



# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 23 SEPTEMBER 2025

2.00 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, OBE, East Sussex County Council (Chair)  
Jayne Black, East Sussex Healthcare NHS Trust (ESHT)  
Carolyn Fair, Director of Children's Services  
Darrell Gale, Director of Public Health  
Councillor Amanda Jobson, Hastings Borough Council  
Veronica Kirwan, Healthwatch East Sussex  
Stephen Lightfoot, NHS Sussex  
Dr Stephen Pike, NHS Sussex  
Councillor Carl Maynard, East Sussex County Council  
Ashley Scarff, NHS Sussex  
Mark Stainton, Director of Adult Social Care  
Councillor John Ungar, East Sussex County Council  
Councillor Trevor Webb, East Sussex County Council  
Councillor Kelvin Williams, Wealden District Council

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Dr Kathy Ballard, Eastbourne Borough Council  
Councillor Paul Davies, Lewes District Council  
Duncan Kerr, VCSE Alliance  
Councillor Teresa Killeen MBE, Rother District Council  
Simon Morris, Sussex Police and Crime Commissioner  
Becky Shaw, Chief Executive, ESCC  
Hannah Youldon, East Sussex Fire & Rescue Service (ESFRS)

## A G E N D A

1. Minutes of meeting of Health and Wellbeing Board held on 15 July 2025 *(Pages 3 - 14)*
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. Safeguarding Adults Board (SAB) Annual Report 2024-25 *(Pages 15 - 80)*
6. ICB Progress Update *(Pages 81 - 86)*
7. Integration programme update *(Pages 87 - 106)*
8. Pharmaceutical Needs Assessment *(Pages 107 - 270)*
9. East Sussex All Age Autism Action Plan *(Pages 271 - 392)*

10. Work programme (*Pages 393 - 394*)
11. Any other items previously notified under agenda item 4

PHILIP BAKER  
Deputy Chief Executive  
County Hall, St Anne's Crescent  
LEWES BN7 1UE

15 September 2025

Contact Rachel Sweeney, Senior Policy and Scrutiny Adviser,  
07561 267461  
Email: [rachel.sweeney@eastsussex.gov.uk](mailto:rachel.sweeney@eastsussex.gov.uk)

**NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived. The live broadcast is accessible at: <https://www.eastsussex.gov.uk/your-council/videos-of-council-meetings/webcasts>**

## 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 15 July 2025.

---

### MEMBERS PRESENT

Councillor Keith Glazier, OBE (Chair)

Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Simon Dowse, Deborah Ennis, Darrell Gale, Simon Kiley, Stephen Lightfoot, Dr Stephen Pike, Ashley Scarff and Mark Stainton

### INVITED OBSERVERS PRESENT

David Kemp, East Sussex Fire and Rescue Service

### PRESENTING OFFICERS

Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation

Matthew Ryan, Engagement Manager Healthwatch

Kira Parsons, Engagement Officer Healthwatch

### 1. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 4 MARCH 2025

1.1. The minutes of the meeting of the Health and Wellbeing Board held on 4 March 2025 were agreed as a correct record.

### 2. APOLOGIES FOR ABSENCE

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

- Veronica Kirwan, Healthwatch East Sussex
- Cllr Kathy Ballard, Eastbourne Borough Council
- Jayne Black, East Sussex Healthcare NHS Trust
- Carolyn Fair, Director of Children's Services

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

- Becky Shaw, Chief Executive

- Hannah Youldon, East Sussex Fire and Rescue Service.

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

- Simon Kiley, Healthwatch East Sussex substituted for Veronica Kirwan.
- Simon Dowse, Director of Transformation, Strategy and Improvement substituted for Jayne Black
- Deborah Ennis, Assistant Director Commissioning substituted for Carolyn Fair

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

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

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

3.1. Councillor Webb disclosed a personal, non-prejudicial interest as a trustee of His Place and member of the Maslow Housing Co-operative in Hastings.

### 4. URGENT ITEMS

4.1. There were no urgent items notified.

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

5.1. Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation introduced an update report on the East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme. The report outlined the ongoing joint plans for year 3 of the SDP in East Sussex, covering children and young people, housing, improving health outcomes, integrated community teams, mental health, improving hospital discharge and strengthening the role of the Health and Wellbeing Board (HWB). The report also outlined headlines from the NHS 10 Year Health Plan, including local implications, and shared the outcomes of the recent informal HWB development session on the importance of the life course. It was noted that discussions at the session also explored some of the current contextual challenges to partnership working.

5.2. Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development, NHS Sussex, thanked Vicky for the report and noted the need for flexibility when working towards the aims and priorities of the SDP within the changing healthcare landscape.

5.3. Mark Stainton, Director of Adult Social Care and Health (ASCH) commented that the seven SDP priorities were appropriate and targeted towards population needs. Mark agreed on the importance of retaining flexibility, noting that the 10 Year Health Plan was newly released and all partners continued work to understand its implications. Further detail on this would be



provided at the next meeting. The Plan broadly reflected the priorities of the Sussex Integrated Care Strategy Improving Lives Together, however there remained significant change occurring in the wider system related to governance including Integrated Care Boards (ICBs), local government reorganisation, and the creation of a Mayoral Strategic Authority, and it would be important not to lose sight of the SDP priorities when responding to this change.

5.4. Councillor Ungar welcomed the report and commented that it would be useful to include how many of those experiencing delayed discharge were self-funders. He gave an example of a self-funder saving money on care home costs by delaying a family member's discharge and enquired if this was a wider issue.

5.5. Mark Stainton responded that figures on self-funding could be provided, however staff within both the Trust and the local authority sought to help progress discharge for all individuals. This was supported by a contract with an organisation specifically to help self-funders discharging from hospital, whereby a family in which an individual has been identified as self-funding, would be referred for assistance. Delaying discharge to avoid costs was not a typical approach and most relatives preferred to see their family members cared for in an appropriate setting.

5.6. Simon Dowse, Director of Transformation, Strategy and Improvement at East Sussex Healthcare NHS Trust (ESHT) added that avoidance of costs had not emerged as an issue for patient flow or internal decision-making. However, ESHT was working on its latest discharge programme so would identify this if it was an emerging issue.

5.7. Councillor Webb thanked officers for the report and welcomed the plans overall, however expressed concerns about inconsistencies in Special Educational Needs and Disabilities (SEND) support, including the recommissioning of wheelchair provision, which had been discussed at People Scrutiny Committee, and reduced funding for housing related support.

5.8. Stephen Lightfoot, Chair of NHS Sussex welcomed the SDP objectives and the inclusion of children and young people as a priority. This had been reflected in the HWB seminar at which information on school readiness had emerged as a priority. Stephen fed back that the SDP could also consider the long term health outcomes of children and young people in relation to weight management in terms of obesity and eating disorders.

5.9. Mark Stainton clarified that the funding for housing related support, which for ESCC was a non-statutory service, was a £500,000 contribution by district and borough councils and a further £500,000 from ESCC which would fund a residual service. This had enabled the access criteria to be revised to focus on those at risk of homelessness. The priority for ESCC was households with children at risk of homelessness, and households with adults at risk of needing care if housing needs are not met. The focus of district and borough councils would be homelessness prevention.

5.10. Deborah Ennis, Assistant Director Commissioning and Transformation noted that the recommissioning of the wheelchair contract had been a recommendation of the area-wide SEND inspection. Additional funding had been put into this contract to address the backlog in

wheelchair provision, and there were plans for a pan-Sussex contract going forward. Overall, there had been improvements in waiting times.

5.11. Ashley Scarff confirmed this additional funding and seen positive progress as a result. Re-procurement could not take place until the end of the current contract but doing so on a pan-Sussex basis would seek to make best use of resources.

5.12. The Chair thanked Vicky for the report and endorsed the work undertaken at the HWB development day.

5.13. The Board RESOLVED to:

1. endorse the refreshed East Sussex HWB Shared Delivery Plan (SDP) priorities and plans for year 3 (25/26), 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.

## 6. NHS REFORMS

6.1. Stephen Lightfoot introduced the report, which summarised recently announced reforms to the NHS including the abolition of NHS England and changes to ICBS, including a reduction in running costs and a new blueprint for ICBS; as well as the local response, including a proposal for a new ICB on a Sussex and Surrey footprint which had been approved by government and would commence in April 2026. Stephen commented on the significant uncertainty this had created for staff. Stephen also noted the recent announcement to cease Healthwatch organisations and thanked Healthwatch partners and volunteers for their engagement with patients which provided key insights when developing health and care services. The direction in the NHS Plan to more care in the community, use of digital and technology and focus on prevention aligned with the SDP and welcomed the ongoing role of health and wellbeing boards to deliver care to local communities.

6.2. The Chair noted the timescale over which these changes had occurred and the new ICB footprint which would no longer be coterminous with the devolution proposal for a Sussex authority. The Chair commented that the closure of Healthwatch was disappointing and that their reports had been invaluable and that the Board would consider how it would work with Healthwatch colleagues going forward.

6.3. Councillor Ungar thanked Stephen for the report and sought clarification on the funding for NHS Sussex and raised concerns about Sussex not receiving the funding it needs. He additionally asked whether a reason had been provided for closing Healthwatch given that the Integrated Care Partnership was also being abolished, leaving uncertainty around how the role would be fulfilled for a professional body to conduct public engagement.

6.4. Stephen Lightfoot responded that it was critical that the voices of the public and patients were heard in the development of services. It was not currently clear how this would be ensured, but it would be necessary to find mechanisms that fulfilled this role, as Healthwatch had done effectively. Regarding funding for NHS Sussex, Stephen clarified that the new leadership team within NHS England had reviewed the national fair shares allocation model, which was based on demographics, population age, deprivation levels, and health. NHS Sussex was receiving £186 million (4%) in excess funding according to this model. The ICB would likely need to come up with a three-year plan to work back towards its national fair share.

6.5. Councillor Webb commented that the timescale for ICB reform had been unrealistic. He welcomed the continuation of the HWB as well as the work being done to support health staff throughout the process.

6.6. Stephen Lightfoot acknowledged that responding to the timescale had been challenging and had not allowed for the desired engagement with partners and the public. However, the proposal reflected the best that the ICB could do within these constraints. Working closely with staff was critical given the uncertainty they had faced since March. The expectation was to have a new Chair by July, a new Board in August, and a staff consultation following this. Staff were being updated at each stage.

6.7. Mark Stainton acknowledged the impact of reforms on NHS Sussex as well as the critical role that Healthwatch East Sussex had played within the HWB and wider system. Regarding the new ICB for Sussex and Surrey, it would be vital that the leadership and management structure recognised two discrete systems given the differences between and within each proposed mayoralty. In addition, the funding regime and resource allocation would need to reflect the particular challenges around age and deprivation in East Sussex compared to wider Sussex and Surrey. He also commented that it was important that current levels of uncertainty for both the NHS and local government would not hinder the well-established partnership working in East Sussex. The ongoing role of the HWB was welcome as it could be the only statutory joint voice going forward, however there may be potential to continue the Sussex Integrated Care Partnership on a non-statutory basis, but there were many details still to be understood.

6.8. Stephen Lightfoot commented that the prospect of a larger ICB footprint presented an opportunity for a stronger role for Place in system governance, with a key role for Integrated Community Teams. The HWB would have a more significant role in the future as a collaborator with the Mayoral Strategic Authority.

6.9. The Chair noted the good partnership work established in East Sussex and the need to build on this.

6.10. The Board RESOLVED 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.

## 7. EAST SUSSEX BETTER CARE FUND PLANS 2025-2026

7.1. Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development, NHS Sussex introduced the report which set out plans for the East Sussex Better Care Fund (BCF) for 2025/26. He outlined that the BCF was part of embedded spend in the East Sussex health and care system with a set of national conditions and reporting requirements. It allowed the health and social care sectors to pool their resources to remove organisational barriers to joint commissioning, although did not represent the totality of joint work in the county. National objectives for the fund for 2025/26 had been simplified and reconciled with the strategic shifts outlined in the NHS 10 Year Plan, however further reforms to the BCF were expected for 2026/27. The objectives for the East Sussex BCF for 2025/26 reflected the Government's commitment to reform via a shift from sickness to prevention and from hospital to home, including a focus on hospital discharge.

