High Weald and the coast, the area offers a unique blend of natural beauty, a strong sense of community, and some fantastic local businesses. It’s the kind of place where you feel connected to both the landscape and the people around you.

A Rich Natural Environment

“For me, one of the highlights of living here is the stunning natural surroundings. Pett Level Beach is the perfect spot for a peaceful walk, with its wide, open skies and views that stretch for miles. The marshlands and nearby Rye Harbour Nature Reserve are teeming with wildlife, making it a haven for nature lovers. The Saxon Shore Way passes right through Pett, offering incredible walking routes that combine the best of the coast and countryside.

A Community That Comes Together

“What makes Pett truly special is its people. The village hall is the heart of the community, hosting everything from yoga classes to craft fairs and community events. The Pett Flower Show and Art on the Beach festival are standout moments in the calendar, bringing everyone together and showcasing the creative energy of the area. Our Parish Council works tirelessly to address local issues and ensure Pett remains a great place to live.

Local Businesses That Bring Character

“Pett and Pett Level are home to some brilliant local businesses that add so much to the community. The Two Sawyers and the Royal Oak are both fantastic pubs where you can enjoy a good meal and a warm, welcoming atmosphere. The Tic Tocory tea shop is a favourite of mine – a cosy spot to enjoy homemade cakes and a good cup of coffee. For fresh, organic produce, the Stonelynk Organic Farm Shop is unbeatable.

Down at Pett Level, Eaters@Pett is a lovely beach café where I often stop for a bite to eat after a walk. The New Beach Club, with its events, live music, and sea views, is another great addition to the area. It’s also home to the New Beach Sea Angling Club, a reminder of the community’s deep connection to the coastline.

Looking After Our Village

“Of course, there are challenges too. The public toilets at Pett Level Beach have been closed by Rother District Council, which has been inconvenient for residents and visitors alike and led to justified concerns about public health and wellbeing. Thankfully, our Parish Council has taken these concerns raised by both locals and visitors, seriously and is actively working on finding a solution to reopen them – a reflection of the care and attention they put into looking after the community.

Living in Pett and Pett Level means being part of a place where people truly care about each other, the environment, and the future of the area. It’s not flashy or over-polished, but it’s a place with real heart, and I wouldn’t want to live anywhere else.

8.10 Pevensey Bay

Table 13: Pevensey Bay headline health, demographic and building blocks of health data.

Population size	2,895
Median age	59
Percentage of retirees	41.8
Percentage of carers	11.3
Percentage with a disability	19
Percentage with no qualifications	22.9
Percentage of self-reported good and very good health	80.7
Percentage of social rent	Suppressed

Sarah Mosedale, Clerk to Pevensey Parish Council shared the following. The villages of Pevensey and Pevensey Bay in the Wealden District of East Sussex offer a wonderful combination of traditional seaside and historical importance with a nod towards Pevensey's important place in the natural world.

Pevensey Bay enjoys a strong sense of community with a thriving social cohesiveness. With the attendant beaches and organisations devoted to a life on the ocean wave, surfing, fishing and sailing is within easy reach and enjoyed by many.

The vibrant village is well served with eateries and cafés drawing people together through special events and live music. Community facilities host tourists and residents alike and encourage visitors to stay awhile at the local camping sites, refurbished hotel and in the Airbnb properties that have been created over the years.

The King Charles III England Coast Path visits Pevensey Bay and along with the 31 mile 1066 Country Walk starting at Pevensey Castle in nearby Pevensey village offers a popular destination for all.

Nearby Pevensey village was the home of a Roman Fort dating from 290AD. Pevensey was also the landing place of William the Conqueror's army in 1066. The famous Bayeux Tapestry was inspired by the events of 1066 and was recently part of television series Lucy Worsley Investigates.

Later it was pressed back into service as an emergency stronghold in the Second World War. Managed by English Heritage, the Castle enjoys many visitors annually who are given a warm welcome at local inns and tea rooms.

Pevensey has a rich history and Pevensey Court House, Museum and Gaol and the recently opened Ye Olde Mint House both in Pevensey High Street are both open to the public and enthusiastic in their offer of special events focusing on local history, the area's Smuggling past and some grizzly moments that occurred.

Excitingly, Sussex Wildlife Trust and National Highways has funding for the Pevensey Levels Wetland Restoration Project.

The Pevensey Levels is a lowland grazing marsh, covering 4,300 hectares between Eastbourne and Bexhill-on-Sea. It is one of the most environmentally important wetland areas in southern Britain, being of national and international importance for its biological diversity and rare plants and invertebrates, including the fen raft spider. It is designated as a Site of Special Scientific Interest, a Ramsar site and a Special Area of Conservation.

The aim is to create a mosaic of habitats by blocking and meandering ditches, digging scrapes and creating deeper ponds as well as undulations. Together, these measures will help 're-wet' the Levels, allowing wetland species to re-colonise lost territories.

Pevensey plays host to the Recreation Ground that serves both villages in terms of multi sports development and provides an events venue for village initiatives including those organised by Pevensey Parish Council.

Historically, the villages have played host to the elderly demographic, however Wealden District Council predict Wealden is the only district in East Sussex likely to see a significant increase in the number of children and young people between 2020 and 2035.

The NHS offers three surgeries in Pevensey Bay, Westham and Stone Cross for an increasing population moving to the new estates appearing along the Westham-Stone Cross Corridor. Pevensey and Pevensey Bay work hard through their network of 3 Village Halls to offer social cohesion, support and remedy for social isolation often experienced in rural communities.

Many groups focus on physical and mental wellbeing through sports and arts sessions alongside successful lunch clubs with community transport included. Pevensey village is the home of St Nicolas Church.

For eight centuries St Nicolas Church has stood at the centre of Pevensey. The oldest building still in use here for its original purpose, the church is a mainstay of Christian belief and local life, a living link between today's village community and Pevensey's medieval seaport heritage. It is joined in worship with St Wilfrid's Church In Pevensey Bay.

Public transport links serve the two villages offering routes into Eastbourne and major supermarkets via Service 8 and routes to Bexhill, St Leonards and Hastings can be found via Service 99. There is no direct bus to Conquest Hospital which is of concern to the villages.

8.11 Seaford

Table 14: Seaford headline health, demographic and building blocks of health data.

Population size	23,850
Median age	54
Percentage of retirees	39.1
Percentage of carers	11,7
Percentage with a disability	19.5
Percentage with no qualifications	16.6
Percentage of self-reported good and very good health	80.6
Percentage of social rent	8

Seaford, Lewes District, is blessed with a beautiful seafront that sweeps around the bay, encompassed by the striking presence of Seaford Head and the cliffs on the eastern side and Newhaven Harbour with Mount Pleasant in the distance on the western side. The views and experience of living within this breath-taking environment can bring both joy and solace to residents who seek to live along this coastal path.

Cllr Sally Markwell writes what makes Seaford a great place to live.

“As chair of Seaford Health Stakeholders Working Group, I have recognised the benefits of living in this asset rich location, not only because of its genteel town with a colourful past. There appears to be a golden thread of opportunity that connects our residents across all ages to a robust core of community concern which identifies local need and harnesses the skills and energy of local volunteers.

Being Mayor of Seaford, I have also been privileged to engage with the many community groups who enrich our neighbourhoods from enhancing communication and belonging, to finding volunteers and making the positive connections which helps to address social needs. Through dedicated, collaborative commitment, civic-level, community cantered and service-based interventions have been addressing, for example, isolation and loneliness by bringing people together to chat, share stories and build friendships; this was further encouraged by suggesting community picnics during the summer.

Others create opportunities for everyone to get the most from our precious green spaces to improve physical/mental health or be part of community events, through organising park runs, encouraging cycling and walking, team-sports for all ages and abilities, as well as building community ownership, enhancing skills in tree planting and food growing. We are host to some incredible musicians, artists, crafters and creators who continuously share their skills and talents. Some also responded to our challenge to develop a Community Coat this autumn

with over 90 patches representing groups in Seaford. Our communities thrive on their achievements and gifts.

Our business community embraces local need through their recurrent goodwill, generosity, and celebration of Seaford youth as well as combining their skills and resources to enhance many aspects of our community. A spontaneous community Christmas Eve lunch for more isolated residents arose from just this type of giving. Our leisure services not only inspire active lifestyles but also support our primary care networks to offer social prescribing through programmes which include a Men's Shed and local chat groups. Local faith groups foster a multitude of volunteers, making a tangible difference across our diverse neighbourhoods.

Through my visits to local schools, the dedication of staff and local parents ensure our young people grow in confidence and realise their potential. The children asked me, "What advice would you give to kids who want to help make the town better?" We considered how to make impossible things happen, by all working together and recognising that everyone has something to offer, and where we can find the strength and support we need. These reflections are a reminder of how, through combined enterprise we can ensure that Seaford residents stay happy, healthy, and connected.

8.12 Winchelsea Beach

Table 15 Winchelsea Beach headline health, demographic and building blocks of health data.

Population size	1,025
Median age	60
Percentage of retirees	42
Percentage of carers	11.3
Percentage with a disability	15.6
Percentage with no qualifications	18.2
Percentage of self-reported good and very good health	84.4
Percentage of social rent	2.9

Here marshland meets the sea to create a friendly and relaxing little resort. There is no soft sand to sit on, and rather a lot of mud to wade through at low tide. We love it though, like the many families who look back with great nostalgia on the happy days they spent here

from the 1930's onwards. The beach is still here, unspoiled, for young and old to enjoy, but do not expect any amenities. There is very little parking. In the summer there is an ice cream van, and there are several benches on the sea wall. Really, there is only sea and shingle, with flat wet sand at low tide and lots of little pools. Many species of birds frequent the sands, and it is their beach, which they graciously allow us to share. Winchelsea Beach is popular with dog walkers, lug diggers and folk with shrimping nets. It is also a good place for swimming and wind surfing.

9. Difference across the life course

This section of the report looks at the differences between coastal and non-coastal areas and key health issues, it takes a life course approach and explores a range of data sets and the three domains of public health[54].

9.1 Children and Young people

9.1.1 Childhood vaccination and immunisations

Childhood vaccination is important. First, it provides direct protection for children against severe and potentially life-threatening diseases, such as measles, polio, and whooping cough. These vaccinations help the immune system recognise and combat specific pathogens, reducing the risk of severe illness[55].

Second, vaccinations contribute to herd immunity. When a significant portion of the population is vaccinated, it reduces the spread of the disease, protecting those who cannot be vaccinated, such as infants, pregnant women, or immunocompromised individuals. This communal protection is vital in preventing outbreaks and keeping diseases at bay.

Third, vaccines are cost-effective[56]. Preventing illness through vaccination is more economical than treating diseases. The costs of hospitalisation, medication, and long-term healthcare for preventable diseases can be immense. Thus, investing in vaccination saves resources and reduces the financial burden on healthcare systems.

Furthermore, childhood vaccination has led to the near eradication of certain diseases. For instance, smallpox has been eradicated globally, and polio is close to being eliminated in many regions[57]. These successes showcase the power of vaccines.

Finally, vaccinated children have better opportunities for education and development, as they are less likely to suffer from illnesses that can cause school absences and developmental delays, ensuring healthier and more productive lives.

GP practices provide childhood vaccination and immunisations. For this analysis they have been classed as 'coastal' if at least 75% of their patients live in LSOAs that are deemed 'coastal' using ONS best fit BUAs to LSOAs (October 2024 list size data). For coastal practices the lowest % of their patients in a coastal LSOA is 76%. The next practice after this would be 43%, it seemed a very clear cut-off to use 75% natural break in the data.

The pneumococcal conjugate vaccine (PVC) is essential in England for protecting against serious illnesses caused by pneumococcal bacteria, such as pneumonia, meningitis, and sepsis[58]. This vaccine is particularly important for vulnerable groups, including babies, older adults, and individuals with certain medical conditions.

In England, the PCV is part of the routine immunisation schedule for infants, who receive it at 8 weeks, 16 weeks, and one year of age. This early protection is crucial as young children are at higher risk of severe pneumococcal infections. The vaccine helps prevent the spread of pneumococcal bacteria within the community, contributing to herd immunity and protecting those who cannot be vaccinated[59].

Figure 11: Percentage of pneumococcal conjugate vaccine (PVC) uptake. by coastal and non coastal classification in East Sussex.