7.2. Stephen Lightfoot thanked Ashley and Mark for the report and supported the plans and the collaborative process by which they had been developed. He particularly endorsed the aim to be more proactive, including through work on avoiding admissions and treating people at home. Discharge had been an area of challenge for several years and Stephen noted that the plans included the continuation of existing schemes in 2025/26 and enquired about what would be done differently this year to achieve better performance through these.

7.3. Mark Stainton responded that work had been ongoing for some time to improve discharge. This included ensuring that patient numbers were being measured correctly, starting the discharge journey shortly after admission, and being flexible about moving between different pathways as new information emerged. There had been heavy investment in supporting discharge capacity in the community and a healthy independent home care market. This was also true of bedded care, although there were some areas of particular specialty where there were capacity challenges. The contract to expediate discharge for self-funders was also a part of this work. There remained work to do despite recent sustained improvements in East Sussex, including addressing internal process issues to avoid cross-referral; using a trusted assessor approach; and maximising the use of Discharge to Assess capacity. It would also be important to ensure that the right proportion of patients were being discharged on each pathway. Professor John Bolton OBE had undertaken some work on this in Sussex, and decisions were needed on if the proportions he had recommended reflected the unique needs in East Sussex. However, work on discharge to date provided assurance that the improvements could be sustained.

7.4. Ashley Scarff commented that the discharge scheme within the BCF plans included Home First pathways and additional Discharge to Assess beds. A multi-agency approach would seek to achieve a good balance between these types of capacity to best meet need. A small portion of the Fund had additionally been earmarked to provide the flexibility needed to maximise flow, particularly going into the winter months.

7.5. Councillor Webb commented that it was welcome to see clear objectives in the plans and specific focuses on reducing inequalities in access to NHS services, deprived communities, and supporting and involving unpaid carers.

7.6. The Chair commented that the BCF had been a significant driver of the HWB's work and had contributed to many advancements despite the progress still to make.

7.7. The Board RESOLVED to:

1. note the better care fund requirements for 2025-26; and
2. approve the East Sussex BCF plans for 2025-26 recognising the discussion underway to review the metrics targets for the year ahead.

## 8. HEALTHWATCH ANNUAL REPORT 2024/25

8.1. The Board considered the annual report of Healthwatch East Sussex (HWES) introduced by Simon Kiley. Simon thanked partners and colleagues for the messages of support following the news of Healthwatch's dissolution. He clarified that HWES was one of 152 Healthwatch organisations across the country supported by Healthwatch England whose functions would be drawn into the new Directorate for Patient Experience within the Department of Health and Social Care. Local Healthwatch functions would be split, with the health component drawn into the ICB and the social care component into the local authority. There were significant challenges presented by the unclear timeline for this process and Government had not confirmed Healthwatch funding beyond March 2026. In the intervening period, HWES would continue its business as usual to champion mainstream and seldom heard voices.

8.2. Going forward, HWES was concerned about the potential loss of an independent body enabling service users to share their experiences. In light of this, the HWB was asked to support the ongoing work of HWES until further clarity emerged and to collaborate with HWES over the coming months to explore future alternatives.

8.3. Simon presented a video outlining the work of HWES in 2024/25, including extensive and valuable engagement with mainstream and seldom heard communities. This had been supported by positive relationships with health and care commissioners and providers. The work programme for the remainder of 2025/26 included work on restoring pharmacy provision in Hastings, wellbeing in emergency and temporary accommodation, experiences of patient transport, and evaluating mental health neighbourhood support teams.

8.4. Simon Dowse noted the value of Healthwatch input and commented that partners in East Sussex should work together to preserve independent voice, adding that a prevention and integration agenda would not succeed without understanding what is valued by the public and patients.

8.5. Councillor Ungar suggested that ESCC could assign officers specifically to the role of gathering the independent voice of the public. Mark Stainton responded that the Department could not commit fully to this as the details of how the Government would replace Healthwatch, and the funding to be allocated for these purposes, were uncertain. However, although there were good local authority networks in place, the independent voice of service users remained vitally important. ESCC would seek to retain this, but the approach would depend on the details and funding levels.

8.6. Darrell Gale, Director of Public Health thanked Simon for the report and commented on the important role it played in providing an independent voice and noted an example of a Healthwatch report which had resulted in the rapid assessment of a care home and highlighted unsafe care settings to a national audience. He added that the Listening Tours enhanced the work of Public Health by contextualising data with the comments of service users on the everyday building blocks of health.

8.7. The Chair echoed comments on the need for an independent public voice.

8.8. Councillor Ungar proposed that the Board recognise as part of its recommendations the necessity of having an independent voice for local people with lived experience of health and care services. This was seconded by the Chair. Stephen Lightfoot noted that the West Sussex HWB had made a similar request in the previous week and it may be effective to coordinate these responses. The Chair confirmed that this would be taken forward.

8.9. The Board RESOLVED to:

1. note the Healthwatch East Sussex Annual Report 2024-25, and;
2. note the importance and value of having an independent voice for local people with lived experience of health and care services in East Sussex.

## 9. HEALTHWATCH LISTENING TOUR

9.1. The Board considered a summary report on the HWES Listening Tour 2024/25 introduced by Matthew Ryan and Kira Parsons. HWES had taken a new approach in 2024/25 by visiting three areas on the tour, which were Wealden, Lewes and the Havens, and Hastings. An area report had been produced for each district alongside the summary report. The report would be shared with key partners and used to inform HWES' work programme for 2025/26.

9.2. Councillor Webb commented that HWES demonstrated its independence through the recommendations it provided. He noted that people had shared on the Listening Tour that GP receptionists were being asked to triage patients without being appropriately trained to do so. Regarding the accessibility of parking in Hastings, an issue raised on the Tour, Councillor Webb commented that both ESCC and Hastings Borough Council could work to consider the potential barriers and the testimony of residents made this a strong practical point for action.

9.3. Stephen Lightfoot thanked Kira and Matthew for the report and sought details on work with NHS Sussex to make recommendations, particularly whether the Primary Care Provider Collaborative had been involved in relation to access to primary care. He asked whether there was scope to do more to educate the public on the whole primary care team beyond GPs and the need to triage people to the right care. There was a public perception on the inaccessibility of GP appointments despite over 1 million appointments being delivered in Sussex each month.

9.4. Matthew responded that there had not yet been engagement with NHS Sussex partners such as the Primary Care Provider Collaborative in relation to this report, however HWES was in regular contact with ICB colleagues. Matthew agreed that the report highlighted a lack of understanding of the triage process among some service users. HWES had also heard that it may not be as useful to tell people to go to their GP as it would be to tell them to contact their practice and be signposted to the right support. It was not clear who would take on the role of deepening education, but patient participation groups may have a part in this at the local level. Matthew also noted that the public perception was changing, citing that people at a recent event had shown understanding that using the NHS app reduced pressure on phone lines.

9.5. Councillor Ungar noted that the issue of loneliness highlighted in the report linked well to the work that ESCC had been doing for several years, but that its presence indicated the need to continue focusing resources on this.

9.6. The Chair noted the importance of the report's insights and reiterated the need to find a path for this work to continue.

9.7. The Board RESOLVED to note the Healthwatch Listening Tour Report.

## 10. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024/25

10.1. Darrell Gale introduced the Annual Report of the Director of Public Health - Postcards from the Coast. Coastal Communities in East Sussex, their health, wellbeing and assets. Darrell noted that this was a statutory report which served as the independent voice of the Director of Public Health and would be published shortly on the East Sussex Joint Strategic Needs Assessment website. The report outlined the health and wellbeing of coastal communities in East Sussex.

10.2. Councillor Webb thanked Darrell for the report and agreed with the current focus on promoting protection against measles and asked if Public Health had come across communities with a religious opposition to vaccination. Councillor Webb also highlighted recruitment challenges in Hastings, which had been an issue for many years, and the Aspirations scheme linked to addressing this. He additionally enquired about whether the Board would receive a report on social prescribing this year, praising the report considered in the previous year.

10.3. Darrell Gale responded that, regarding vaccination, there was increasingly a variety of communities living in coastal towns in the county with differing religious and cultural beliefs and this made the vaccination programme more complex. In light of this, there was a need for Public Health to work with partners to re-emphasise its importance and understand barriers to vaccination including non-scientific information impacting people's decisions.

10.4. Darrell commented that Aspirations was a long-term approach to growing the medical workforce locally, particularly in areas such as Hastings where fewer people were choosing to enter the profession. There had been several recent events focused on recruitment and Darrell noted that a small number of young people were using care work to develop businesses, taking advantage of the flexibility of this work. He commented that gaps in the workforce could be addressed by promoting this flexibility while enhancing skills in other sectors.

10.5. Regarding social prescribing, Darrell responded that there had not been the opportunity to provide an update on creative health within this report but that an appendix would be produced on this.

10.6. Councillor Ungar thanked Darrell for an informative report and commented that messages encouraging parents to vaccinate their children were not strong enough and should focus more on the potential consequences of missed vaccinations.

10.7. Stephen Lightfoot echoed comments on the importance of vaccination. He added that the report made the case for two systems within the future ICB given that Surrey did not have coastal communities, noting that the report highlighted a significant discrepancy between life expectancies in coastal and non-coastal communities. Stephen added that the report captured the need to follow demographic data as it evolved, as demonstrated by the example that the population in Eastbourne had become younger.

10.8. Ashley Scarff commented that the report and work of Public Health going forward would have a valuable role in developing Integrated Care Teams. He added that this work presented an opportunity to champion the building blocks of health within the three 10-year development programmes in Eastbourne, Bexhill, and Hastings.

10.9. The Chair thanked Public Health for the report and commented that it provided a wide range of information with a variety of uses.

10.10. The Board RESOLVED 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.

## 11. WORK PROGRAMME

11.1. Mark Stainton introduced the item on the work programme. He suggested that the item on the NHS 10 Year Plan also include an update on progress around the development of ICBs.

## 12. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

12.1 There were none.

The meeting ended at 15:52

Councillor Keith Glazier, OBE (Chair)





This page is intentionally left blank

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

**Date of meeting:** 23 September 2025

**By:** Seona Douglas, Independent Chair, East Sussex Safeguarding Adults Board

**Title:** East Sussex Safeguarding Adults Board Annual Report 2024–25

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

---

## **Recommendations:**

**East Sussex Health and Wellbeing Board is recommended to:**

### **1. Consider and note the report.**

---

#### **1. Background**

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

- **Develop and publish a strategic plan** (Appendix 1) setting out how they will meet their objectives and how their member and partner agencies will contribute.
- **Publish an annual report** (Appendix 2) detailing how effective their work has been.
- **Commission Safeguarding Adults Reviews** (SARs) for any cases which meet the criteria for these.

#### **2. Supporting Information**

2.1 The 2024–25 Annual Report (Appendix 2) is structured around the SAB priorities as outlined in the East Sussex SAB strategic plan (Appendix 1). Partner agencies have contributed performance and activity updates, and a detailed data appendix within the report evidences the effectiveness of multi-agency safeguarding arrangements.

2.2 The SAB team has been strengthened with a permanent Board Support Coordinator and Administrator, jointly funded by Adult Social Care and Health (ASCH). Membership of the Board can be found in Appendix 4 of the Annual Report.

2.3 In 2024/25 there were fewer Safeguarding Adults Reviews (SAR) referrals than the previous year. However, recommendations from SARs published in the last two years continue to shape the Board's strategic workstreams, including transitional safeguarding, multiple compound needs, and alcohol-related self-neglect.

#### Safeguarding Data (2024/25)

2.4 Key data from ASCH for 2024/25 can be found in Appendix 1 of the Annual Report. This includes:

- 15,385 safeguarding concerns were recorded
- 3,082 enquiries were initiated

- 53% of outcomes were fully achieved, and 42% partially achieved
- Neglect and Acts of Omission remained the most common risk type.
- Most risks occurred in the adult's own home.
- Financial abuse, neglect, and self-neglect increased, while domestic abuse decreased

\*Note regarding statistics: the way data was recorded underwent a change regarding 'episodes' which makes it difficult to compare with previous years

### Safeguarding Adult Reviews (SARs)

2.5 SAR referral activity during 2024/25 remained low, with only one SAR concluding within the reporting period (01/04/2024 – 31/03/2025). This represents a significant decrease compared to the five SARs published in 2023/2. The single concluded SAR in 2024/25 was SAR Jack, which involved one adult who suffered serious harm and subsequently died.

2.6 A total of 8 recommendations and associated actions from SAR Jack were incorporated into the SAR Action Plan in 2024/25. These were developed in partnership with SAB agencies to support system learning and drive improvement.

2.7 In addition to the concluded SAR, other SARs remained ongoing during 2024/25 and are expected to conclude in the 2025/26 reporting year. This reflects the nature of SARs, which are often complex and may span multiple years from commissioning to completion.

### Strategic Themes and Progress 2024–25

#### 2.8 **Theme 1: Accountability and Leadership**

- A pan-Sussex self-assessment was undertaken in early 2024, with agencies rating their safeguarding activity against Making Safeguarding Personal, leadership, and governance criteria. Results inform areas for targeted development.
- Sussex Police, NHS Sussex, and East Sussex Fire and Rescue Service (ESFRS) continued to chair and contribute to SAB subgroups. Data dashboards and referral data from Multi-Agency Risk Management Meetings now feed into performance reporting.

#### 2.9 **Theme 2: Safeguarding Policies and Procedures**

- The SAB launched a new Sussex Safeguarding Adults Policy and Procedures website to promote consistency, access, and joint learning.
- Updated guidance was published on Trauma-Informed Safeguarding and Complex Needs. Learning briefings were issued for all published SARs.

#### 2.10 **Theme 3: Performance, Quality and Organisational Learning**

- A new SAB Data Dashboard was launched, improving the use of partner data to inform decision-making.
- The Board developed a shared audit tool to review safeguarding casework across borders with Brighton & Hove and undertook a focused audit on housing moves, identifying barriers and areas for improvement.

#### 2.11 **Theme 4: Prevention, Engagement and Making Safeguarding Personal**

- Over 6,400 home safety visits were conducted by ESFRS, identifying at-risk adults and referring for safeguarding where appropriate.

- Healthwatch East Sussex engaged over 3,500 people and produced 35 reports on care quality and user voice. Their work supports improved person-centred safeguarding.
- An Easy Read safeguarding leaflet was co-produced with adults with learning disabilities to improve public understanding of safeguarding and how to get help.

## 2.12 **Theme 5: Integration, Training and Workforce Development**

- SAB training covered key issues such as coercion, self-neglect, and modern slavery. Workshops on dependent drinking were held in response to SAR recommendations.
- NHS Sussex led safeguarding training on neurodiversity and trauma, improving frontline confidence and competence.

## **Progress on 2024–25 SAB Strategic Priorities**

### 2.13 **Self-Neglect**

- Guidance for a multi-agency framework to support adults who self-neglect was completed in late 2024 by the Sussex Safeguarding Policy and Procedures Review Group. This guidance focuses on preventing harm by empowering individuals to understand risks and fostering a shared understanding across agencies, to ensure effective response.
- The Sussex Safeguarding Policy and Procedures Review Group also launched the Sussex Self-Neglect Practice Guidance which outlines a collaborative five step process: identification; lead agency assignment; information sharing; multi-agency meetings; and risk assessments.
- A podcast series, “Conversations in Self-Neglect,”, developed in partnership with Changing Futures and Care for the Carers East Sussex, was launched featuring practitioners sharing examples of positive safeguarding practice. The series is aimed at informal carers, family members and practitioners and offers practical and easy to understand definitions and examples of how self-neglect is identified and the steps to take to protect an adult at risk of self-neglect. This is supporting awareness and skill development in frontline services.
- Best practice guidance on safeguarding adults experiencing homelessness has been published and shared with agencies across the county.
- Carers’ consultation work was completed in partnership with the voluntary sector, helping inform the Board’s approach to safeguarding awareness for unpaid carers.
- The multi-agency audit on self-neglect has been scoped and is now scheduled for delivery in 2025/26, with tools and criteria agreed by the Performance, Quality and Audit subgroup. This audit focuses on self-neglect referrals, following recommendations from the SAR Gwen and Ian published in January 2024, and aligns with the Board’s commitment to improving safeguarding practices, embedding revised pan-Sussex Self-Neglect Procedures and addressing systemic gaps to improve the identification and prevention of self-neglect where possible.

- *Responding to Hoarding Behaviour Framework* was updated in 2025. This is a multi-agency guide to reduce risks of abuse/neglect linked to hoarding, prioritising autonomy, safety and collaborative solutions.

#### **2.14 Prevention and Early Intervention**

- SAB Multi-Agency Safeguarding Learning Event to review a complex situation involving an individual with serious health needs and a history of domestic abuse. Changes developed following this event include follow-up protocols for missed appointments, improved record keeping and more accessible training, peer support and supervisor support.
- Self-Neglect animation awareness piece has been developed by Bexhill College sixth form media department and is currently being reviewed by the Training and Workforce Development subgroup.
- A dedicated Task and Finish Group was established under the Training Workforce Development Subgroup to revitalize the SAB's multi-agency safeguarding training offer. The focus of this review has been on innovation, inclusivity and evidence-based improvement with a comprehensive review of key training topics including Self-Neglect; Modern Slavery Awareness; Coercion and Control, Domestic Abuse – covering the Domestic Abuse, Stalking and Honour Based (DASH) Risk Identification Checklist and Multi Agency Risk Assessment Conference (MARAC), and Safety Planning; An Introduction to the Mental Capacity Act; and Safeguarding Introduction and Refresher sessions.

#### **2.15 Safeguarding and Homelessness**

- Multi-Agency Audit focused on adults facing risks linked to housing instability, mental health, and safeguarding concerns during moves across local authority boundaries. This has led to the development of Pan-Sussex Safeguarding Guidance for Adults Moving out of Area.
- Strengthening Safeguarding for Adults Rough Sleeping through a permanent housing representative attending the SAR subgroup, ensuring housing expertise informs safeguarding decisions and systemic improvements
- Direct Notification Protocol enabling immediate notification to the subgroup in the event of a rough sleeper's death. This triggers an assessment to determine whether a SAR referral should be made.

### **3. Conclusion and Recommendations**

3.1 The SAB has delivered strongly against its new Strategic Plan and Year 1 objectives. New partnerships, tools, and training are embedding across the system. Themes such as self-neglect, trauma-informed care, and safeguarding transitions remain at the forefront of strategic learning and service improvement.

3.2 The SAB will continue to progress work on any new SARs in 2025/26, seek assurances of evidence-based implementation of recommendations and actions and showcasing improved practice and impact, and enhance the data dashboard to support qualitative and quantitative

analysis of strategic themes, ensuring insights directly inform actions that drive improved practices.

3.4 The Board remains committed to working across health, social care, housing, and community partners to prevent abuse and improve outcomes for adults with care and support needs.

Seona Douglas, Independent Chair, East Sussex Safeguarding Adults Board

Contact Officer: Mary Payne, Tel 07712 237933

Email: [mary.payne@eastsussex.gov.uk](mailto:mary.payne@eastsussex.gov.uk)

**Appendices:**

Appendix 1 - SAB Strategic Plan 2024-27

Appendix 2 – SAB Annual Report 2024-25

This page is intentionally left blank



# Strategic Plan 2024 – 2027



Page 21



Appendix 1

## What we want to achieve for 2024-2027

This Strategic Plan sets out the strategic themes and objectives that the Safeguarding Adults Board (SAB) want to achieve for the next three years.

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

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

A SAB Partnership Event was held on the 4<sup>th</sup> of March 2024 to identify and agree priority areas for the next three years, these are outlined on page 7. Over recent years the board has focused its work on embedding the Mental Capacity Act in practice, safeguarding transitions for young people at risk and working with multiple compound needs the board will continue to work on these areas and sustain this thematic work.



## How will the effectiveness of this strategic plan be measured?

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

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

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

## Partnership

The SAB has formal links with a number of other strategic partnerships in East Sussex, including the East Sussex Safeguarding Children Partnership, Safer Communities Partnership, Children and Young People's Trust and the Health and Wellbeing Board.

The Board also works closely with the neighbouring Brighton & Hove and West Sussex Safeguarding Adults Boards and many of our policies, protocols and procedures are adopted on a pan-Sussex basis.

The work of the SAB is underpinned by the Care Act 2014 and has the overarching purpose of ensuring that agencies work in partnership to deliver joined up services that safeguard adults with care and support needs from abuse, neglect, and exploitation.

We do this by:

- Gaining assurance that local safeguarding arrangements are in place as defined by the Care Act and its statutory guidance.
- Gaining assurance that the principles of Making Safeguarding Personal (MSP) are central to safeguarding, and practice is person-centred, and outcome focused.
- Working collaboratively to prevent abuse and neglect, where possible.
- Ensuring partner agencies are effective when abuse and neglect has occurred and give timely and proportionate responses.
- Striving for continuous improvement in safeguarding practice and that this enhances the quality of life of adults in East Sussex.

A full list of the partners of the East Sussex SAB is listed at Appendix 1.



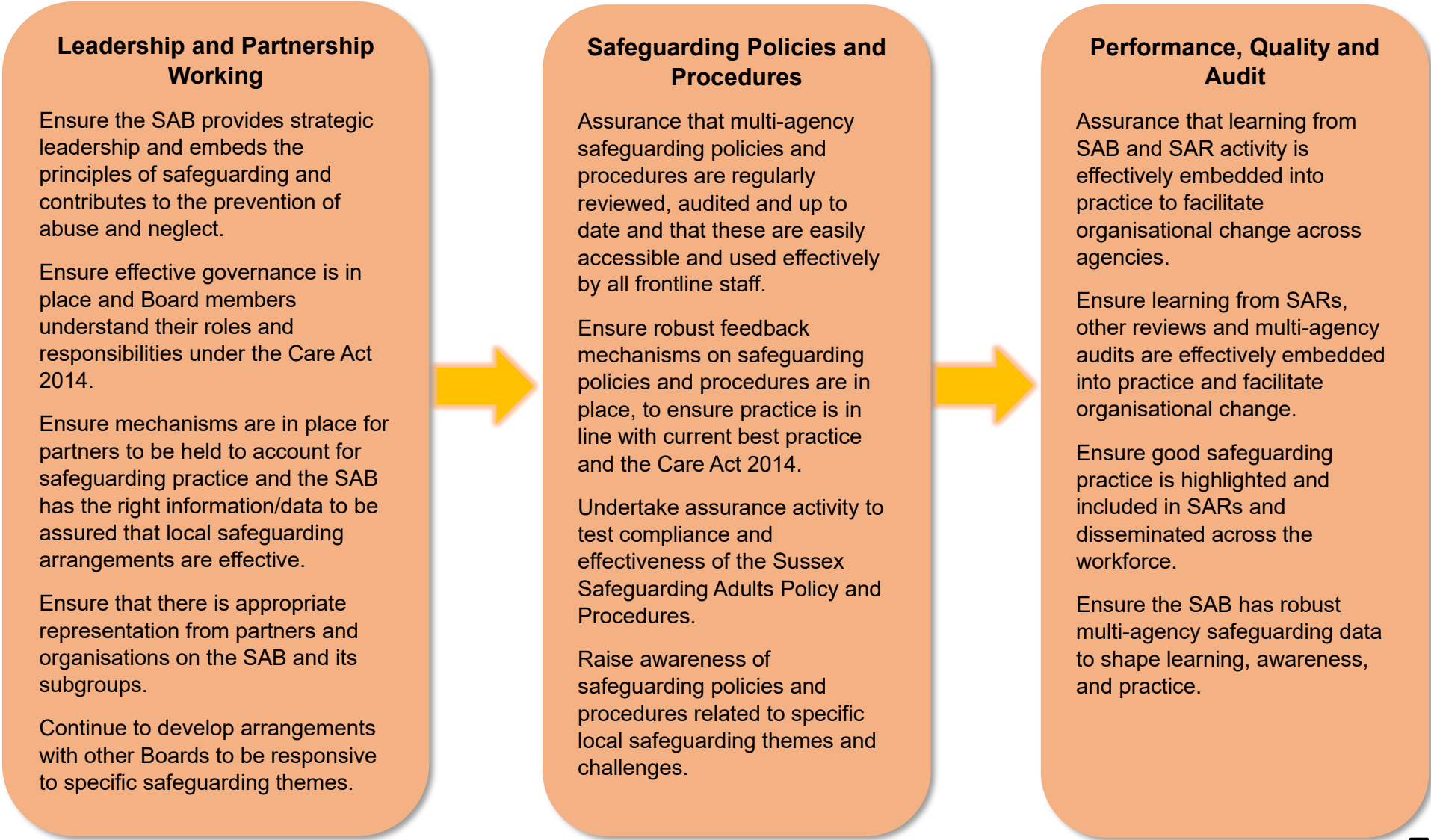
Safeguarding Adults Board Arrangements in East Sussex





Strategic Themes 2024 – 2027

Page 25



Strategic Themes 2024 – 2027

Page 26

**Prevention and Engagement**

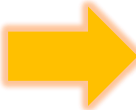
Ensure adults with lived experience, carers, professionals and the local community shape the work of the SAB and safeguarding practice is person-centred.