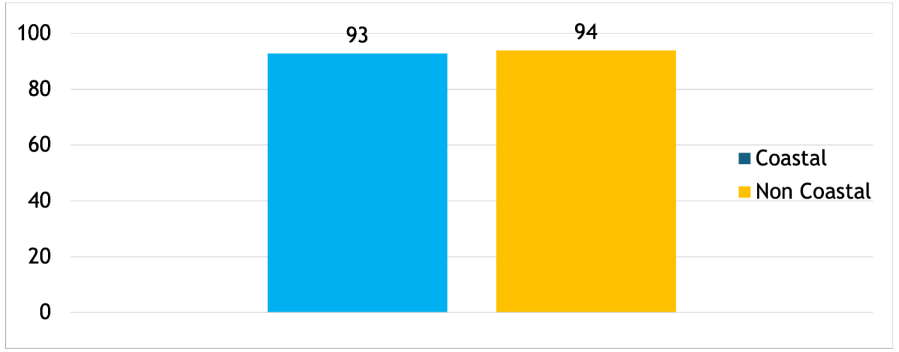


Figure 11 shows the percentage of pneumococcal conjugate vaccine uptake by coastal and non-coastal GP practices with data from the annual GP vaccination coverage statistics for children aged up to 1 years in England 2023 to 2024. Nationally in 2023/24, 93 percent of children had received the primary PCV immunisation by their first birthday[60]. Our coastal GP practices have a vaccination uptake of 93% compared to 94% in non coastal practices.

Public health campaigns and vaccination programmes in England emphasise the importance of the PCV to ensure high coverage rates and protect public health. Maintaining high vaccination rates is essential to prevent outbreaks and protect vulnerable populations from this potentially life-threatening infection.

The DTaP/IPV/Hib/HepB vaccine also known as the 6-in-1 vaccine[61], is a crucial immunisation that protects against six serious diseases: diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib), and hepatitis B. This combination vaccine is

administered to young children to provide comprehensive protection with fewer injections, making it more convenient and less painful for both children and parents.

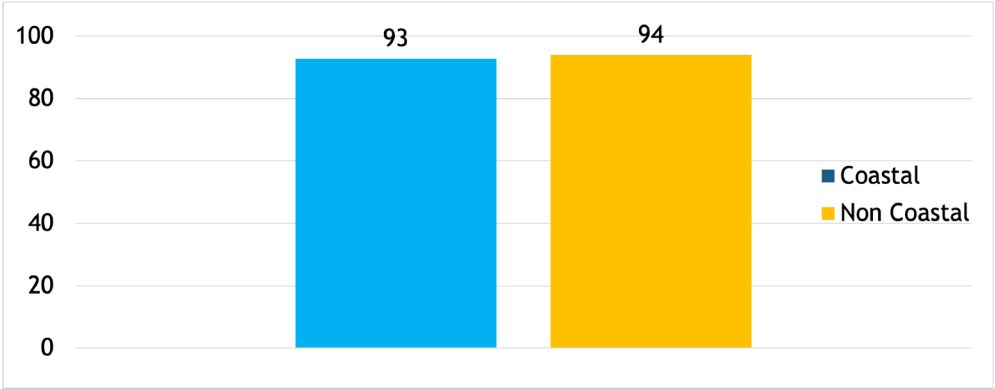
Diphtheria is a bacterial infection that can cause severe throat and breathing problems, and in some cases, heart failure or paralysis. Tetanus, also known as lockjaw, is a bacterial infection that affects the nervous system and can lead to muscle stiffness and spasms. Pertussis, or whooping cough, is a highly contagious respiratory disease that can cause severe coughing fits and is particularly dangerous for infants.

Polio is a viral infection that can lead to paralysis and even death. Hib is a bacterial infection that can cause severe illnesses such as meningitis, pneumonia, and epiglottis. Hepatitis B is a viral infection that affects the liver and can lead to chronic liver disease or liver cancer.

The importance of the DTaP / IPV / Hib / HepB vaccine lies in its ability to protect against these six diseases simultaneously. By combining multiple vaccines into one, it reduces the number of injections required, which can improve vaccination rates and ensure timely protection for children[62]. High vaccination coverage is essential to prevent outbreaks and protect vulnerable populations, such as infants who are too young to be vaccinated and individuals with compromised immune systems.

Despite the proven safety and efficacy of the DTaP / IPV / Hib / HepB vaccine, it is essential to continue public education and awareness campaigns to address vaccine hesitancy and ensure high vaccination coverage.

Figure 12 shows that the Percentage of DTaP/IPV/Hib/HepB vaccine uptake is 1.2% lower in coastal GP practices compared to non-coastal.



The MMR vaccine protects individuals and communities from measles, mumps, and rubella[63]. These diseases can have severe health consequences, and vaccination is the most effective way to prevent outbreaks and ensure public health.

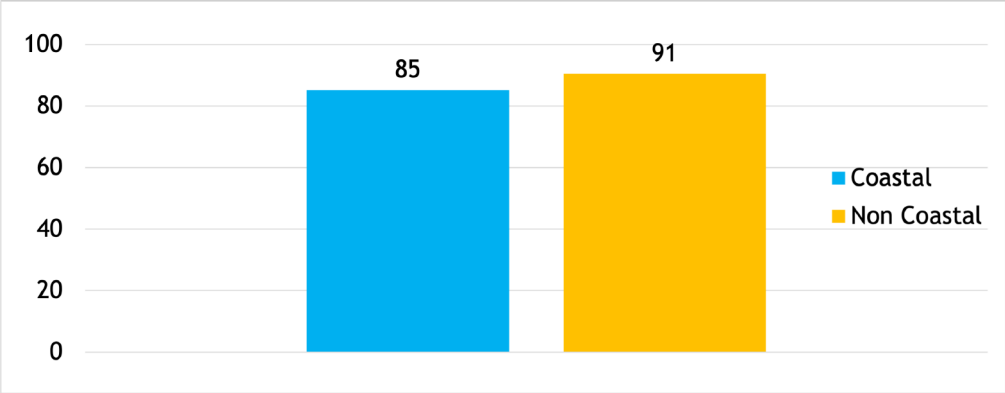
Measles is a highly contagious viral infection that can lead to serious complications such as pneumonia, encephalitis, and even death. Before the introduction of the measles vaccine, the disease caused widespread illness and fatalities. The MMR vaccine has significantly reduced the incidence of measles, but recent declines in vaccination rates have led to outbreaks in various regions.

Mumps is another viral infection that can cause painful swelling of the salivary glands, fever, and headache. In some cases, mumps can lead to complications such as meningitis, encephalitis, and hearing loss. The MMR vaccine has been effective in reducing the prevalence of mumps, but maintaining high vaccination coverage is essential to prevent resurgence.

Rubella, also known as German measles, is generally a mild illness in children but can have devastating effects if contracted by pregnant women. Rubella infection during pregnancy can lead to congenital rubella syndrome (CRS), causing severe birth defects such as heart abnormalities, deafness, and intellectual disabilities. The MMR vaccine has been instrumental in preventing rubella and protecting unborn children from CRS.

Despite the proven safety and efficacy of the MMR vaccine, misinformation and vaccine hesitancy have led to decreased vaccination rates in England[64]. It is vital to address these concerns through public education and awareness campaigns, emphasising the importance of vaccination for individual and community health. Figure 12 shows that by the age of 5 when a child should have received a second dose of the MMR vaccine, a smaller proportion of children from coastal GP practices have received this. Nationally MMR2 coverage at 5 years decreased to 83.9%, the lowest level since 2009-10.

Figure 13 Percentage of second dose of the MMR vaccine uptake. Coastal, non-coastal and East Sussex. Annual GP vaccination coverage statistics for children aged up to 5 years in England 2023 to 2024.



9.2 Health and Wellbeing of School Aged Children My Health My School

The My Health, My School survey is a pupil perception survey that asks children and young people a range of questions under ten key themes: All About Me, Healthy Eating, Social, Emotional and Mental Health (SEMH), Gambling, Physical Activity and Sport, Play. Physical Education (PE) in School, Drugs Alcohol and Tobacco, Sexual Health and My School / College.

Each are tailored age-appropriately with year group log-ins. The survey is available to years 3, 4 (PE in school only), 5, 6, 7, 9 and 11, Post 16 and there are SEND surveys for children with Special Educational Needs and Disabilities. This ensures we have a large amount of data capturing the perceptions of our children and young people [65].

Schools are free to choose which year groups they survey, although are encouraged to include year 6 and 9 to improve statistical analysis. Where numbers are lower, we can be less certain statistically that a result is representative of the wider school population. For example, **only a small number of young people from Hastings secondary schools completed the survey, which may bias the overall findings as the borough contains some of the most deprived areas of the county.**

Schools are also free to choose which term they conduct the survey, and it is likely that some pupils would answer the same question differently as they settle into school or encounter new challenges such as exams. Again, we are now encouraging completion during terms 5 and 6 to achieve greater consistency.

Response rates vary across the different year groups from 7% of Year 11s to 60% of Year 6s. All year groups percentage responses. This can be seen in Table 16 where the number of responses to survey is compared to the School Census May 2024.

Table 16: Percentage response rate for each year. Number of responses to MHMS survey compared to School Census May 2024.

Year Group	Number of responses	School Census May 24	Percentage completion
Year 5	2,654	5,331	50%
Year 6	3,345	5,531	60%
Year 7	1,560	5,494	28%
Year 8	1,749	5,408	32%
Year 9	2,596	5,242	50%
Year 10	1,397	5,040	28%
Year 11	344	5,081	7%

Overall, the data is considered representative of East Sussex children and young people in terms of gender, ethnicity and deprivation (using FSM eligibility as a proxy). However, there is an under representation of secondary students from schools in Hastings.

Due to the anonymous nature of the dataset, **pupils have been classified as coastal or non-coastal based on their school alliance. School alliance coastal classifications have been based on pupil's** LSOA of residence from the school roll.

This survey contains self-reported information and views from children and young people in East Sussex. Survey findings should not be viewed in isolation. It is important to consider the findings alongside other sources of data relevant to the subject or question. They are a useful starting point to explore an issue/theme in more depth.

Confidence intervals are used on some charts. They represent the range of values that you can be 95% certain contains the true average for the school population. If the line does not overlap with the value you are comparing to, you can be confident there is a true difference between the two results. The lower the number of survey results, the wider the interval will be.

9.2.1 A healthy diet

The '5 a day'[66] concept, which encourages consuming five portions of fruits and vegetables daily, is vital for children for several reasons. First, it ensures they receive essential vitamins and minerals, crucial for growth and development. Fruits and vegetables provide dietary fibre, supporting a healthy digestive system and preventing constipation. Establishing healthy eating habits early on, reducing the risk of obesity and related diseases, such as diabetes and heart disease, later in life[67]. Additionally, a varied diet rich in fruits and vegetables boosts the immune system, helping children ward off common illnesses and stay active and energetic.

The costs of overweight and obesity, and physical inactivity are significant on our economy. The NHS is estimated to spend £6.1 billion each year treating obesity-related ill health[68]. Local authority social care costs are estimated at £352 million per year, England's poorest areas are fast food hotspots[69] and the wider societal costs are estimated at £27 billion. The cost of malnutrition in England is estimated to be £19.6 billion per year. The cost of malnutrition in England[70]. Meanwhile, the costs of physical inactivity are estimated

to be around £7.4 billion per year, including £0.9 billion to the NHS alone[71].

Figure 14 shows a higher percentage (35%) of non-coastal primary school aged children eating five or more portions of fruit and vegetables on a normal school day, compared to 30% of coastal primary school aged children. Figure 15 shows a higher of percentage of coastal primary school aged children eating three or more snacks that are high in fat or high in sugar on a normal school day (31%), compared to the non-coastal counter parts (28%).

Figure 16 highlights that the percentage of secondary students that are eating five or more portions on a normal school day is higher in non-coastal secondary schools (22%) compared to coastal secondary schools (20%).

Figure 14 Percentage of children eating five or more portions of fruit and vegetables on a normal school day. Primary (Year 5 and 6). May 2024.

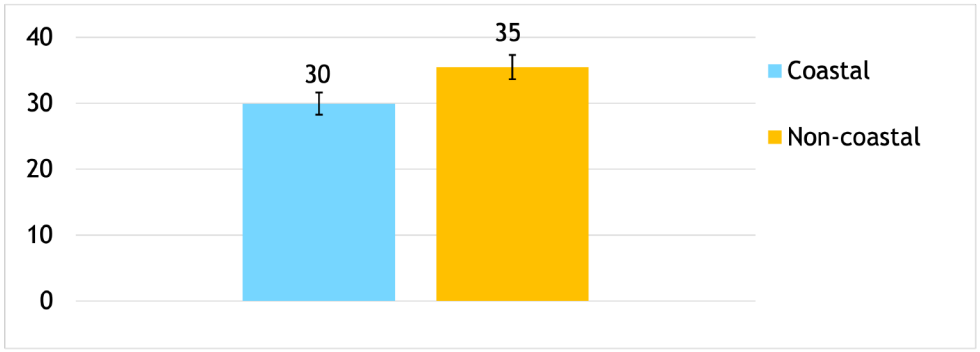


Figure 15 Percentage of children eating three or more snacks that are high in fat or high in sugar on a normal school day Primary (Year 5 and 6). May 2024.