Develop processes to enable meaningful feedback to the SAB from adults and carers who have experienced safeguarding interventions.

Build the resilience of those who may be at risk of abuse and neglect.

Continue to develop approaches to safeguarding which recognise the value of prevention and early intervention especially in relation to exploitation and multiple compound needs.

Produce information for the community which is easily accessible and raises awareness of adult safeguarding and increases confidence in raising concerns.



**Organisational Learning and Workforce Development**

Ensure the workforce is equipped to support adults appropriately where abuse and neglect are suspected.

Ensure SAB multi-agency training remains current and promotes equality and diversity.

Develop training resources which are easily accessible and engaging, and which take into account time constraints of busy frontline staff.

Personalise SAR learning and ensure the adult is at the centre of the learning taking place.

Ensure learning from SARs considers the recommendations and implications for practice as well as the impact for individual organisations.

Collaborate with partners and other Boards to share joint learning.

Safeguarding Adults Board Priorities 2024 -2027

Page 27

Self-Neglect

Improve and develop effective multi-agency working and practice with adults who self-neglect.

Develop a shared understanding, and early recognition of the issues involved in working with adults who self-neglect with a focus on substance misuse, mental capacity, exploitation, and multiple compound needs.

Prevention and Early Intervention

Ensure informal carers who take on adult caring responsibilities have an understanding and awareness of adult safeguarding and what support they can access for the person they are caring for as well as for themselves.

Promote and raise awareness of the important role informal carers have in preventing neglect, abuse, or harm and ensuring informal carers know how to raise and report safeguarding concerns.

Safeguarding and Homelessness

Promote positive practice with professionals working at the interface of homelessness and adult safeguarding.

Ensure professionals use trauma informed approaches and consider local multi-agency risk management pathways and legal frameworks to identify what action is needed to reduce or remove potential risk.

Multi-Agency Working

A key area of learning identified in many SARs commissioned in Sussex is the need for more effective partnership working in order to protect the adult .

Multi-agency working will be promoted and embedded within these priority areas of work over the next three years.

Multi-agency working will be promoted and embedded within these priority areas of work over the next three years.

Safeguarding Adults Board Objectives for the next three years

Year 1

Conduct a **multi-agency self-neglect audit** to identify key areas for learning and ensure local procedures are effective.

**Review existing self-neglect pathways and local guidance** to ensure processes are understood and used effectively.

In partnership with the community and voluntary sector **consult with local carers on their knowledge and understanding of adult safeguarding.**

**Develop a podcast series ‘Conversations in Self-Neglect’** on positive practice shared by practitioners.

In collaboration with SAB partners develop Best Practice Guidance and Resources to **improve staff skills and knowledge in safeguarding adults who are homeless or at risk of homelessness.**

Year 2

Develop a **local campaign to raise awareness of safeguarding and local reporting pathways to informal carers.** Launch during National Carers Week

**Embed trauma informed approaches** in all safeguarding guidance documents.

In partnership with Brighton and Hove and West Sussex SABs **develop a Sussex Self-Neglect event to raise awareness of positive practice and early prevention.**

In collaboration with SAB partners promote and raise awareness through **a series of learning events, best practice in Safeguarding and Homelessness.**

Year 3

In partnership with care for the carers **develop local prevention guidance for informal carers with practical information on recognising early signs of abuse and neglect.**

**Develop an East Sussex Self-Neglect – Early Interventions Toolkit** for practitioners who support adults who self-neglect. Launch of the Toolkit through multi-agency Learning Events.

Conduct a **second multi-agency self-neglect audit** to identify what has changed since the audit undertaken in year 1.



## Appendix 1

### Board Membership

- East Sussex Adult Social Care & Health (ASCH)
- NHS Sussex Integrated Care Board (ICB)
- NHS Sussex Safeguarding GP
- Sussex Police
- Care for the Carers
- Care Quality Commission (CQC)
- Change, Grow, Live (CGL)
- District and Borough Councils
- East Sussex Fire and Rescue Service (ESFRS)
- East Sussex Healthcare NHS Trust (ESHT)
- East Sussex Safeguarding Children Partnership (ESSCP)
- Healthwatch
- HMP Lewes
- East Sussex Partners in Care (ESPIC)
- Lay members
- Probation Service (PS)
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Trading Standards (East Sussex County Council)
- Voluntary and community sector representation

This page is intentionally left blank



# Annual Report 2024 - 2025



## Contents

<b>Foreword by the East Sussex Safeguarding Adults Board Chair .....</b>	<b>3</b>
<b>Our role and purpose .....</b>	<b>4</b>
<b>Partnership Working.....</b>	<b>5</b>
<b>Our Strategic Priorities 2024-2027 .....</b>	<b>6</b>
<b>Partner Agency Contributions to the SAB Strategic Plan .....</b>	<b>7</b>
<b>Key Achievements 2024 – 25.....</b>	<b>9</b>
<b>Next 12 months .....</b>	<b>17</b>
<b>Glossary .....</b>	<b>18</b>
<b>Appendix 1 SAB Budget .....</b>	<b>21</b>
<b>Appendix 2 Partnership information and data .....</b>	<b>22</b>
<b>Appendix 3 Self-Neglect Assessment and Management .....</b>	<b>48</b>
<b>Appendix 4 SAB Membership.....</b>	<b>49</b>
<b>Appendix 5 SAB Structure .....</b>	<b>50</b>

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

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

contact us: [ESSAB.Contact@eastsussex.gov.uk](mailto:ESSAB.Contact@eastsussex.gov.uk)

Photographs courtesy of Aging Better Resource Space



## Foreword by the East Sussex Safeguarding Adults Board Chair

It is my privilege to present the Annual Report for East Sussex Adults Safeguarding Board (SAB) for 2024/25. This year marks the launch of our refreshed Strategic Plan 2024-2027, focusing on collaboration, prevention, and trauma-informed practice.

This Annual Report highlights the work that the Board has been engaged with over the year 2024-2025. I am grateful to all partners for their ongoing support. This year has seen many changes in personnel, and I want to welcome all the new partner representative's and thank them for being extensively engaged in its work.

All partners of the Board have continued to deliver services and provide care and support to people, and respond to safeguarding within the continually changing environment, which is evidenced in the Annual Report, alongside the data and additional information provided, through the Partners submissions.

Self-Neglect has been a significant issue this year and addressing the issues this raises for people and communities. Linked with prevention and homelessness it can feature through these themes, and you will note the activities to address knowledge and understanding not only for front line practitioners, but for people who live in our communities and their carers.

We have published one Safeguarding Adult Review this year; however, work has continued learning from Reviews published in previous years to enhance and improve practice through learning opportunities, using various media with the support of local organisations, in particular students from Bexhill College.

Our 2024–27 priorities remain anchored in collaboration, prevention, and amplifying the voices of adults at risk. We will expand trauma-informed training, strengthen data-sharing infrastructure, and deepen partnerships with housing and health sectors to address emerging risks.

Finally, I would like to thank all the Chairs of the subgroups and Board Office for supporting managing the business of the SAB. I would also like to acknowledge the work of the staff and managers across all the statutory, voluntary and community partners who are committed to working together to keep people safe in East Sussex.

A handwritten signature in blue ink that reads "Seona Douglas".

Seona Douglas - Independent Safeguarding Board Chair

## Our role and purpose

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

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

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

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

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

The East Sussex SAB is led by our Independent Chair, and supported by a SAB Development Manager, a Board Support Coordinator and a part-time Administrator. The Board (**see Appendix 4**) meets at least four times a year and is supported by a range of subgroups which are crucial in ensuring that the priorities set out in the Strategic Plan are delivered – these include: the Safeguarding Adult Review subgroup, Operational Practice subgroup, Performance, Quality and Audit subgroup, Training and Workforce Development subgroup, Safeguarding Community Network and the Sussex Safeguarding Policy and Procedures Review Group (**see Appendix 5**). These subgroups ensure that the work of the Board really makes a difference to local safeguarding practice, and to the outcomes that adults, and their carers, wish to achieve.

### Our Vision

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

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

## Our Purpose

Our overarching purpose is to ensure strategically that agencies work in partnership to deliver joined-up support that safeguards adults, with care and support needs, from abuse, neglect, and exploitation. We do this by:

- Gaining assurance that local safeguarding arrangements are in place as defined by the Care Act 2014, and its statutory guidance.
- Working collaboratively to prevent abuse and neglect, where possible.
- Ensuring partner agencies are effective when abuse and neglect has occurred and give timely and proportionate responses.
- Gaining assurance that the principles of Making Safeguarding Personal (MSP) are central to safeguarding, and practice is person-centred, and outcome focused.
- Striving for continuous improvement in safeguarding practice and supporting partner agencies to embed learning from local and national SARs, other learning reviews, and multi-agency audits.

## Partnership Working

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

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

Collaboration with the Multiple Compound Needs (MCN) Board enables a coordinated multi-sector approach to the transformation and improvement of services for individuals experiencing Multiple Disadvantage. The Board works closely with the neighbouring Brighton & Hove and West Sussex SABs, and our Safeguarding Policy and Procedures are adopted on a Sussex wide basis, as well as many protocols and guidance documents.



## Our Strategic Priorities 2024-2027

### Self-Neglect

Improve and develop effective multi-agency working and practice with adults who self-neglect.

Develop a shared understanding, and early recognition of the issues involved in working with adults who self-neglect with a focus on substance misuse, mental capacity, exploitation, and multiple compound needs.

### Prevention and Early Intervention

Ensure informal carers who take on adult caring responsibilities have an understanding and awareness of adult safeguarding and what support they can access for the person they are caring for as well as for themselves.

Promote and raise awareness of the important role informal carers have in preventing neglect, abuse, or harm and ensuring informal carers know how to raise and report safeguarding concerns.

### Safeguarding and Homelessness

Promote positive practice with professionals working at the interface of homelessness and adult safeguarding.

Ensure professionals use trauma informed approaches and consider local multi-agency risk management pathways and legal frameworks to identify what action is needed to reduce or remove potential risk.



### Multi-Agency Working

A key area of learning identified in many Safeguarding Adult Reviews (SARs) commissioned in Sussex is the need for more effective partnership working to protect the adult.

Multi-agency working will be promoted and embedded within these priority areas of work.

work

Multi-agency working will be promoted and embedded within these priority areas of



**The Strategic Plan has two main purposes:**

**To specify the actions required by the SAB and its member agencies to implement the strategy**

**To inform the local community and all interested parties about the work undertaken annually**

**The strategic plan can be viewed here:**

[ESSAB Strategic Plan 2024-2027](#)

## **Partner Agency Contributions to the SAB Strategic Plan**

The agencies listed below each play a vital role in delivering the priorities set out in the East Sussex Safeguarding Adults Board (SAB) Strategic Plan. Their ongoing work supports key areas such as prevention, multi-agency collaboration, safeguarding practice, and improving outcomes for adults at risk. In addition to their operational contributions, several partners also lead SAB subgroups.

A key responsibility of the statutory partners (Local Authority, Police and ICB) is the funding of the Safeguarding Adults Boards duties, and activities to meet its legal duties. Non statutory partners in East Sussex, Fire and Rescue service and the Hospital contribute to the work of the SAB and therefore showing a real commitment to safeguarding and its importance strategically and operationally. For a breakdown of the funding, please see **Appendix 1**.