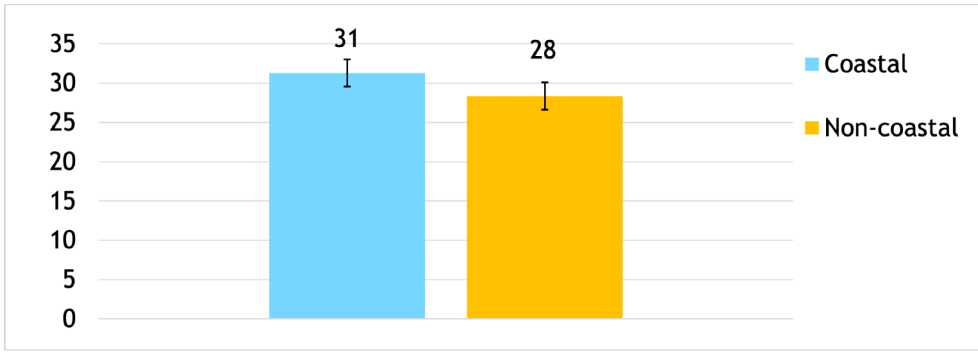
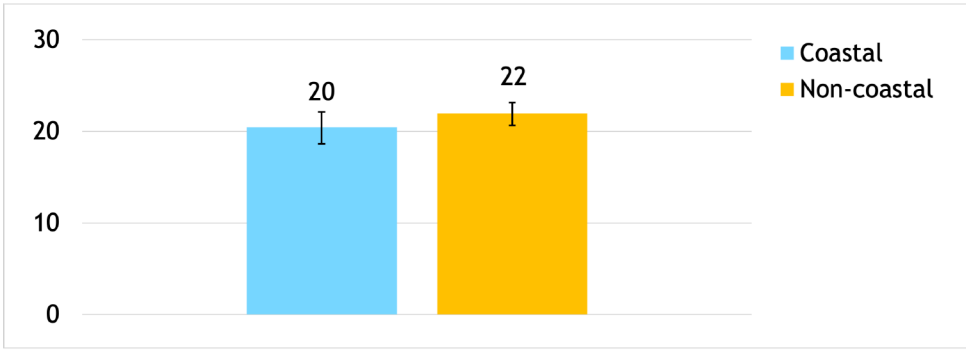


Figure 16 Percentage of students that are eating 5 or more portions on a normal school day. Secondary. May 2024.



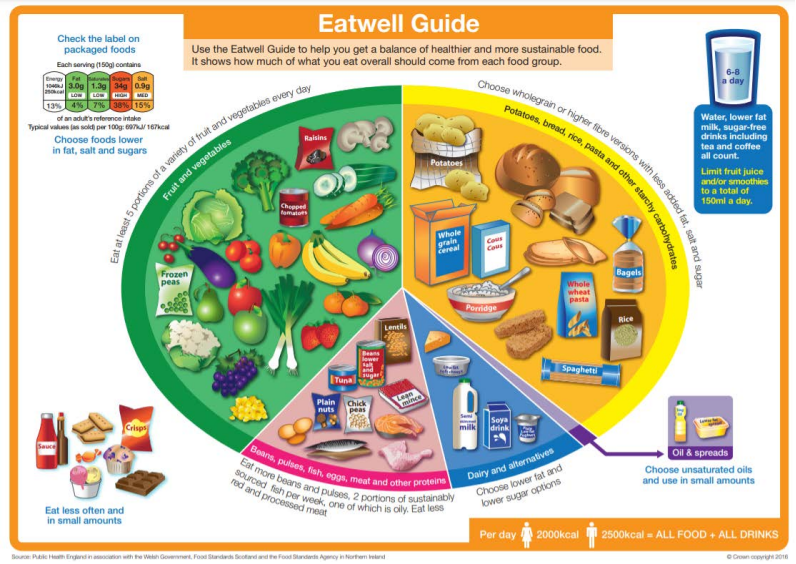
East Sussex County Council commissions the East Sussex School Health. They are a team of public health practitioners, led by school nurses, who work with children, young people and families in East Sussex. Children do not have to be in school to use this service.

The school health service supports children and families with a range of issues including healthy eating.

Find out more at School Health | East Sussex and watch the East Sussex School Health Service for parents and carers on Vimeo

The Eatwell Guide[72] shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet.

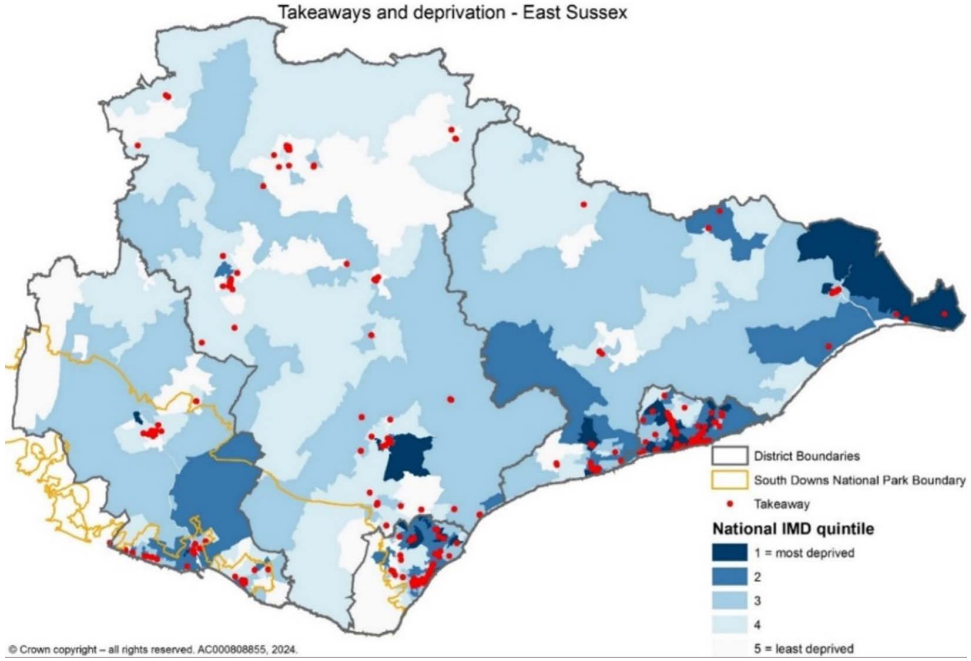
You do not need to achieve this balance with every meal but try to get the balance right over a day or even a week.



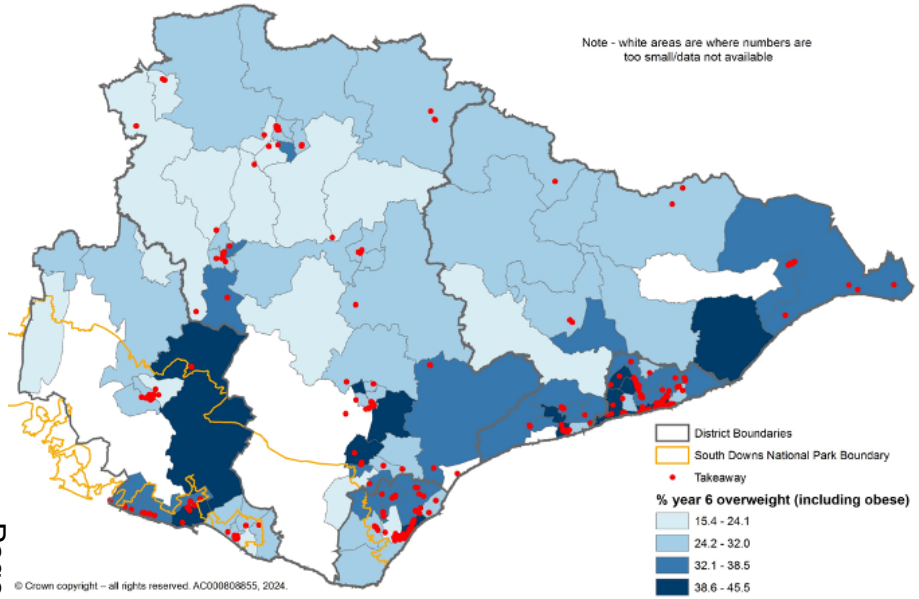
There is evidence to show that some people do not always make informed decisions regarding the healthfulness of their food. Hot Food Takeaway outlets (HFTs) are one source of food which has received attention as food from these places is often referred to as High Fat Salt and/or Sugar. Due to this, the food is often calorific and nutritionally poor. More generally, living in areas which have lots of HFT outlets increases the likelihood of buying and eating less healthy food England's poorest areas are fast food hotspots.

Map 4 shows the county in terms of deprivation, overlaid with the HFT data. Correlation can be seen between the locations of the areas of highest deprivation, in the dark blue, and the biggest concentrations of HFTs. This correlation corresponds to Map 4 where childhood rates of overweight (including obesity) for Year 6 is mapped against deprived wards. While this does not suggest that obesity is caused by the HFTs, it does demonstrate a pattern where the elements of obesity and HFT overlap in their location.

Map 4 Hot food takeaways and deprivation in East Sussex.



Map 5 Year 6 overweight and obesity prevalence and HFTs.



To address this issue East Sussex County Council have developed guidance that supports local authority public health and planning teams to use the powers of the planning system to promote healthy weight environments. It helps to support local authorities taking proportionate actions to protect vulnerable and at-risk groups, such as young children, from less healthy environments.

9.2.2 Physical activity

Physical activity offers numerous benefits for children, impacting their physical, mental, and emotional wellbeing[73].

Figures 17 and 18 highlight within primary school, our coastal children are usually physically active for at least 60 minutes (1 hour) on most days (84%) which is less activity than their non-coastal peers at 86%. This difference increases as they age, with our local data highlighting 74% of coastal students that are usually physically active for at least 60 minutes compared to 77% in non-coastal areas.

Figure 17 Percentage of students that are usually physically active for at least 60 minutes (1 hour) on most days. Secondary. May 2024.

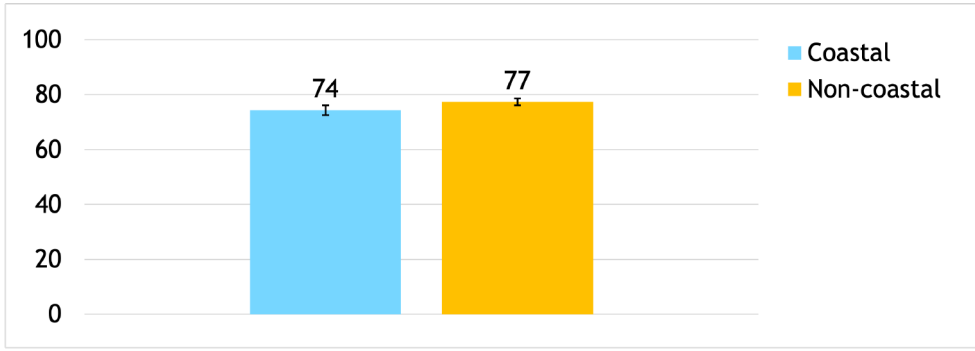
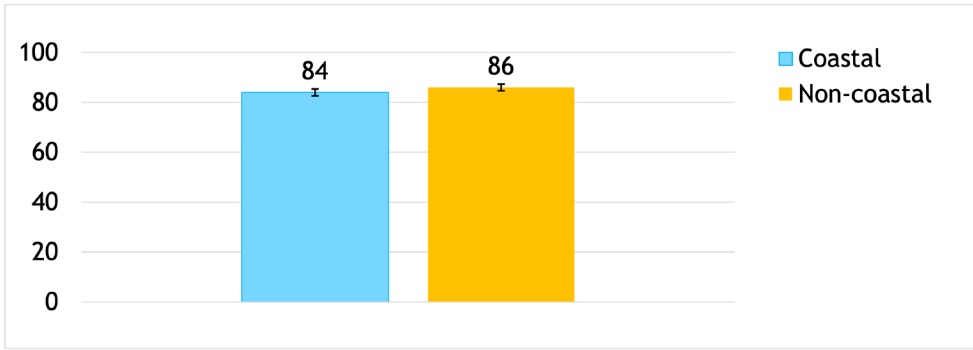


Figure 18 Percentage of children usually physically active for at least 60 minutes (1 hour) on most days. Primary (Year 5 and 6). May 2024.