A brief overview of each agency's contribution is outlined below. For more detailed information on specific activity and impact, please see **Appendix 2** for agencies detailed safeguarding reports.

**Adult Social Care and Health (ASCH)** ASCH plays a central role in delivering the SAB's strategic priorities, particularly around Making Safeguarding Personal, multi-agency working, and self-neglect. Their data-led approach supports the board's focus on performance, quality, and audit, while their work on mental capacity, advocacy, and outcome tracking reflects a strong commitment to person-centred safeguarding. ASCH also chairs the Operational Practice Subgroup (OPS).

**Sussex Police:** Sussex Police's safeguarding work contributes to SAB goals around prevention, risk management, and trauma-informed practice. Their work related to fraud prevention initiatives like Operation Signature, and cross-agency risk assessments and links with ASCH, highlight their active role in protecting vulnerable adults. Their efforts also support the SAB's priorities on multi-agency coordination and responding to exploitation. Sussex Police chairs the Performance and Quality Audit (PQA) Subgroup.

**Sussex Partnership NHS Foundation Trust (SPFT)** SPFT's safeguarding service aligns closely with SAB themes of organisational learning, workforce development, and mental health-informed safeguarding. Their use of the Sussex Thresholds Guidance, SAR engagement (e.g., SAR Jack), internal learning initiatives strengthen multi-agency working. Their collaborative work with ASCH on information-sharing is a strong example of effective partnership.

**East Sussex Fire and Rescue Service (ESFRS):** Through home safety visits, hoarding-related referrals, and safeguarding alerts, ESFRS contributes directly to the SAB's goals on prevention and early intervention. Their close ties with vulnerable adults at home position them well to identify risk. ESFRS also chairs the Safeguarding Adults Review (SAR) Subgroup, helping embed learning from reviews into practice.

**Probation Service:** While no update was provided in this cycle, the Probation Service remains a core partner, supporting SAB goals around risk management, multi-agency safeguarding, and supporting individuals with complex needs in contact with the criminal justice system.

**East Sussex Healthcare NHS Trust (ESHT)** ESHT contributes to SAB strategic aims through its work on domestic abuse, trauma-informed care, and complex case management. Their Mental Capacity Act (MCA) improvements, Think Family model, and involvement in transitional safeguarding (e.g., long-stay patients) address multiple SAB priorities. Their daily safeguarding huddles support real-time, person-centred responses.

**NHS Sussex Integrated Care Board (ICB)** As a lead SAB partner, NHS Sussex ICB supports all core strategic objectives. They chair the Multi-Agency Risk Management Meetings, (MARM), and the Training and Workforce Development (TWD) subgroup, lead SAR-related actions, and deliver innovative training (e.g., on neurodiversity and trauma). Their role in developing tools such as the Self-Neglect Management Flow Chart supports Year 1 SAB priorities on self-neglect, multi-agency learning, and carer support.

**Sussex Community NHS Foundation Trust (SCFT)** SCFT aligns with SAB priorities through its safeguarding strategy, focus on Mental Capacity Act (MCA) implementation, and strong training compliance. Their safeguarding advice line and concern-raising to ASCH demonstrate a commitment to person-centred, responsive practice, and they contribute to system-wide improvement through partnership with the ICB and quality escalation pathways.

**Southeast Coast Ambulance Service (SECamb)** SECamb supports the SAB's strategic priorities through its significant safeguarding activity across both NHS 111 and 999 services. In 2024/25, the service managed a substantial volume of adult referrals, contributing to early identification and timely escalation of risk. Their collaborative work with social care and police, robust audit processes, and commitment to continuous

improvement align strongly with SAB goals on prevention, multi-agency working, and embedding safeguarding into frontline practice.

**Healthwatch East Sussex** Healthwatch supports SAB priorities by capturing lived experience and promoting person-centred safeguarding. In 2024/25, they published 35 reports and engaged with thousands of residents, highlighting feedback from people who use services, and helping to improve care. As chair of the Safeguarding Community Network (SCN), they play a key role in promoting engagement and accountability.

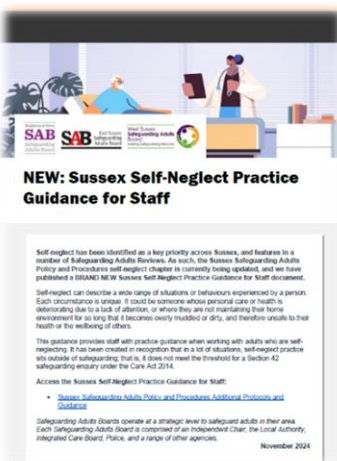
## Key Achievements 2024 – 25

### Strategic Priority 1: Self Neglect

Following the West Sussex Safeguarding Adults Board **Thematic SAR** (self-neglect) a review of **The Sussex Multi-agency Procedures to Support Adults who Self-neglect** was completed in late 2024 by the Sussex Safeguarding Policy and Procedures Review Group. These provided guidance for a multi-agency framework to support adults who self-neglect, with the focus upon preventing harm by empowering individuals to understand risks, and fostering a shared understanding across agencies, to ensure effective responses. They outline flexible leadership (local authority or other agencies, depending on safeguarding needs) and guide professionals in convening multi-agency meetings. The purpose is to support practitioners working with self-neglecting adults and uphold a duty of care, whether interventions fall under formal safeguarding enquiries or proactive support.



Also launched in late 2024 by the Sussex Safeguarding Policy and Procedures Review Group was the **Sussex Self-Neglect Practice Guidance**. This supports a structured, person-centred framework for professionals to address self-neglect, whether cases meet formal safeguarding thresholds (under the Care Act's Section 42) or not. It outlines a collaborative five-step process—identification, lead agency assignment, information-sharing, multi-agency meetings, and risk assessments—emphasising proactive engagement and trauma-informed approaches to build trust. Key considerations include rigorous mental capacity assessments (accounting for fluctuating or executive capacity), balancing autonomy with duty of care, and



prioritising professional curiosity to uncover hidden risks to ensure people and others are safe within their living environment.

This work is rooted in lessons from Safeguarding Adult Reviews (SARs), and includes early collaboration, and adherence to ethical-legal principles to safeguard vulnerable adults while respecting their rights. The guidance advocates for gradual, practical interventions tailored to individual needs while mandating multi-agency coordination. For extreme cases, where action may be required, it highlights legal pathways such as High Court interventions or Court of Protection referrals.

### Conversations in Self-Neglect



Conversations in self-neglect - the role of carers. Produced by the ESSAB & CFTC East Sussex.

The East Sussex SAB has ensured learning from the second national SAR analysis, published in July 2023. 652 reviews completed between April 2019 and March 2023 were analysed. Both the first and second national SAR analysis it showed the most common type of abuse/neglect overall within SARs was 'self-neglect'.

The national picture of an increase in self-neglect is also mirrored locally with self-neglect which has been a significant and consistent theme of a SAR published this year by the SAB:

#### ➤ [SAR Gwen & Ian](#)

All our published SARs can be found online, here: [Published safeguarding adult reviews \(SARs\) | East Sussex Safeguarding Adults Board](#)

In response to the continuing identification of self-neglect, during 2024/2025 the East Sussex SAB launched three-podcasts in a series entitled: '**Conversations in Self-Neglect,**' developed in partnership with Changing Futures Sussex and Care for the Carers East Sussex. These podcasts are aimed at both informal carers/ family members and practitioners. They offer practical and easy to understand definitions and examples of how self-neglect is identified, and the steps to take to protect an adult at risk of self-neglect.



1. [Mental capacity](#) developed in partnership with East Sussex Changing Futures.
2. [Am I a carer?](#) developed in partnership with East Sussex Care for the Carers.
3. [The role of carers in identifying self-neglect](#) developed in partnership with East Sussex Care for the Carers.

## **NHS Safeguarding Fortnight 2024**

The Sussex NHS Integrated Care Board delivered a fortnight of [multi-agency learning events](#) in November 2024, the theme of the fortnight was ‘hidden harm’. Pan Sussex SAB managers and the named GP for safeguarding delivered a ‘Guidance on working with people who self-neglect’ session.

Feedback from attendees confirmed that they were taking forward the related learning to embed into practice and discussing the issues more with colleagues and people they are in contact with. The feedback however also highlighted a continuing need for ongoing support, case-based learning, and possibly supervised practice or peer reflection, especially in complex areas like self-neglect.

### **Enhancing Support for Carers and Self-Neglect Management in Primary Care**

In response to the learning from SAR Gwen and Ian, East Sussex SAB and NHS Sussex ICB have worked collaboratively to strengthen primary care responses to self-neglect, carer support, and safeguarding best practice. A key output was the co-development of a Self-Neglect Management Flow Chart—a practical, trauma-informed tool approved by the NHS ICB Head of Safeguarding. Now integrated into Mental Capacity Act (MCA) refresher training, it supports practitioners in identifying and responding to self-neglect and has been positively received by frontline staff. This will also hopefully act as an early indicator as part of preventing situations deteriorate, so that people can be supported as early as possible.

Additionally, a renewed partnership with Care for the Carers has enhanced visibility and access to support for informal carers. All NHS organisations in Sussex now host dedicated carer support webpages, while GP practices provide clear carer registration pathways, visible noticeboard materials, and easy-read resources—helping to ensure that carers can access tailored advice and are recognised within safeguarding processes. Outcomes of this work has been:

- Carers are now proactively identified and supported through streamlined registration processes, with their status logged in patient records to trigger timely interventions.
- Primary care teams are better equipped to address self-neglect risks with earlier intervention and collaborative safeguarding

Please see **Appendix 3** for the Self Assessment and Management of Self Neglect flow chart.

## **Multi-Agency Audit in relation to people suffering from Self-Neglect**

The ESSAB Performance and Quality Audit (PQA) subgroup has coordinated a multi-agency audit focused on self-neglect referrals, following recommendations from the Safeguarding Adult Review (SAR) Gwen and Ian (published January 2024). This audit aligns with the Board's commitment to improving safeguarding practices, embedding revised pan-Sussex Self-Neglect Procedures (released late 2024), and addressing systemic gaps identified in SAR findings to improve the identification and prevention of self-neglect where possible.

The SAR highlighted critical learning points, including:

**Missed opportunities to escalate self-neglect concerns and initiate multi-agency risk management meetings.**

**Inconsistent application of Self-Neglect Procedures across agencies, particularly in triggering assessments and safeguarding actions.**

**Gaps in identifying carers' needs and proactive risk management.**

The multi-agency audit group considered a sample of six people. As a result of the findings, action is being taken to include improving referral quality, ensuring consistent MCA assessments, enhancing multi-agency collaboration, strengthening carer support, and embedding person-centred planning.

Targeted training, regarding MCA application (particularly around executive functioning), and refresh guidance to promote information-sharing and the need to explain information clearly or in the appropriate language will be necessary. Good practice will drive real-world learning, and ongoing improvement.

## **Responding to Hoarding Behaviour Framework**

Hoarding behaviour was recognised in the Care Act 2014 as one of the manifestations of self-neglect. It is an increasingly prevalent issue and is a complex condition which can involve risk to life, is subject to more than one area of legislation, and involves the health and wellbeing of the person at risk, as well as any others that may be in the household or surrounding properties. It is key therefore that a collaborative, multi-agency approach is taken in identifying and responding to hoarding behaviour.

Building on the success of the Hoarding framework published in 2023 by East Sussex & Brighton & Hove Safeguarding Adults Boards, the guidance was updated in 2025. The Hoarding framework is a multi-agency guide to reduce risks of abuse/neglect linked to hoarding, prioritising autonomy, safety, and collaborative solutions such as:





**Enhanced Trauma-Informed Focus:** Strengthened guidance on selecting a trauma-informed Lead Professional to build trust and ensure consistent support in high-risk cases.



**Fire Safety:** Expanded partnership with Fire & Rescue, emphasising early home safety visits and tailored escape plans for mobility-impaired individuals.



**Child Safeguarding Clarity:** Explicit links to Sussex Child Protection Procedures, stressing “think family” principles when children are exposed to hoarding environments.



**Legislative Alignment:** Updated references to the Data Protection Act 2018 and streamlined links to the pan-Sussex Safeguarding Adults Threshold Guidance.