9.2.3 Loneliness

Loneliness affects everyone at times, whether in a city, rural area, on social media or alone. Recognising why we feel lonely can help manage these feelings[74].

Loneliness can significantly affect children's health and wellbeing. Emotionally, it can lead to feelings of sadness, anxiety, and low self-esteem, impacting mental health. Socially, lonely children may struggle to develop essential social skills, limiting their ability to form friendships and connections. This isolation can lead to further detachment and exacerbate the loneliness. Physically, chronic loneliness can weaken the immune system, making children more susceptible to illnesses[75]. It can also lead to poor sleep patterns, fatigue, and a lack of energy. Over time, these factors can hinder academic performance, personal growth, and overall happiness[76].

Figures 19 and 12 show that children on our coastal schools are more likely to report feeling lonely every day or most days compared to their non-coastal peers. This trend is observed in both primary and secondary age children.

Figure 19 Percentage of students that feel lonely everyday/most days. Secondary. May 2024.

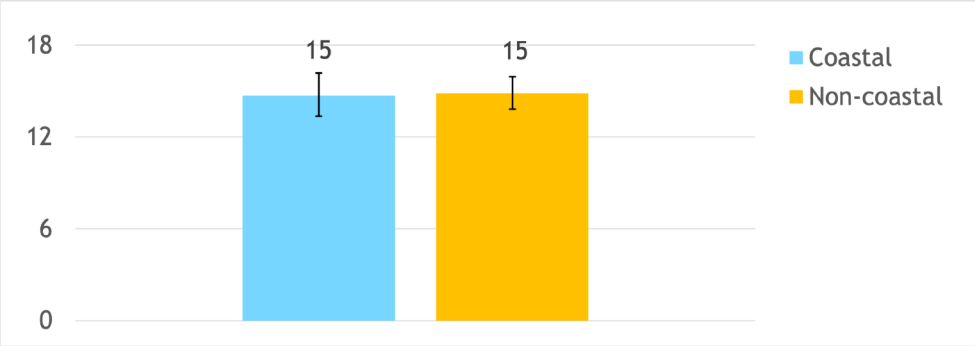
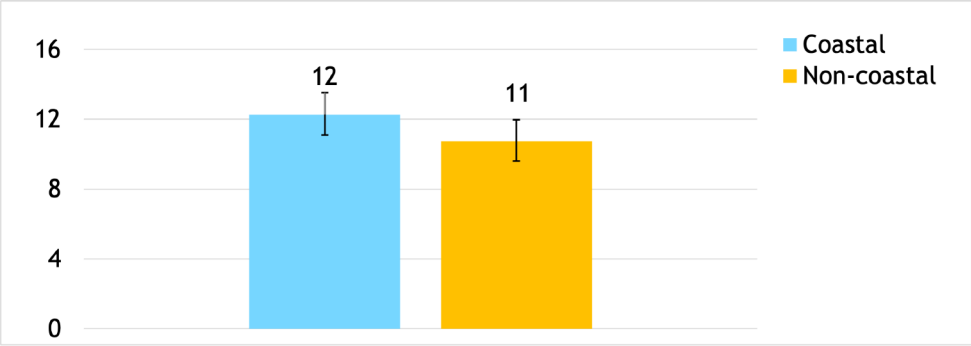


Figure 20 Percentage of children that feel lonely everyday or most days. Primary (Year 5 and 6). May 2024.



9.2.4 Free School Meal Free Eligibility

Children in Year 3 and above may get free school meals (FSM) if their parents or carers receive specific welfare benefits[77].

Free school meals are intended as additional support to low-income families during the school term.

These meals ensure access to nutritious food, promoting balanced diets important for physical growth and development. They provide essential vitamins and minerals, supporting immune function and reducing the risk of malnutrition-related health issues. Better nutrition enhances concentration, cognitive ability, and academic performance[78].

For low-income families, FSM alleviate financial stress, allowing for improved household food security. This support reduces hunger, contributing to emotional wellbeing, increased self-esteem, and social inclusion.

As previously outlined in this report, our coastal communities are where our more disadvantage populations are, therefore, we would

expect to see more pupils eligible for FSM in our coastal communities compared to our non-coastal primary and secondary schools. Figures 21 and 22 show that our coastal primary and secondary schools have a higher percentage of children eligible for FSM in both primary and secondary schools.

Figure 21 Percentage of students eligible for a FSM. Secondary. May 2024.

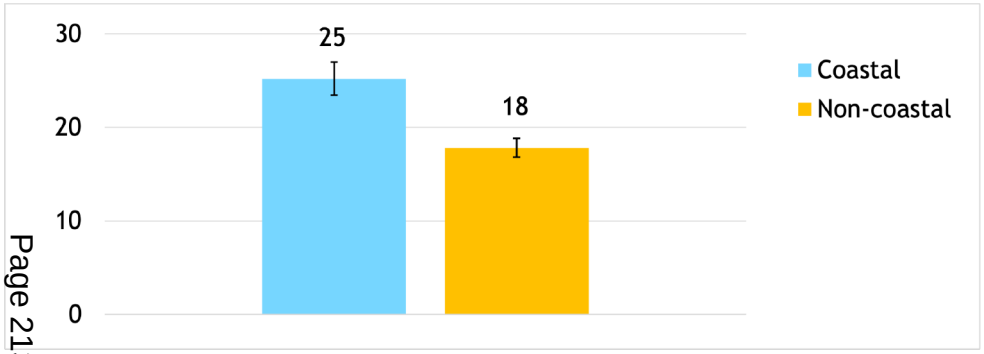
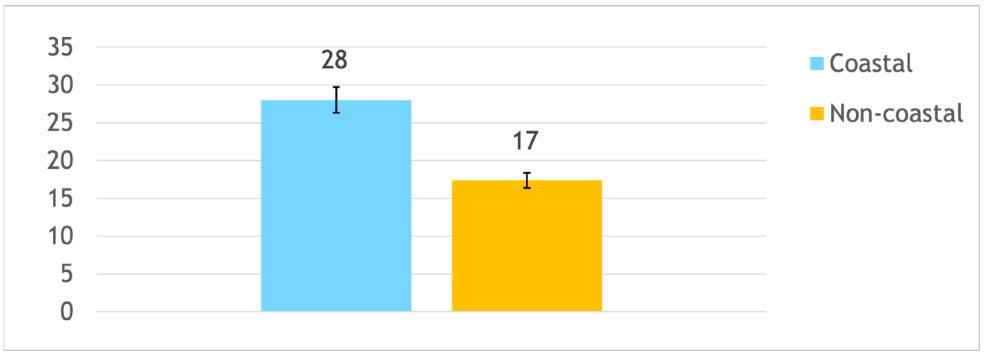


Figure 22 Percentage of students eligible for a FSM. Primary (Year 5 and 6). May 2024.



9.2.5 Secondary aged school children

Vaping poses significant health risks to children and is not advised[79], affecting their physical and mental wellbeing. E-cigarettes often contain nicotine, a highly addictive substance that can hinder brain development in adolescents, impacting memory, attention, and learning capabilities. Nicotine exposure at a young age increases the risk of addiction, potentially leading to long-term dependence.

Vaping can also cause respiratory issues, such as lung irritation and inflammation, and may contribute to the development of chronic respiratory conditions. The aerosol from e-cigarettes contains harmful chemicals, including heavy metals and volatile organic compounds, which can be detrimental to children's developing lungs. The appealing flavours of e-liquids may entice young individuals to try vaping, promoting use among non-smokers.

Figure 23 shows that our non-coastal secondary aged students have a higher percentage of students that are a regular vape users (10%) compared to coastal secondary aged students (8%).

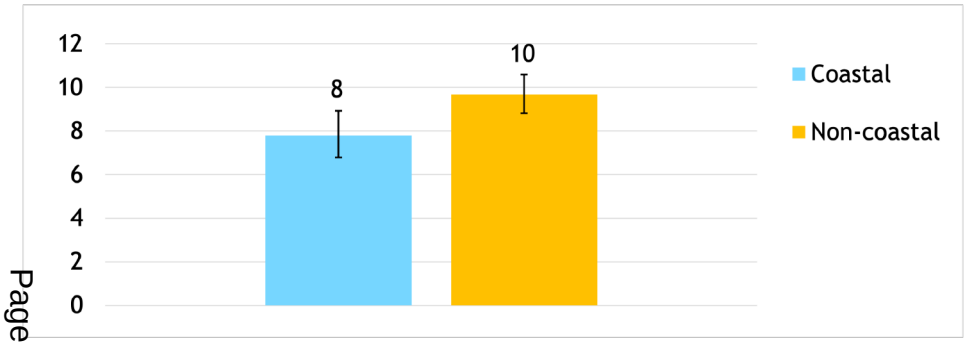
Although from a different data source, national data on young people and vaping prevalence (including occasional and regular vaping) has shown an increase to 8.6% in 2022 (compared with 4% in 2021 and 4.8% in 2020)[80].

Government have started a ten year study to shed light on youth vaping[81]. The research will investigate the long-term health effects of vaping on children, supporting major plans to tackle youth vaping and create a smoke-free generation. The £62 million research project into adolescent health, funded by UK Research and Innovation, will track 100,000 young people aged 8 to 18 years over a decade, collecting data on behaviour, biology and health records to

understand what affects young people's health and wellbeing, including the impact of vaping.

While vaping is less harmful than smoking and can be a useful tool to help adult smokers quit.

Figure 23 Percentage of students that are a regular vape user. Secondary. May 2024.



9.2.6 Alcohol Consumption

Drinking alcohol at a young age can harm brain development, impair cognitive functions, and increase the likelihood of developing substance use disorders later in life. Additionally, it can lead to poor academic performance, risky behaviours, and long-term health issues such as liver damage and cardiovascular problems[81].

Due to the small amount of older secondary school aged students completing the survey, combined with the small amount of Hastings secondary schools participating in the survey and therefore not included within the data, data on alcohol consumption by coastal and non coastal school is not presented. The full report on the My Health My School data provides information on alcohol consumption by this age group on a county level. This report can be found on the JSNA website.

9.2.7 Substance use

Trying drugs as a child can have significant implications for future health. Early drug use is associated with various brain structure differences that may predispose individuals to substance use and addiction later in life. The teenage brain is still developing, making it more susceptible to the harmful effects of drugs, which can impair cognitive functions such as memory, learning, and decision-making[82]. Additionally, early drug use is linked to mental health issues like anxiety and depression and increase the risk of developing chronic health conditions[83].

Overall, early drug experimentation can have long-lasting negative impacts on both physical and mental health. Being a drug user in secondary school can have severe health impacts. Drug use during adolescence can impair brain development, affecting memory, learning, and decision-making abilities. It can also lead to mental health issues such as anxiety, depression, and increased risk of addiction. Physically, drug use can cause delayed puberty, reduced growth potential, and damage to vital organs like the liver[84]. Additionally, it can result in poor academic performance, increased absenteeism, and higher dropout rates. The long-term consequences include potential criminal records, unplanned pregnancies, and strained relationships with family members.

Due to the small amount of older secondary school aged students completing the survey, combined with the small amount of Hastings secondary schools participating in the survey and therefore not included within the data, data on substance mis-use by coastal and non coastal school is not presented. The full report on the My Health My School data provides information on substance use by this age group on a county level. This report can be found on the JSNA website.

9.2.8 Self Harm

Child self-harm is a complex and alarming indication of underlying issues related to a child's health and wellbeing. It often serves as a coping mechanism for emotional distress, indicating that the child is experiencing significant psychological turmoil[85]. Self-harm can be a manifestation of underlying mental health conditions such as depression, anxiety, or borderline personality disorder. It reflects an urgent need for emotional support and mental health intervention.

Children who self-harm often experience feelings of isolation, low self-esteem, and worthlessness. They may struggle with interpersonal relationships and have difficulties expressing emotions in a constructive manner. Self-injury might provide temporary relief from emotional pain, or serve as a way to exert control in situations where they feel powerless.

It is important to understand that self-harm is not typically an attention-seeking behaviour, but rather a cry for help and an expression of distress. The presence of self-harm points to potential stressors in a child's environment, such as bullying, academic pressures, family conflict, or trauma. It highlights the need for an in-depth assessment of the child's life circumstances and social support systems. By identifying and addressing these stressors, caregivers and professionals can begin to address the root causes of the behaviour.

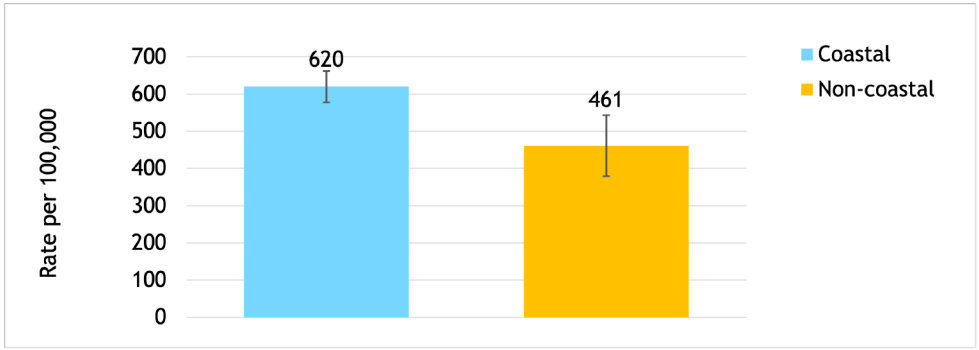
Self-harm also indicates the necessity for comprehensive support systems within schools, communities, and families. Schools can play a vital role by implementing mental health education programmes, creating safe spaces for discussions, and providing access to counsellors. Families should be encouraged to foster open communication, showing empathy and understanding to their child.

Figure 24 highlights that for both 10-24 years and all ages, coastal areas have significantly higher admission rates compared to non-coastal areas. Intervention is vital to prevent worsening self-harm behaviours and severe mental health issues. Professional support can help children develop healthier coping strategies and resilience.

It's important to know that support is available for anyone who self-harms or thinks about self-harm, as well as their friends and family.

It's best to speak to a GP about self harm, but you may also find it helpful to speak to a free listening service or support organisation. More information and support can be found at the at the following webpage Self harm | East Sussex.

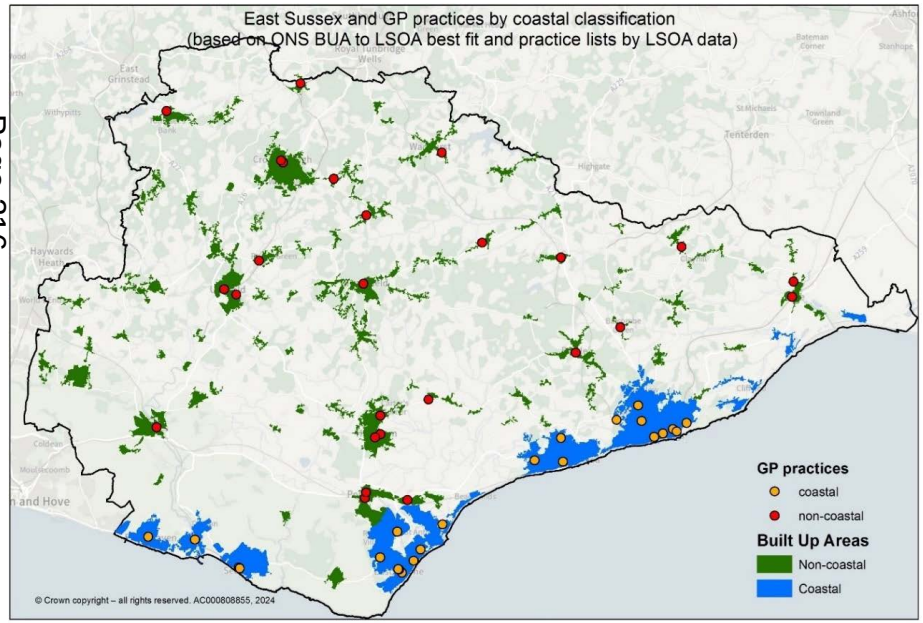
Figure 24 Self-harm admissions (10-24 years) by coastal classification, 2021/22 to 2023/24, directly age-standardised rate per 100,000 population.



10. Adults

10.1 Quality Outcomes Framework Data

GP practices have been classed as 'coastal' if at least 75% of their patients live in LSOAs that are deemed 'coastal' using ONS best fit BUAs to LSOAs (October 2024 list size data). For coastal practices the lowest % of their patients in a coastal LSOA is 76%. The next practice after this would be 43% it seemed a very clear cut-off to use 75%, natural break in the data.



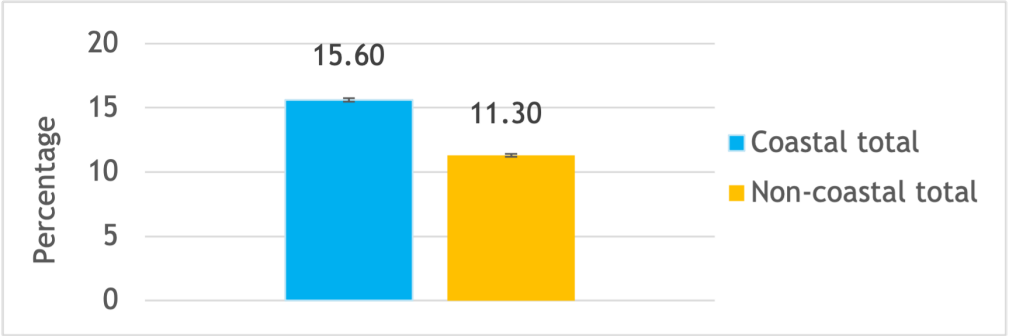
10.1.1 Smoking

Adult smoking remains a significant public health issue, particularly in East Sussex. The prevalence of smoking among adults in East Sussex is higher than the national average. The Annual Population Survey 2023 showed that adult smoking prevalence in 2023 was 11.6%. With notable disparities across different demographic groups[86]. Smoking is a leading cause of preventable diseases, including cardiovascular diseases, respiratory conditions and various cancers[87].

Efforts to reduce smoking rates include targeted interventions and support programmes, such as smoking cessation services provided by community pharmacies and wider public health initiatives. These programmes aim to help individuals quit smoking by offering support, nicotine replacement therapies, and other resources. Addressing smoking prevalence requires ongoing public health campaigns, education, and support to encourage smokers to quit and prevent initiation among non-smokers.

GP practice quality outcomes framework (QOF) data, has been used to compare Smoking Prevalence 15 years + in East Sussex coastal and non-coastal practices. From Figure 24, its within coastal GP practices that the higher smoking prevalence is observed.

Figure 25 Smoking Prevalance 15 years +, East Sussex coastal and non coastal pactices. QOF 2023-24.



Stop smoking services in East Sussex are designed to help residents quit smoking through various support mechanisms. The main pathway for smoking cessation is through the Integrated Health and Wellbeing Service, known as One You East Sussex. This service offers free access to trained advisors who provide personalised support for up to 12 weeks. Additionally, Community Pharmacy provides an alternative pathway, with 22 pharmacies offering 12 weeks of support and free Nicotine Replacement Therapy (NRT) to residents. The Maternity Pathway is also available, delivered by the Tobacco Dependence Treatment Services Midwife and Healthy Pregnancy Workers.

10.1.2 Screening for cervical cancer

Screening for cervical cancer is important in promoting women's health and preventing life-threatening conditions. Cervical cancer, primarily caused by persistent infection with the human papillomavirus (HPV)[88], is preventable and treatable if detected early. Screening programmes are vital for identifying precancerous changes in the cervix, enabling timely intervention and reducing the incidence and mortality of cervical cancer.

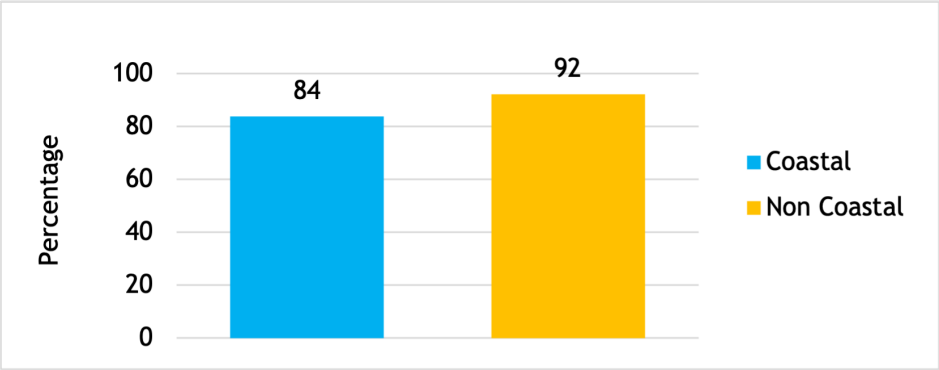
Cervical screening is free for women and people with a cervix from age 25 to 64. This includes women and some trans men and non-binary people assigned female at birth. People need to be registered with a GP to get screening invitations every three to five years in England. People may get a first invitation for screening in the 6 months before they turn 25. People are invited every three years aged 25 to 49. After that, it every five years until age 64[89].

The primary method of screening involves collecting cells from the cervix to detect abnormal changes. With advancements in medical technology, HPV testing has enhanced screening efficiency by identifying high-risk HPV types that are most likely to lead to cervical cancer. Combining these tests enables the identification of people at increased risk, ensuring they receive appropriate monitoring or treatment. Early detection through screening is imperative because cervical cancer often lacks noticeable symptoms in its precancerous stages. By identifying abnormalities before they develop into invasive cancer, screening offers the best chance of successful treatment and cure. It empowers individuals to take proactive steps in managing their health, as early-stage cervical cancer has a high survival rate.

Cervical cancer screening also significantly reduces healthcare costs by preventing the need for more extensive and expensive treatments associated with advanced cancer[90]. It contributes to public health by decreasing the overall cancer burden and improving the quality of life for countless women.

In 2023-2024, 68.8% of women and people with a cervix aged 25-64 in England were screened for cervical cancer within the recommended time frame, according to NHS England. Promoting awareness around the significance of screening and improving access to these vital services, especially in underserved communities, can lead to substantial public health benefits. Routine cervical cancer screening is a key public health strategy, offering women the opportunity to protect their wellbeing and save lives through early detection and prevention. Figure 26 highlight the achievement of cervical screening by coastal and non-coastal GP Practices. Data for both people aged 25-49 and people aged 50-64 has been combined to form a single achievement figure. The non-coastal GP practices have lower levels of cervical screening uptake compared to their coastal peers.

Figure 26 Achievement of cervical screening, coastal and non coastal GP Practices. East Sussex 2023-24. QOF 2023-24.



10.1.3 Major Conditions

Major non-communicable diseases are chronic conditions that are not passed from person to person. They are primarily caused by a combination of genetic, physiological, environmental, and behavioural factors. The four main types of are cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. Cardiovascular diseases, such as heart attacks and strokes, are the leading cause of non-communicable diseases deaths globally. They are often linked to risk factors like high blood pressure, high cholesterol, and smoking[91].

Cancers, which can affect various parts of the body, are the second leading cause of non-communicable diseases deaths. Risk factors include tobacco use, unhealthy diets, and exposure to carcinogens.

Chronic respiratory diseases, including chronic obstructive pulmonary disease (COPD) and asthma, are also significant contributors to mortality. These conditions are often exacerbated by air pollution, and tobacco smoke. Diabetes, particularly type 2 diabetes, is another major condition that is closely associated with obesity and physical inactivity and poor diet[92].

Preventing and managing major conditions requires a multifaceted approach, including promoting healthy lifestyles, early detection through screening, and effective treatment. Public health initiatives play a crucial role in raising awareness and implementing strategies to reduce the burden of these diseases.

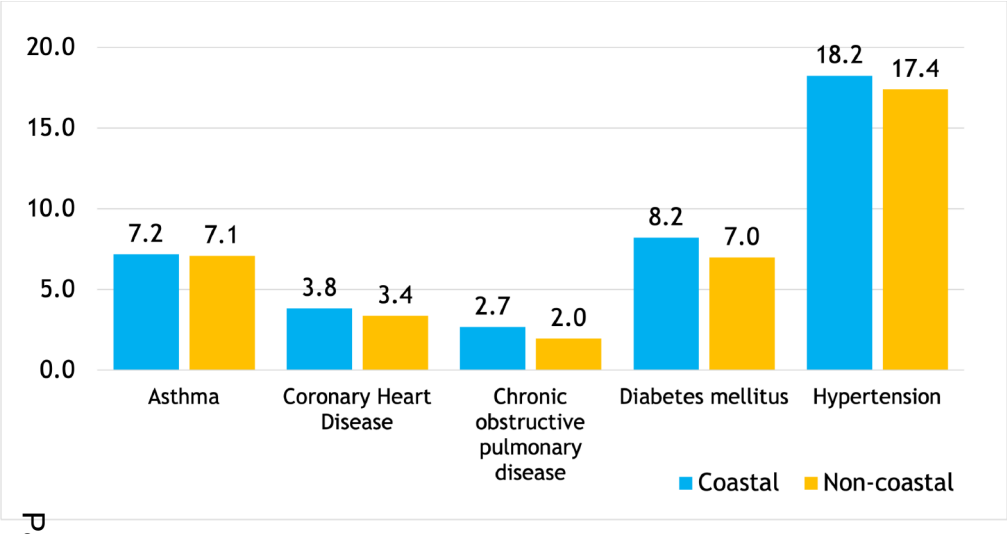
Non-communicable diseases are more prevalent in English coastal communities due to several factors. These areas often have higher levels of deprivation, with many residents living in poverty and facing unemployment. Higher rates of smoking, obesity, and physical inactivity are also more common in these areas. These populations in coastal communities tends to be older, with a significant number of retired citizens who have multiple health conditions.