**Resource Expansion:** Added tools for assessing digital/data hoarding risks and revised clutter rating guidance to improve risk stratification.

## Core Principles and multi-agency coordination

A person-centred, trauma-informed approach should guide practice—using respectful language (e.g. “losing control of your home” vs. “hoarding”) and recognising emotional attachments. Interventions should be sequenced, starting with mental health support and addressing root causes like trauma or isolation. All actions must align with Care Act 2014, MCA, and Environmental Health duties.

Effective response requires clear roles across housing, health, fire, and voluntary sectors, with Hoarding Panels/MARM processes supporting complex cases. The framework—adopted both locally and nationally—will be reviewed again in 2028.

Link to website: [Responding to Hoarding Behaviour Framework](#)

## Strategic Priority 2: Prevention and Early Intervention

### SAB Multi-Agency Safeguarding Learning Event



In early 2025, the East Sussex Safeguarding Adults Board held a closed learning event to review a complex situation involving an individual with serious health needs and a history of domestic abuse. Professionals from health, social care, and police came together to reflect on what went wrong, and how to improve joint safeguarding work.

### Outcomes & Next Steps

The event showed how reflective practice can lead to real opportunities for improvements. Changes already in place include:

- Follow-up protocols for missed appointments
- Improved record keeping
- More accessible training, peer support and supervisor support

Looking ahead, one key focus will be on making sure individual's voices remain central to all safeguarding decisions. This event demonstrated how strong partnerships can lead to safer, more coordinated support, however all partners needed to be aware of the voice of the individual in all their interactions.

A key area for the Training and Workforce Development (TWD) Subgroup is to ensure learning from multi-agency audits, data, work of the SAB and SARs are effectively embedded into practice and facilitate organisational change.

Through the TWD during 2024/2025 we collaborated with the local Bexhill College sixth form media department to create a bespoke self-neglect awareness animation. The self-neglect animation has been created by Bexhill College and is currently being reviewed by the TWD Subgroup.

The Training and Workforce Development (TWD) subgroup continues to play a key role in strengthening safeguarding practice across the partnership by ensuring learning insights is actively embedded into training and frontline delivery.

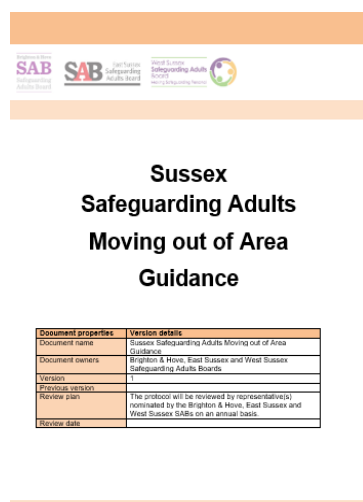
## Progress



- **Modern Slavery Training:** This workshop has undergone a targeted review, aligning with both emerging best practice and recent legislative changes. Delivery is now supported by specialist police officers whose core role is tackling modern slavery, providing valuable front-line expertise and real-case insight to learners.
- **Mental Capacity Act (MCA):** The TWD subgroup is currently exploring how to strengthen MCA content across the training offer e.g. bite-sized learning sessions, particularly focused on executive function and safeguarding.
- **Domestic Abuse (DA):** A review of the Domestic Abuse training offer is ongoing, particularly identification in older people.

## Strategic Priority 3: Safeguarding and Homelessness

### Multi Agency Audit and Development of Pan-Sussex Safeguarding Guidance



In response to key learning from SAR Charlie published in May 2023, gaps were identified in supporting adults with complex needs during transitions between local authority areas. East Sussex SAB and Brighton & Hove SAB carried out a joint audit. The audit focused on adults facing risks linked to housing instability, mental health, and safeguarding concerns during moves across local authority boundaries. Findings from the audit highlighted the need for more timely mental capacity assessments, better information-sharing, and trauma-informed risk management. Agencies also acknowledged challenges in meeting urgent housing needs while fulfilling safeguarding responsibilities.

To address these issues, the Pan-Sussex Safeguarding Adults Boards co-developed the *Sussex Safeguarding Adults Moving Out of Area Guidance*. This was launched in Spring 2025. This new guidance supports professionals by:

- Clarifying local authority roles during transitions, in line with the Care Act 2014
- Embedding Multi-Agency Risk Management (MARM) approaches for high-risk cases
- Promoting trauma-informed engagement using tools like the Compassionate Curiosity Toolkit
- Improving communication and escalation pathways across agencies

This work reflects a strong, shared commitment to turning the lessons learnt into real-world improvements—ensuring that adults remain safeguarded, supported, and central to decisions during periods of transition.

## Strengthening Safeguarding for Adults Rough Sleeping

The ESSAB Safeguarding Adult Review (SAR) subgroup has proactively strengthened its safeguarding processes for individuals experiencing rough sleeping, in direct response to national recommendations. Recognising the critical intersection of rough sleeping, self-neglect, and compounded health and social care needs, the subgroup has implemented the following measures:

**Permanent Housing Representative** A dedicated housing representative has been formally welcomed to the SAR subgroup, ensuring housing expertise informs safeguarding decisions and systemic improvements.

**Direct Notification Protocol** A robust link has been established with the Rough Sleeping Initiative (RSI), enabling immediate notification to the subgroup in the event of a rough sleeper's death. This triggers an assessment to determine whether a SAR referral is warranted under Section 44 of the Care Act 2014 and more generally learning to prevent further deaths where possible.

By bringing in housing expertise and improving how agencies communicate, the subgroup is tackling the complex risks rough sleepers face—such as mental ill-health, addiction, and self-neglect—which can make them more vulnerable to abuse and harm.

## Safeguarding Adults Reviews (SARs)

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

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

**An adult dies because of abuse or neglect (including death by suicide), whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.**

**Or**

**An adult is still alive but has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult**

## Published Safeguarding Adult Reviews 2024/25

SAR Jack was published on the SAB website in 2024/25 and can be viewed here: [Published safeguarding adult reviews \(SARs\) | East Sussex Safeguarding Adults Board](#)

**Jack was 27 years old when he took his own life in July 2022.**

**Jack experienced a lot of trauma, in his life, including the loss of loved ones.**

**He was vulnerable to abuse and often struggled with challenging behaviour.**

**He didn't have a stable home and spent a lot of time on the streets.**

**Due to these challenges, Jack had to deal with many different organisations and services. These started before he was born and continued until his death. He was often in and out of prisons, homeless shelters and hospitals.**

**The review showed that people who worked with Jack understood his problems with alcohol, homelessness, and getting into trouble with the law. They recognised that his past experiences had a big impact on him and made him vulnerable.**

**Because of this, the review focussed on what is working well and what could be strengthened.**

### Current status of recommendations:

The East Sussex Safeguarding Adults Board (SAB) and its partners have made significant strides in strengthening safeguarding practices through the implementation of the 8 Recommendation in Jack's Review.

The recommendations have been actioned during 2024/25 where possible, with several still in progress due to their ongoing nature. The recommendations from Jack's review and those from previous years, are being addressed through the priorities and subgroups as detailed above in this Annual Report.

## Next 12 months

There is a renewed emphasis on enhancing the governance and structure of the Board to optimise functionality. This strategic shift aims to facilitate improvements, establish a clearer monitoring framework, drive change effectively, and yield more favourable outcomes.

The East Sussex Safeguarding Adults Board (SAB) has enhanced alignment with Strategic Priorities set forth until 2027.

The following will be directed towards the following key areas:

- Reviewing of Terms of Reference for each of the SAR subgroups.
- Enhancing governance practices concerning Safeguarding Adults Reviews (SARs) and evidence-based implementation of recommendations and actions and showcasing improved practice and impact.
- Emphasis will be placed on offering more precise recommendations with a focus on multi-agency collaboration.
- In the area of Homelessness and Substance Misuse, enhancing practitioners' comprehension and application of the Self-Neglect Toolkit with particular attention to Mental Capacity and the Hoarding Framework.
- Enhance the data dashboard to support qualitative and quantitative analysis of strategic themes, ensuring insights directly inform actions that drive improved practices.

# Glossary

**Abuse:** A violation of an individual's human and civil rights by any other person or persons. Can include physical, emotional, sexual, or financial abuse, as well as neglect, self-neglect, and discriminatory abuse.

**Adult at Risk:** An adult who has care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect.

**Care Act 2014:** Legislation that outlines the responsibilities of local authorities and other agencies in safeguarding adults with care and support needs. It introduced the statutory requirement for Safeguarding Adults Boards.

**Carer:** A person who provides unpaid care and support to an adult who needs help due to illness, disability, a mental health condition, or an addiction.

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

**DASH/DARA Forms:** Risk assessment tools used primarily in domestic abuse cases to identify risk levels and guide intervention.

**Executive Functioning:** Mental skills that include working memory, flexible thinking, and self-control. Impairments can affect an individual's capacity to make decisions.

**Hoarding:** A pattern of behavior characterised by excessive acquisition and inability or unwillingness to discard possessions, resulting in clutter that disrupts living spaces and can cause health and safety risks.

**Independent Chair:** An individual appointed to lead the SAB independently from partner agencies, ensuring impartiality in governance and decision-making.

**Making Safeguarding Personal (MSP):** A person-centred approach to safeguarding that focuses on achieving the outcomes that matter to the individual.

**Mental Capacity Act (MCA):** Law that provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

**Multi-Agency Risk Management (MARM):** A coordinated approach involving different organisations working together to manage high-risk safeguarding concerns.

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

**Operation Signature:** A Sussex Police initiative aimed at identifying and safeguarding vulnerable victims of fraud.

**Pan-Sussex Procedures:** Safeguarding policies and procedures that are agreed and adopted jointly by the three Sussex Safeguarding Adults Boards (East Sussex, West Sussex, and Brighton & Hove).

**Professional Curiosity:** An approach that encourages practitioners to explore concerns in more depth and not take information at face value.

**Safeguarding Adults Board (SAB):** A multi-agency partnership responsible for ensuring that safeguarding arrangements work effectively to protect adults with care and support needs.

**Safeguarding Adults Review (SAR):** A statutory review conducted when an adult dies or experiences serious harm due to abuse or neglect, and there is concern about how agencies worked together.

**Self-Neglect:** A person's failure to attend to their basic needs, such as personal hygiene, health, or surroundings, which can result in a risk to their well-being.

**Strategic Plan:** A document published by the SAB that outlines its objectives, priorities, and how partners will work together to improve safeguarding outcomes.

**Subgroups:** Specialist working groups under the SAB that focus on areas such as Safeguarding Adult Reviews, Operational Practice, Quality and Audit, and Workforce Development.

**Sussex Safeguarding Policy and Procedures Review Group:** A multi-agency group that reviews and updates safeguarding policies and procedures across Sussex.

**Threshold Guidance:** Criteria used by practitioners to assess the level of risk or need and determine the appropriate safeguarding response.

**Transition** is the term used within the [2014 Care Act](#) (and also the Children and Families Act 2014) to describe the range of processes that local authorities should use to support a child with care needs or young carer (and their informal networks of support) to move successfully from childhood into adulthood. The 3 groups of people that transition applies to are: Young people with Care and Support needs who are approaching adulthood; Adult carers of young people with Care and Support needs who are approaching adulthood; and Young carers who are themselves approaching adulthood

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

**Workforce Development Subgroup (TWD):** A subgroup of the SAB responsible for training and ensuring that learning from reviews and audits is embedded into professional practice.

## Appendix 1 SAB Budget

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

### Income 2024 – 2025

<b>Partner Contributions</b>	<b>£135,985</b>
<b>Carryover from 23/24</b>	£5,512
<b>Total</b>	<b>£141,497</b>

### Expenditure 2024 – 2025

SAB Staffing	£112,944
Independent Chair	£16,859
Safeguarding Adult Reviews	£3,150
Website (SAB & Procedures) and training costs	£1,030
Total	£134,626
<b>Carry Forward 2025/26</b>	<b>£7,192</b>

## Appendix 2 Partnership information and data

### Adult Social Care and Health (ASCH)



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

**The number of safeguarding concerns received in 2024/25 is 15,385**

**i** For 2024/25 ASCH have enhanced their way of recording referrals coming into Health and Social Care Connect - the ‘front door’ with a new way of recording contacts to enable a smoother transition from a safeguarding concern to a safeguarding enquiry.

Comparisons with previous years are challenging, as the HSCC safeguarding pilot has significantly increased the number of safeguarding concerns recorded as reportable contacts rather than as free-text case notes, which are not easily quantifiable. The number of enquiries (S42 and Other) that commenced in 2024/25 was 3,082

Table of concerns received/ how many concerns did not progress/enquiries started

Year	Total Concerns	Concerns not progressed to enquiry	Enquiries started (S42 and Other
2024/25	15,385	12,256	3,082

Note: Counting the concerns that raise an enquiry. Concerns (contacts) linked to an existing enquiry are not being counted. The concerns not progressed plus enquiries started will not equal the total concerns, as some enquiries started within the year from a concern received before the year, and some concerns progress to enquiries which started after the year end (but the difference is very small).

**Type and location of risk reported nationally in 2023/24 in completed section 42 enquiries.**

The most common type of risk in Section 42 enquiries which concluded in the year was Neglect and Acts of Omission, which accounted for 36% of risks (32% nationally in 2023/24) and the most common location of the risk was the person’s own home at 40% (compared to 46% nationally in 2023/24)



The risk figures that the NHS uses in their national report are figures from the Safeguarding Adults Return (SAC) return. The ASCH figures have therefore compared the number on their 24/25 SAC return to the 23/24 national figure.

The location of risk figures that NHS use in their national report are figures from the SAC return. ASCH have therefore taken the 24/25 SAC return SG2b figure and compared to the national figure for 23/24.

The link to the 23/24 NHS SAC return report is: [Safeguarding Adults, England, 2023-24 - NHS England Digital](#)

### **Outcomes for completed Enquiries (S42 and Other)**

Year	Fully achieved	Partially achieved	Not achieved
2024/25	53%	42%	5%

- The total outcomes fully or partially achieved for enquiries (S42 and Other) has remained the same as in 23/24 at 95%

Note: These figures are the same as the 23/24 figures.

### **Making Safeguarding Personal – outcomes for completed S42 enquiries**

- Of the 2378 Section 42 enquiries completed, 80% (1906) were asked and outcomes were expressed.
- 53% of outcomes were fully achieved, 42% were partially achieved, 4% were not achieved (all cases had outcomes achieved recorded)

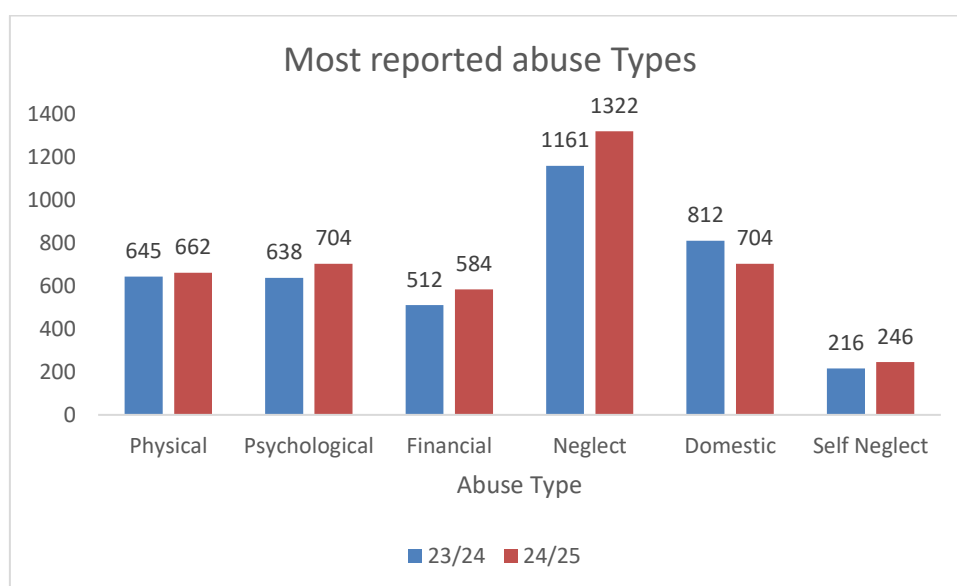
### **Mental capacity for completed Safeguarding Enquiries (S42 and Other)**

Year	Has capacity	Lacks capacity	Not Known
2024/25	68%	30%	2%

Of Adults who lacked capacity, 98% were supported by an advocate in both 2023/24 and 2024/25.

### **Most reported abuse types for completed enquiries (S42 and Other)**

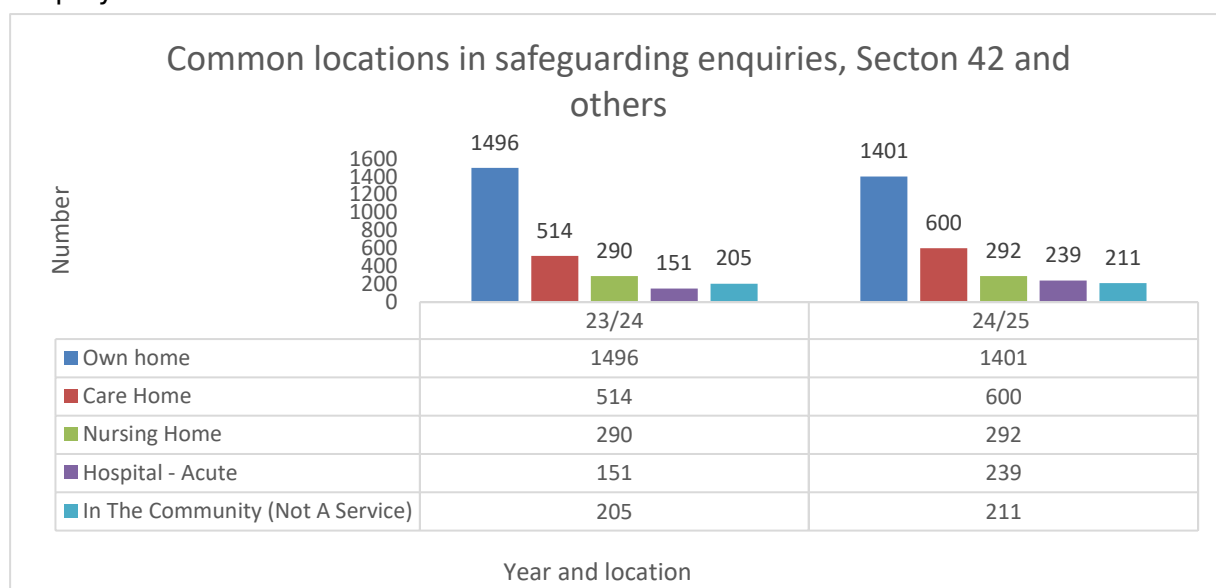
Below are graphs for completed enquiries. These are in the same order as last year. There can be more than one abuse type per enquiry.



- The most reported abuse types in 2024/25 remain the same as in 2023/24.
- Physical, Psychological, Financial, Neglect and Self Neglect all increased this year. Domestic abuse decreased this year
- The most significant changes in these abuse types are financial abuse, neglect, and self-neglect which have all increased by 14% this year. Domestic abuse has decreased by 13% this year.

### **Most common locations of abuse in completed safeguarding enquiries (S42 and Other)**

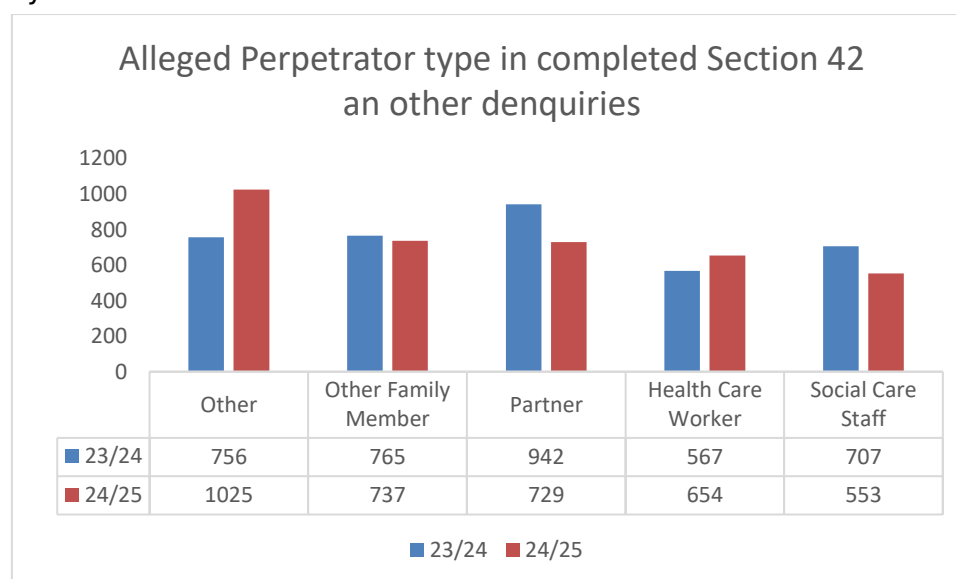
This data shows enquiries, not episodes. There can be more than one location per enquiry.



- The most common reported location of abuse in completed safeguarding enquiries is in the adult at risk's own home (1401). This has decreased by 6% in 24/25 compared to 23/24 (1496).
- The second most common location continues to be Care Homes. This has increased by 17%, from 514 in 23/24 to 600 in 24/25.

### **Alleged Perpetrator/PTCOR type in completed safeguarding enquiries (S42 and Other)**

Below are graphs for completed enquiries and not for completed episodes. There can be more than one alleged perpetrator or person with Pretrial Conditions of Release (PTCOR) per enquiry.



### **Most common age and gender of victims in completed safeguarding enquiries (S42 and Other)**

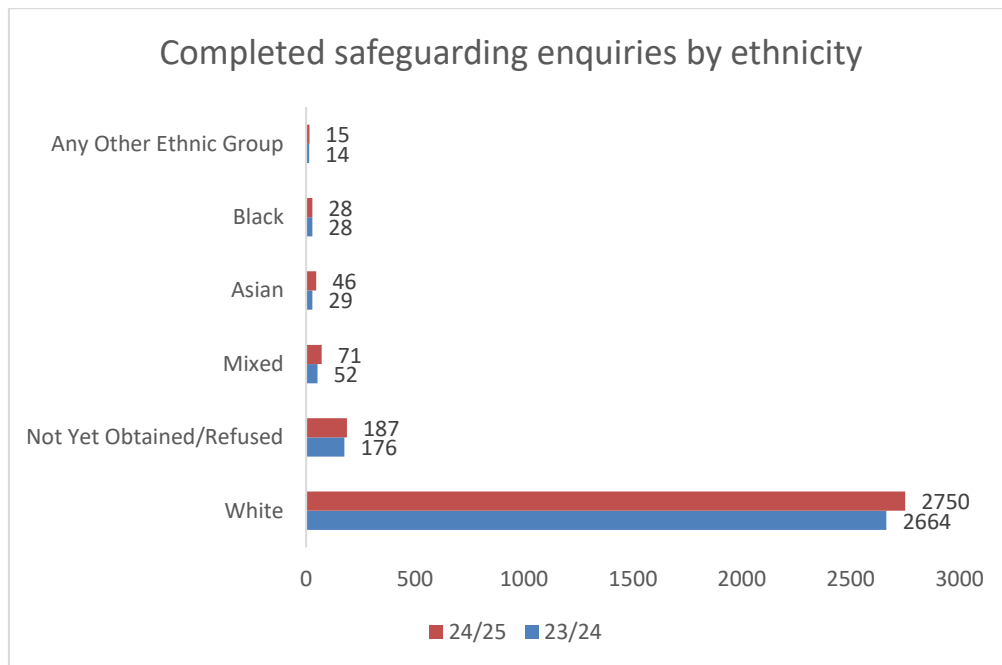
This data below shows enquiries, not episodes by counting once per enquiry (where an individual has multiple enquiries, they are counted once per enquiry)

All age/gender group combinations for ASCH are shown for 23/24 and 24/25, in decreasing order.