By addressing the risk factors and improving healthcare access, we can significantly reduce the impact of major conditions on individuals and communities

NHS Health Checks in East Sussex[93] are a vital preventive health measure aimed at adults aged 40-74. These checks assess the risk of developing conditions such as heart disease, stroke, diabetes, and kidney disease. The programme is designed to identify early signs of these conditions and provide personalised advice to help individuals reduce their risk.

In East Sussex NHS Health Checks are available through eligible residents GP practice and the integrated health and wellbeing service One You East Sussex.

Figure 27 Crude prevalence of major conditions. East Sussex coastal and non coastal practices. QOF 2024.



11.1.4 Mental health and self-harm

The causes of depression and self-harm is a complex indication of underlying issues related to a person's mental health and wellbeing.

There's no single cause of depression. It can occur for a variety of reasons, and it has many different triggers[94].

Self-harm may serve as a coping mechanism for emotional distress, indicating significant psychological turmoil. Self-harm can be a manifestation of underlying mental health conditions such as depression, anxiety, or borderline personality disorder. It reflects an urgent need for emotional support and mental health intervention.

Individuals who self-harm often experience feelings of isolation, low self-esteem, and worthlessness. They may struggle with interpersonal relationships and have difficulties expressing emotions in a constructive manner. Self-injury might provide temporary relief from emotional pain or serve as a way to exert control in situations where they feel powerless. It is crucial to understand that self-harm is not typically an attention-seeking behaviour, but rather a cry for help and an expression of inner suffering.

The presence of self-harm points to potential stressors in a person's environment, such as bullying, academic pressures, family conflict, or trauma. It highlights the need for an in-depth assessment of the individual's life circumstances and social support systems. By identifying and addressing these stressors, caregivers and professionals can begin to address the root causes of the behaviour.

For both incidents of depression and rates of self-harm, we observed more depression diagnosis and self-harm related hospital admissions of those from coastal populations compared to non-coastal populations.

Figure 28 Incidents of depression coastal and non coastal East Sussex Practices. QOF 2024.

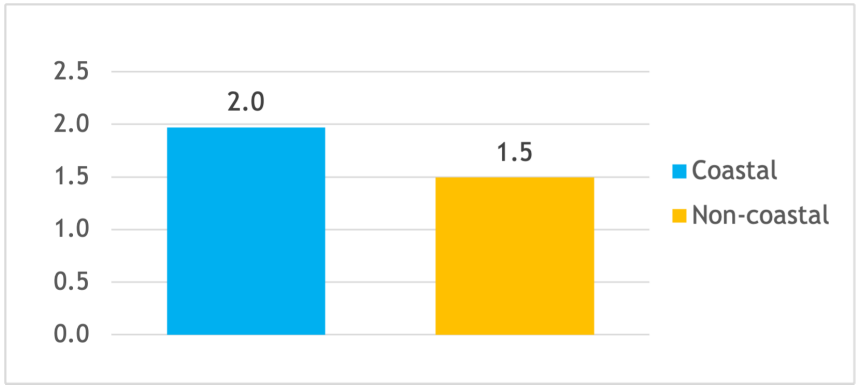
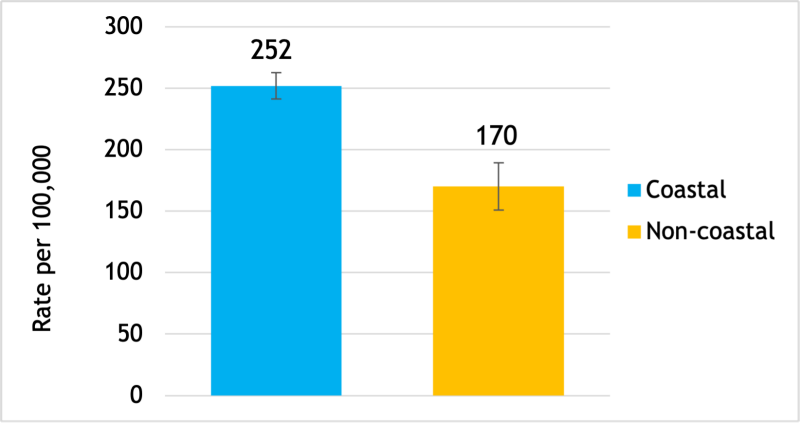


Figure 29 Self-harm admissions (all ages) by coastal classification, 2021/22 to 2023/24, directly age-standardised rate per 100,000 population.



11 Older people

11.1 Falls

Falls are a significant concern for older people, as they can lead to serious injuries and long-term health issues[95].

The risk of falling increases with age due to factors such as decreased muscle strength, balance issues, and chronic health conditions. Falls can result in fractures, particularly hip fractures, which often require extended hospital stays and can lead to long-term disability.

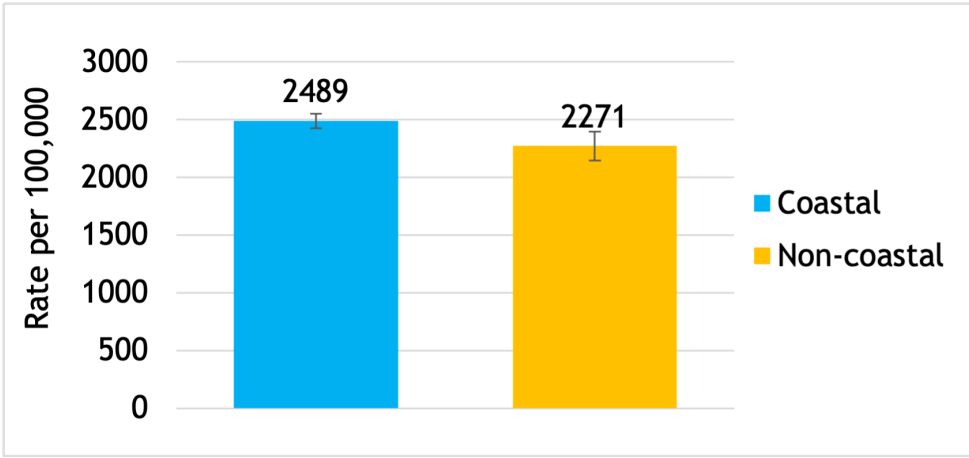
Several factors contribute to the high incidence of falls among older adults. These include poor vision, hearing loss, and slower reflexes, which can affect balance and coordination. Medications that cause dizziness or confusion can also increase the risk of falling.

Additionally, environmental hazards such as slippery floors, loose rugs, and inadequate lighting can pose significant risks.

Preventing falls is essential for maintaining the health and independence of older adults. Regular exercise to improve strength and balance, managing medications, and making homes safer by removing tripping hazards and installing grab bars can help reduce the risk of falls. It is also important for older adults to have regular vision and hearing checks to address any issues that may affect their balance.

More information on preventing falls can be found at Reduce your risk of falls. By taking these preventive measures, older adults can reduce their risk of falling and maintain a higher quality of life.

Figure 30 Falls injury admissions (65+ years) by coastal classification, 2021/22 to 2023/24, directly age-standardised rate per 100,000 population.



11.2 Respiratory diseases, including COVID-19

Respiratory diseases, including COVID-19, pose significant threats to older people due to several factors[96]. As people age, their immune systems weaken, making it harder for their bodies to fight off infections. This increased vulnerability means that older adults are more likely to experience severe symptoms and complications from respiratory illnesses.

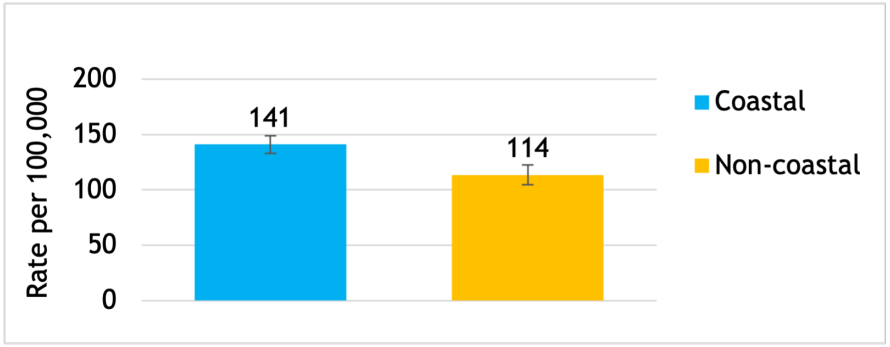
COVID-19 has highlighted the risks faced by older populations. Studies have shown that individuals over the age of 65 are at a much higher risk of severe illness, hospitalisation, and death from COVID-19 compared to younger age groups. The presence of underlying health conditions, such as heart disease, diabetes, and chronic respiratory diseases, further exacerbates these risks.

Preventative measures are crucial in protecting older adults from respiratory diseases. Vaccinations, including the flu vaccine and the COVID-19 vaccine, play a vital role in reducing the risk of severe illness.

The Annual Public Health Report 2020/21 - 2020: A Year of COVID-19 outlined the impact of COVID-19 in the county. Figure 31 shows the deaths involving COVID-19 by coastal classification, age-standardised rate per 100,000, 2020 and 2021. The death rate was higher in our coastal populations than our non-coastal populations.

It's important for those aged 65 and older, and other eligible groups to receive their winter flu and COVID-19 vaccinations. Getting vaccinated every year tops up protection and reduces the risk of getting severe symptoms[97].

Figure 31 Deaths involving COVID-19 by coastal classification, age-standardised rate per 100,000, 2020 and 2021.



11.3 Premature mortality

Premature mortality in East Sussex is a significant public health concern, with various factors contributing to early deaths. The leading causes of premature mortality include cardiovascular diseases, cancers, respiratory diseases.

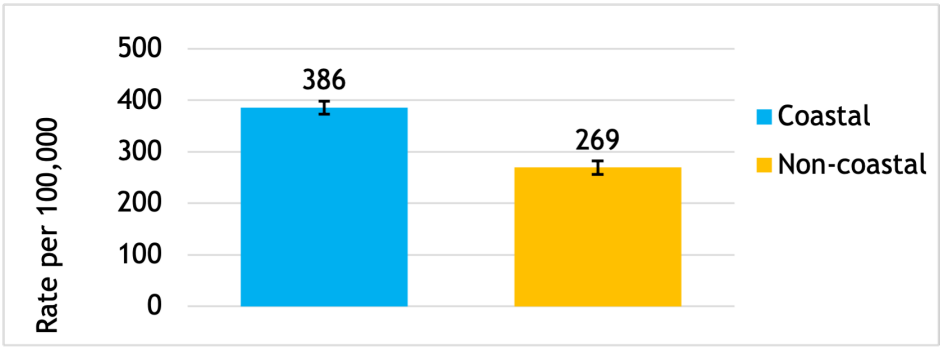
Premature mortality is highest in Hastings and lowest in Wealden. Premature mortality is highest in the most deprived quintile.

Educational attainment, disability, and chronic illness significantly impact life expectancy. Higher levels of education are associated with greater social mobility, fewer co-morbidities, and longer life expectancy. Disability and chronic physical and mental illnesses are strongly linked to shorter life expectancy.

Efforts to reduce premature mortality focus on addressing these risk factors through public health initiatives, improving healthcare access, and promoting healthy lifestyles. By tackling the root causes

of early deaths, it is possible to improve overall life expectancy and quality of life for individuals across England.

Figure 32 Deaths in under 75s by coastal classification, age-standardised rate per 100,000, 2021 to 2023.



12. Gambling

Coastal towns conjure images of holidays, days out, fish and chips, the beach, the seaside, the pier and arcades full of noisy machines waiting to devour bags of coins clasped in little hands. Gambling may be seen as a pleasant leisure activity for individuals and families, a source of jobs and economic growth or a growing industry capable of causing significant harm to individuals and those around them that possess sophisticated techniques to lure customers.

A recent House of Lords Grand Committee discussion discussed some of the alarming statistics about gambling harm:[98]

- Over 1.5 million adults in the UK struggle with the public health effects of gambling addiction and more than 60,000 teenagers and a third of a million adults are formally diagnosed with some sort of gambling addiction. It is estimated that as many as 500 people across the UK take their own lives each year due to gambling harm.
- The economic cost of gambling harm could be as high as £5 billion covering increased healthcare expenditure, higher welfare support, criminal justice costs and homelessness services for those affected. The cost to families and individuals caught in gambling harm is incalculable.
- Individuals experiencing problem gambling are nine times more likely to require hospital treatment and four times more likely to need homelessness support.

The Gambling Commission was appointed as the industry regulator in 2005 and legislation was designed to be future proofed [99]. It's fair to say that the rise in ownership and use of smart phones was

unanticipated and has opened a door to ever sophisticated and prolific marketing opportunities. The gambling industry generates over £15 billion in profits annually and for many year has been responsible for funding gambling safety and awareness. More recently, new legislation has been planned to introduce a levy on gambling operators which is expected to raise £100 million each year[100]. The funding will be split so that 50% is directed to the NHS to develop and offer of support and treatment, 30% will be used to fund prevention initiatives and 20% will be directed to further research[101].

Coastal communities face economic challenges, and so gambling establishments may appear as attractive sources of employment and revenue for both individuals and local councils. However, the offer of leisure activities such as amusement arcades may lead to increased gambling related problems in the local population.

The heatmap highlights the concentration of licensed Family Entertainment Centres (FEC), often called arcades, within coastal communities. Potentially leading to more harm for disadvantaged coastal residents.

In East Sussex we have started work with partners to raise awareness and assess the risk to local residents of both land based and online gambling availability. We will link with and learn from work already carried out by other authorities to develop a local action plan to address the availability, accessibility, advertising, awareness and environment of gambling products.

13. Water quality

People swimming in the English Channel is now a common site across East Sussex sea bathing and swimming spots. Sea swimming and sea dipping have become increasingly popular.

The Outdoor Swimming Society (OSS) has seen its membership expand in recent years and has conducted a new survey of its community. The results reveal outdoor swimming is a way of life and a liberation for many, it is community-binding, life-affirming and deeply satisfying. More than a thousand people responded to the survey with 94% confirming they felt happier after a swim. Respondents enjoyed swimming for physical fitness benefits (68%) and also the social (58%) and spiritual (55%) benefits[102].

There are many physical and mental health benefits from sea swimming and dipping. The Royal National Lifeboat Institution outlines[103] many of the reasons people love a cold water dip:

- It can improve your fitness levels and your metabolism.
- It may help with aches and pains.
- It can improve your circulation.
- It may help to boost your immune system.
- It helps some people manage their mental health.
- It can reduce your stress levels.
- It can help people find a community by meeting friendly fellow swimmers.
- It gives you a natural high, leaving you feeling euphoric and exhilarated.
- It’s a great chance to get out and about in nature.

Water quality at designated bathing water sites in England is assessed by the Environment Agency. From May to September, weekly assessments measure current water quality, and at several sites daily pollution risk forecasts are issued. Annual ratings classify each site as excellent, good, sufficient or poor based on measurements taken over a period of up to four years[104].

Bathing water quality water annual classifications for 2024

Bexhill	★★☆ sufficient
Birling Gap	★★★ excellent
Camber	★★☆ good
Eastbourne	★★☆ good
Hastings Pelham Beach	★★★ excellent
Norman`s Bay	★★★ excellent
Pevensey Bay	★★☆ good
Saltdean	★★★ excellent
Seaford	★★★ excellent
St Leonards	★★★ excellent
Winchelsea Pevensey Bay	★★☆ good

Bathing water quality | environmental data .gov.uk

However, despite these tests and ratings, the quality of our coastal (and river) waters has gained considerable attention in recent years.

Data published by Surfers Against Sewage state there were 604,833 discharges of raw sewage into UK waterways in 2023[105].

Sickness facts and figures - Surfers Against Sewage • Data HQ

We want our residents and visitors to the county to enjoy the physical and mental health benefits of sea swimming. Therefore we encourage people to take note of the Swim healthy Guidance.

Firstly its important to think where and when to swim

Up to date bathing water quality information is available online during the bathing season between May and September. Other considerations to help you choose where to go include:

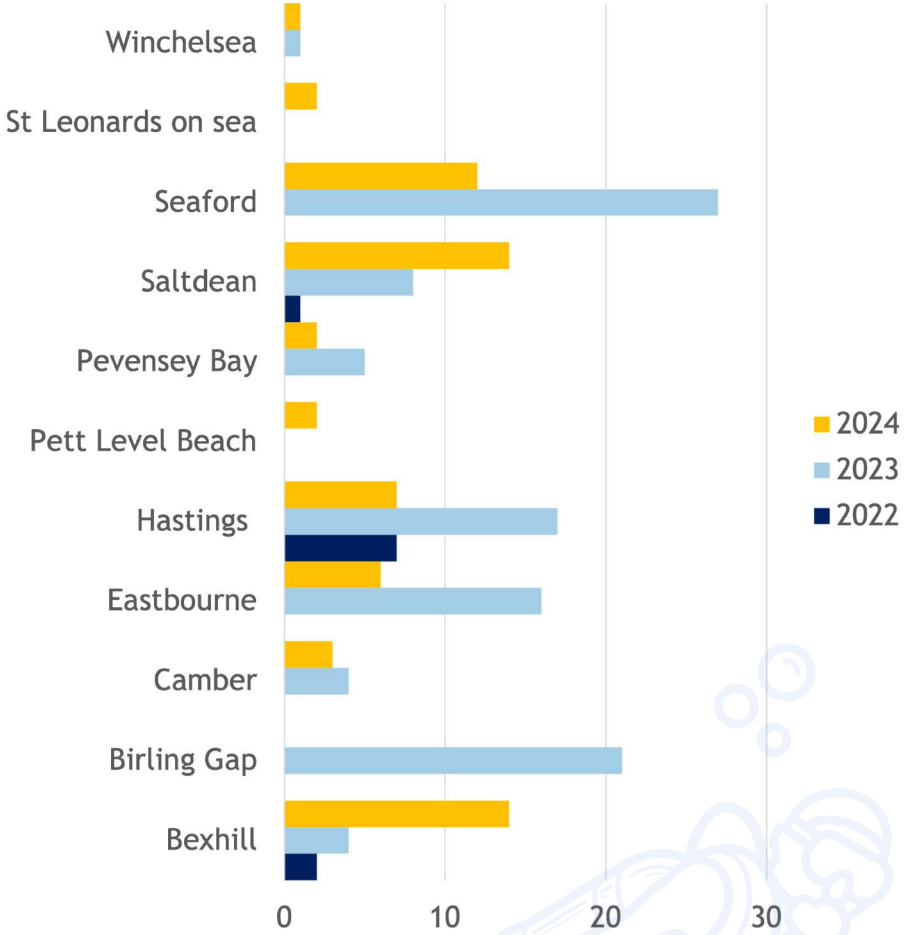
- Checking the water quality information for over 400 designated bathing waters in England
- Avoiding bathing on higher risk days, by checking the pollution risk forecast, or look for signs at the beach

Before you swim

There are a number of steps that people can take to protect themselves:

- Choosing the location carefully and avoid swimming in water with blue-green algal blooms or scums in freshwaters
- Covering cuts, scratches or sores with a waterproof plaster before swimming
- Wearing appropriate protective clothing such as a wetsuit, gloves or protective footwear

Figure 33 Numbers of 'self reported sickness' after bathing at location.



While you are swimming

Remember to:

- Observe local safety advice
- Avoid stream water running across the beach
- Try to avoid swallowing or splashing water into your mouth

After swimming

Following a swim, you can minimise the risk of becoming ill by:

- Cleaning your hands thoroughly with soap and water ensuring that all wet sand is removed from hands before eating or handling food
- Thoroughly cleaning cuts or abrasions using soap and water
- Handle your wetsuit with care after use. Rinse it with clean water as soon as is practicable after swimming. Clean with detergent and rinse as advised by the manufacturer. Always wash your hands with soap and water after handling or cleaning your wetsuit. Allow the suit to dry thoroughly before reusing.

14. Cliffs and coastal safety

East Sussex is blessed with a iconic coastline including chalk cliffs, world-renowned sites such as the Seven Sisters and both shingle and sandy beaches. Millions of people enjoy these places every year for walking, running and relaxing with friends, family and their pets. Events such as the Beachy Head Marathon, Ultra marathon, Half and 10k events, make this running event one of the most gruelling in the country with its off-road course twisting and turning through the South Downs National Park, including the infamous starting hill and the scenic Seven Sisters.

However, coastal cliffs and beaches in East Sussex, particularly at Beachy Head, are a significant health and safety concern. The highest point of the cliff face is 160 meters (530 feet) high.

In 2024, there were 36 deaths at the coastal cliffs in East Sussex. Not all of these occurred at Beachy Head; however, it is likely that Beachy Head is now the highest frequency location for deaths at coastal locations in the UK and possibly the world.

There are multi agency efforts to prevent deaths at Beachy Head. They include general safety measures, the implementation of harm reduction programmes and the work of the Beachy Head Chaplaincy Team: Saving lives at Beachy Head, a search and rescue charity that seeks to save lives at Beachy Head. They patrol on foot and by car and respond to emergency calls locating anyone at risk. They use skills in crisis intervention, offer supportive listening, aim to start a dialogue and to encourage more hopeful solutions to those in crisis. These programmes aim to provide support and intervention to individuals in distress. Additionally, there are ongoing efforts to improve communication and collaboration between local authorities, the police, and other agencies to address this issue.

Drownings are also a concern. People often fail to appreciate the dangers associated with unsuitable clothing that may weigh them down or jumping from a height causing injury and impeding their ability to swim to safety. The combination of high cliffs and the proximity to the sea makes Beachy Head particularly dangerous.

Camber Sands is known for its sandy beach, dunes and its flat and calm nature. However, drownings at Camber Sands have been a tragic issue, with several incidents reported over the years. In 2016, five young men drowned in a single day, highlighting the dangers of the area.

There is some important safety information to note when enjoying the sea:

- Beware of fast incoming tides – check the tide times
- Beware of sandbars – the tide can cut you off from the shore
- Always wear clothing designed for swimming – when wet, normal clothes can cause you to sink!
- Beware of soft sand and mud exposed at low tide

Naturally, there is a rise in tourism during the summer months. Some are visiting from within East Sussex or neighbouring counties and others are from much further away.

Tourists, sightseers and visitors may be unfamiliar with dangers associated with our coastline, especially cliff safety. A lack of awareness may result in a minor incident but the risks can be life threatening.

The iconic images of the south downs and Beachy Head bring in tourists eager to capture the perfect picture and experience the beauty first-hand. However, often people go far too close to the edge, unknowingly putting themselves and others in grave danger.

Cliff edges are unstable and crumble without any warning, so enjoy the scene from a safe distance. Your life is worth more than a photo, it might be the last one you take!

While many people think only the cliff edge poses a risk, cliff bases can also be very dangerous. Cliff edges can crumble and break apart suddenly, making the base of a cliff a dangerous place to be if this happens. The best way to keep yourself safe is to stay away from the base to avoid any crumbling cliffs or falling rocks. If you are having a picnic or sunbathing, ensure you set up station away from the base.

It is easy to get cut off by the sea at high tide. Unless you have grown up by the coast, you may not realise that the sea rises and falls twice a day. When the sea (or tide) comes in, the sea level rises and there will often be little beach left. This is especially dangerous when walking on the beaches below the cliffs. Every year, the coastguard has to rescue people that have got cut off by the sea and stranded.

Before you visit the beach, always check the tide times and plan your trip around them. It's also advised that you carry a mobile phone with you in case you need to call for help. When unsure, do your research and always opt on the side of being safe. A nice walk is never worth the risk!

What do I do in an emergency? If you find yourself in an emergency, call 999 and ask for the coastguard. If you witness an emergency incident, do not attempt a rescue or put yourself at risk. Instead, call 999 and ask for the coastguard and wait somewhere safe for help to arrive.

15. Climate and Coast

Climate change poses significant threats to coastal communities in East Sussex, impacting various aspects of life, including health, infrastructure, and the economy[106]. These communities are particularly vulnerable due to their proximity to the sea.

One of the most immediate impacts of climate change on coastal communities is sea-level rise. As global temperatures increase, polar ice melts, and thermal expansion occurs, leading to higher sea levels. This rise in sea levels can result in more frequent and severe flooding[107], which can damage homes, businesses, and critical infrastructure. Coastal erosion, a natural process,[108] is another consequence, where the shoreline gradually wears away, threatening properties and natural habitats.

Coastal erosion is an ongoing challenge along the coast of East Sussex. The County has a significant stretch of the south coast, from past Camber in the east border with Kent, to Telscombe Cliffs in the west, on the border with Brighton and Hove City Council. The risk of coastal erosion in East Sussex varies, as it lies across several Shoreline Management Plans with varying management approaches.

All coastal towns, such as Eastbourne, Bexhill-On-Sea, Hastings, Fairlight, Rye and Camber are being protected with the 'Hold the

Line' approach, along with the Pevensey Levels. However, there are three stretches which have 'No Active Intervention' and are at greatest risk of coastal erosion: Birling Gap to Cuckmere; Hastings Country Park Nature Reserve; and from the outskirts of Fairlight to the outskirts of Pett Level. In the future, even the 'Hold the Line' locations could experience challenges, as sea level rises, and East Sussex will experience more frequent and severe floods and storm surges[109].

In addition to physical damage, climate change can have profound social and economic effects on coastal communities. Flooding and erosion can lead to the displacement of residents, loss of livelihoods, and increased insurance costs.

Coastal areas often rely on tourism, fishing, and trade, all of which can be disrupted by climate-related events. For instance, the degradation of coastal ecosystems, such as wetlands and marsh lands, can reduce the natural protection these areas provide against storms and flooding.

The health impacts of climate change are also a major concern. Rising temperatures and changing precipitation patterns can lead to the spread of diseases and exacerbate existing health conditions[110].

For example, increased humidity and heat can worsen respiratory and cardiovascular diseases. Additionally, flooding can contaminate drinking water supplies, leading to waterborne diseases.

The mental health of residents can also be affected, as the stress and anxiety of dealing with climate-related disasters like flooding, often repeatedly take a toll on individuals and communities[111].

The UK government is taking steps to address these challenges through climate adaptation strategies. These include building new flood defences, planning for more green spaces in urban areas, and developing infrastructure that can withstand extreme weather events[112].

For example, the construction of sea walls and barriers can help protect against storm surges and high tides. Additionally, efforts to restore natural habitats, such as salt marshes and dunes, can enhance the resilience of coastal areas.

Public health initiatives are also crucial in mitigating the impacts of climate change on coastal communities. These include monitoring and managing the health effects of climate change, such as heatwaves and flooding, and promoting community resilience through education and preparedness programmes. For instance, local authorities can develop emergency response plans and conduct drills to ensure that communities are ready to respond to climate-related events such as flooding and heat waves.

The economic burden of climate adaptation measures can be significant, requiring substantial investment from both the government and private sector.

Collaboration between various stakeholders, including local authorities, businesses, and residents, is essential to effectively address the impacts of climate change.

The Pevensey Bay to Eastbourne Coastal Management Scheme

There are aims to enhance the resilience of the area between Cooden Beach and Holywell to coastal flooding and erosion over the next 100 years. This initiative is a significant response to the escalating

climate emergency and is one of the largest coastal flood risk projects in the country. It will be delivered by the Environment Agency in partnership with Eastbourne Borough Council, East Sussex County Council, Rother District Council, Wealden District Council, JBA Consulting, and Volker Stevin.

The scheme's primary objectives are to protect up to 18,000 properties (homes and businesses), key infrastructure including transport and utilities, heritage sites, and nature conservation areas from coastal flooding and erosion. Additionally, the project aims to increase biodiversity by 20%, reduce carbon emissions generated in managing the coastline by at least 45% by 2030, and deliver wider community benefits.

Covering 15km of coastline between Holywell, to the west of Eastbourne, through to Cooden Beach, the area features varied landscapes such as chalk cliffs, shingle beaches, long promenades, heritage sites, and a large marina. It is a popular destination for both locals and tourists.

The scheme is necessary due to the predicted rise in sea levels by more than a metre over the next 100 years and the expected increase in the frequency of storms, which heightens the risk of coastal flooding and erosion. Without updating the approach to managing the coastline, the chance of defence failure (breach) and water flowing over the defences will increase. The scheme will model predicted future coastal conditions and deliver a plan to adapt as the threat increases, ensuring continued resilience to coastal flooding.

If the defences fail, a breach could allow the sea to flow inland at high tide, causing extensive damage with lasting impacts on lives and livelihoods. The low elevation of land behind the defences means that a breach at any location along the 15km coastline could flood a much wider area. The flood area is expected to increase over time based on predicted sea level changes.

For more information go to Pevensey Bay to Eastbourne Coastal Management Scheme

16. Regeneration and coastal communities

Regeneration efforts focus on improving economic growth, job opportunities, healthy environments, social cohesion, and access and availability of housing and education. These are factors that together can enhance quality of life and support healthier, longer lives for local residents.

In East Sussex, significant regeneration funding has been secured over time, particularly under national 'levelling up' strategies aimed at boosting local economies and addressing deprivation. This includes (amongst others) funding from the Levelling Up Fund[113], UK Shared Prosperity Fund (UKSPF)[114], Rural England Prosperity Fund (REPF), Towns Fund[115] and the Plan for Neighbourhoods[116]. Lower tier local authorities have accountability of the funds, which are overseen by boards made up of business, communities, public sector representatives and others.

The Levelling Up Fund is supporting Rother and Hastings with £40 million for developing affordable housing, improving connectivity, increasing access to healthcare, with a focus on community hubs and skills development across these two geographies.

The UKSPF, which replaced former EU funding, allocated around £1 million to each District and Borough Council in East Sussex (with Wealden receiving slightly more), to be spent between 2022 and 2025 to support economic development and employment initiatives. Additional allocations have also been announced this year[117].

For the UKSPF, The Ministry of Housing, Communities and Local Government (MHCLG) is currently undertaking an extensive evaluation and has selected Hastings[118] as one of the case studies to be included in the analysis[119].

Hastings[120] and Newhaven[121] received a share of the government's £3.6bn Towns Fund and are currently completing projects focused on delivering jobs, strengthening local economy, improving leisure facilities, homes, skills, town centre regeneration and actions to reduce carbon emissions.

The Plan for Neighbourhoods, investing £1.5 billion in 75 areas over the next decade, gives Local Authorities and the designated boards the opportunities to develop a long-term strategy to revitalise local areas, tackle deprivation at root cause by strengthening social capital and using community led solutions.

The three major coastal towns in East Sussex, Hastings, Bexhill-on-Sea and Eastbourne, have been selected, according to specific metrics (e.g. deprivation indexes, population size, healthy life expectancy, Gross Value Added per hour worked, skill level) and will receive the funding. Community engagement, bottom-up approaches and more flexibility on how the funding can be spent (e.g. roll underspends into later years of the programme) are some of the characteristics of this new plan which is based on three strategic objectives which are thriving places, stronger communities, taking back control.

These are only some examples of recent funding secured within coastal areas in East Sussex. The list is not exhaustive and has the purpose of highlighting that within these geographic areas the financial incentives have been diversified, with mixed lengths and focus. Hastings has consistently been a key focus for multiple funding streams, as an area of high deprivation and need.

It is important to recognise that achieving lasting impact requires more than funding. It depends on deep understanding of local needs, coordinated planning across sectors, genuine community involvement, and strong evaluation practices to ensure meaningful change[122].

Nevertheless, the specific impact of regeneration on health outcomes and inequalities, especially in coastal areas, remains unclear and in some cases, there appears to be little or no noticeable improvement in life expectancy or healthy life expectancy within deprived communities[123]. More targeted, high-quality research, is essential to better understand how this funding influences long term health and wellbeing of coastal communities[124].

17. Conclusions

Right now, the lives of some people living in our coastal communities are being cut short. Some people, particularly those affected by deprivation in our coastal communities are often less healthy than their non-coastal peers.

This report re-enforces what is known about coastal communities in East Sussex. Much of our work, undertaken over many years, to address health inequalities in East Sussex has focused on our more disadvantaged communities based in our large urban coastal communities, notably Hastings.

The report underscores the importance of addressing health inequalities with a focus on addressing the building blocks for heath,

by improving the quality and availability of housing, enhancing aspiration and supporting educational outcomes and improving employment opportunities to support the wellbeing of residents. It also emphasises the need for multi-agency collaboration and sustained efforts to build resilient and thriving coastal communities.

The recommendations provided in the report aim to create a comprehensive approach to addressing the building blocks of health by tackling the social, economic, and environmental determinants of health. By focusing on increasing educational attainment, developing affordable housing, and supporting local economies, we can create a healthier and more prosperous future for our coastal communities. Additionally, the report calls for further research and data collection to inform evidence-based interventions and policies.

As we move forward, it is crucial to recognise the strengths and assets of our coastal communities, including their natural beauty, cultural heritage, and strong sense of community.

By leveraging these assets and addressing the challenges outlined in the report, we can work towards a healthier, happier, fairer and safer East Sussex for people to live work and visit.

Recommendations

The Building Blocks of Health

1. Build and sustain, long term, multi-agency action on the building blocks of health. These include programmes that support:

   1.1 Increased educational attainment and aspiration for those in coastal communities.

   1.2 Increase the availability of **better-quality and affordable housing and homes** for those in coastal communities

   1.3 Support the development of the local economy to support high quality and secure employment opportunities in coastal communities

2. Undertake an assessment of the opportunities that local government reform and a combined Sussex Mayoral Authority could present in addressing the factors that influence coastal health and opportunity inequalities in East Sussex.

3. Build on our community development programme such as Making It Happen and Mr Hastings and St Leonards, and work alongside people in their coastal neighbourhoods who want to take action to create positive change.

4. Further develop our cultural and nature based coastal assets locally to ensure those living in and near them can access them and benefit from them for their health and wellbeing.

5. Recognise all the impacts of climate change on our coastal communities. Work collaboratively with partners to protect our coastal communities from current and future risks of climate

change and ensure they can take proactive measures to protect themselves and livelihoods from climate hazards in the short, medium and longer term.

6. Build on the Aspirations programme delivered in schools in Hastings that aims to address the health and care workforce shortages in coastal communities by promoting medical, health and care careers in Hastings.

7. Further develop our local tourist economy and the 'Experience Sussex' initiative to support local prosperity in coastal communities in East Sussex.

Research and Data

8. Develop further research partnerships and enhanced data collection and sharing opportunities that provides detailed local evidence on what works to improve the health, wealth and happiness of our local coastal communities in the county.

9. Ensure and advocate that large scale health and care research programmes, such as the Our Future Health study actively recruits coastal communities to their studies similarly in a way they would recruit participants with protected characteristics or from an inclusion group.

Targeted initiatives and prevention

10. Explore the feasibility and acceptability of specific national health inequalities initiatives such as becoming a Marmot Coast and build on the learning from initiatives by the Coastal Navigators Network over the next two years.

11. Build on existing targeted and enhanced interventions to increase the uptake of national vaccinations and screening programmes.

12. Develop our targeted and enhanced primary prevention programmes that reduce and delay the burden of non-communicable diseases such as cancer and cardiovascular disease in our coastal communities.

13. Work with our NHS partners, particularly GP practices to ensure that secondary and tertiary prevention of cardiovascular diseases is maximised in our coastal communities.

14. Build on our workplace health programme to ensure that workplaces in coastal communities are supporting the health and wellbeing of their employees.

15. Build on our extensive programme of work to improve cliff safety and reduce the number of deaths at cliffs in East Sussex.

16. Develop our county wide public health approach to gambling and ensuring that our coastal communities are not disproportionately exposed and affected by harms caused by gambling.

17. Build on action on healthy ageing and tackling ageism and promoting age friendly communities and employers within our coastal communities.

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Image acknowledgment:

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8.1 Bexhill Promenade, Paul Gillett
8.2 Camber, East Sussex, and Little Cheyne Court Wind Farm
8.3 Saltdean Above Saltdean by Ian Capper
8.4 Eastbourne Pier, Oliver Mills
8.5 Fairlight, Nick Macneill
8.6 Hastings Old Town Seafront, Oast House Archive
8.7 Newhaven, Kurseong Carl
8.8 Peacehaven cliff top, Nick Macneill
8.9 Pett Promenade, N Chadwick
8.10 Pevensey Castle, Barbara Van Cleve
8.11 Seaford Bay, Peter Jeffery
8.12 Walking west from Telscombe Cliffs to Brighton, Robin Stott

East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
23 September 2025	NHS 10 Year National Health Plan
	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2024-25
	East Sussex Climate Change Health Impact assessment
	Pharmaceutical Needs Assessment (PNA)
	East Sussex All Age Autism Action Plan
09 December 2025	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	East Sussex Safeguarding Children Partnership (ESSCP) Annual Report 2024-25
	Sussex learning from lives and deaths (LeDeR) Annual report 2024/25
	Joint Strategic Needs Assessment (JSNA) Update report
10 March 2026	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report

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