Age Group	Gender	23/24	24/25
18-64	Female	932	857
18-64	Male	385	474
85-94	Female	402	392
75-84	Female	395	384
75-84	Male	213	272
85-94	Male	202	219
65-74	Female	177	208
65-74	Male	142	177
95+	Female	90	79
95+	Male	24	28
18-64	Other	0	6
18-64	Unknown	1	1

## **Completed Safeguarding Enquiries by ethnicity**

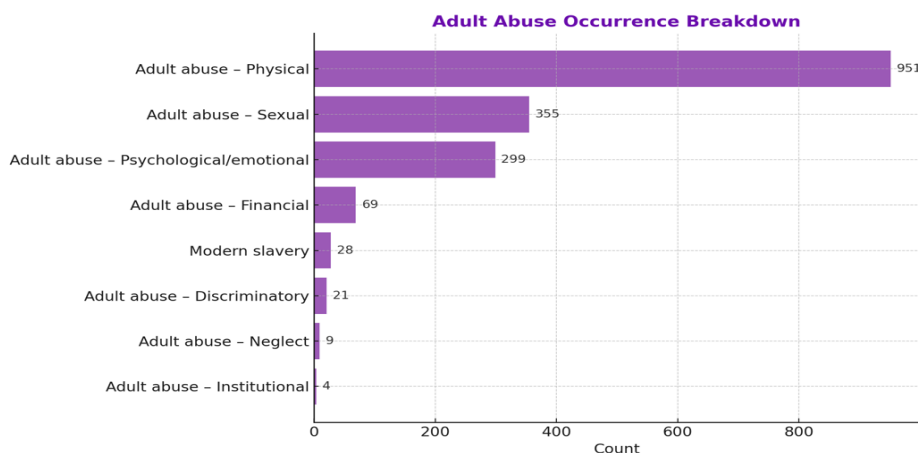
Below are graphs for completed enquiries and not for completed episodes. Counting once per enquiry (where an individual has multiple enquiries, they are counted once per enquiry)



- Adults of white origin continue to be the largest group, accounting for 89% of completed enquiries in 24/25, a slight decrease from 90% in 23/24
- The second largest group (excluding Not Yet Obtained/Refused) is once again Mixed, which has increased from 52 in 2023/24 to 71 in 2024/25.

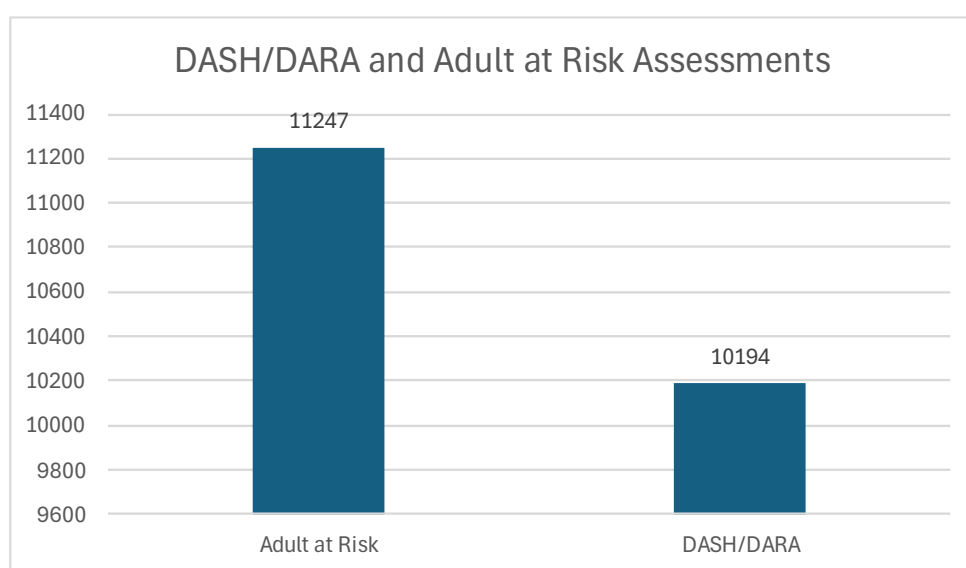


The graph below shows the number of Crimes per Category of Abuse Risk reported between 1<sup>st</sup> January 2024 to 1<sup>st</sup> January 2025).



**Domestic Abuse, Stalking and Harassment and “Honour-based” violence (DASH) Risk forms (DASH)** are for use by specialist domestic abuse and other nonpolice agencies for identification of risks when domestic abuse, ‘honour-based’ violence and/or stalking are disclosed.

**The Vulnerable Adult at Risk (VAAR)** section of the Single Combined Assessment of Risk Form (SCARF) is completed by the police for every safeguarding concern. Submissions for both the VAAR and DASH (now Domestic Abuse Risk Assessment - DARA) have decreased over the past 12 months. In 2023/24 VAARs totalled 12893 and DASH/DARAs 10362 (**see graph 2024/25 below**).





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

- In 2024/25 Operation Signature supported 1004 vulnerable victims of fraud in East Sussex. 496 of these victims were offered additional support from fraud caseworkers working for Victim Support.
- The 3 most common fraud types reported in that period were Courier Fraud, Doorstep crime/Rogue traders and Dating and Romance.
- 52% of the victims were aged over 75 years old.
- The 3 most common ways victims were contacted by fraudsters was by Phone, In person and via social media.
- During the 24/25 financial year, vulnerable residents of East Sussex lost a combined £14.66 million.

#### **How Sussex Police tackle fraud**

##### **Sussex Police prevented £1.7 Million in fraud losses through banking protocol**

This year, Sussex Police have successfully prevented £1.7 million from falling into the hands of criminals through the Banking Protocol initiative.

As part of this effort, Sussex Police implemented a reverse mechanism that allows them to proactively notify banks about vulnerable customers. Over the past 12 months, officers have submitted 195 Bank Notification Forms, enabling financial institutions to take safeguarding measures to protect victims' accounts. In many cases, this process has also led to banks refunding stolen funds to vulnerable victims of fraud. In addition, Sussex Police fraud prevention volunteers have provided tailored advice to 6,856 victims of fraud who are not classified as vulnerable. This allows police resources to be focused on directly supporting those most at risk.

Following the success of a pilot scheme in East Surrey, they are now expanding the Volunteer Fraud Prevention Programme to Sussex. The programme involves trained volunteers delivering in-person presentations and talks to raise awareness about common frauds and how to avoid them. Nine volunteers have already been recruited across Sussex, with the first now active in Hastings and working alongside the local Neighbourhood Policing Team (NPT).

Community partners, charities, and local organisations can request fraud awareness talks by contacting the Sussex and Surrey Fraud Prevention Engagement Team at: [SussexandSurreyFraudPreventionEngagements@surrey.police.uk](mailto:SussexandSurreyFraudPreventionEngagements@surrey.police.uk)

The *Op Signature* team also produces a monthly newsletter that highlights emerging fraud trends and offers safeguarding advice. This publication currently reaches over 40,000 residents across Sussex and Surrey. You can sign up to receive it via the Sussex Alerts homepage: [Sussex Alerts Home Page - Sussex Alerts](#)

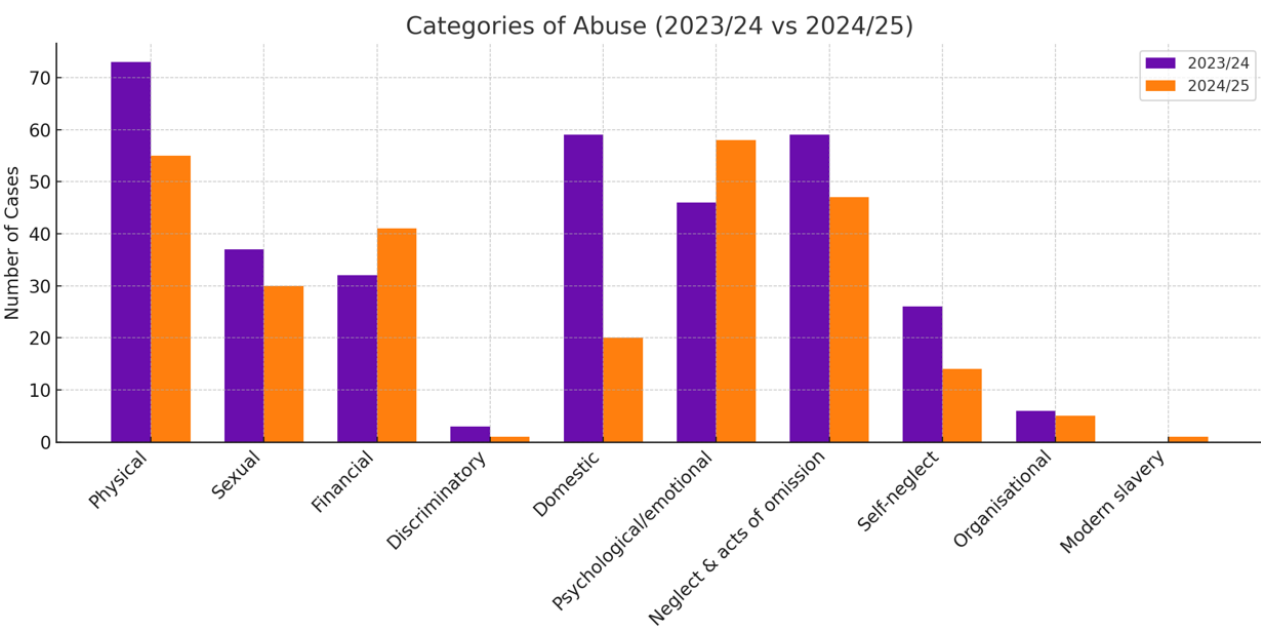
Safeguarding work within SPFT is led by its Safeguarding Service. The service provides safeguarding training and safeguarding consultations to its staff. It contributes to the Trust's programme of quality reviews of its services and participates in the multi-agency work of the Sussex Safeguarding Adults Boards and Safer Community Partnerships. The Service leads on the Trust's Prevent work and contributes to Multi Agency Risk Assessment Conference (MARAC) duties. It monitors and analyses safeguarding activity across the Trust.

**Safeguarding Incidents** - SPFT records safeguarding incidents within its incident recording system. This provides a central database for the storage and analysis of the Trust's safeguarding data. Table 1 shows the number of safeguarding adult incidents that were raised by SPFT teams working in East Sussex in 2024/25; numbers from the previous year are provided for comparison. The overall number of safeguarding incidents recorded reduced by 69. The Trust is promoting use of the *Sussex Safeguarding Adults Thresholds: Guidance for Professionals*. Use of this document helps staff to understand statutory safeguarding criteria and leads to fewer inappropriate safeguarding concerns being raised.

**Table 1 - Adult Safeguarding Concern Incident Numbers 2023/24**

Categories of Abuse	2023/24	2024/25
Physical	73	55
Sexual	37	30
Financial	32	41
Discriminatory	3	1
Domestic	59	20
Psychological/emotional	46	58
Neglect & acts of omission	59	47
Self-neglect	26	14
Organisational	6	5
Modern slavery	0	1
<b>Total</b>	<b>341</b>	<b>272</b>

Graph 1 – As per table, year comparison



**Section 42 Enquiries** - SPFT safeguarding enquiry information recorded thirty-four Section 42 enquiries within East Sussex where the Trust was named as the cause of risk. Most of the enquiries were linked to inpatient mental health settings where patients at risk of harm to themselves or others are accommodated together. A Section 42 enquiry and an SPFT internal quality review at the Department of Psychiatry in Eastbourne led to a programme of bespoke safeguarding training during 2024/25 to aid staff learning at this unit.

The total number of Section 42 enquiries was down from forty-seven in the previous year. Part of this reduction is attributed to the cessation of safeguarding enquiries being triggered automatically for every incident of a delay in hospital admission following a Mental Health Act assessment.

**Safeguarding Adult Review (Jack)** - SPFT contributed to SAR Jack that was published in September 2024. SPFT has shared learning from the review across its services. It has promoted use of the Sussex Multi-agency Procedures to Support Adults who Self-Neglect which were revised in line with a recommendation from the Safeguarding Adult review.

**Information Sharing** - The SPFT Safeguarding Service worked with East Sussex County Council to obtain read only access to the ESCC Adult Social Care client database. This improves safeguarding information sharing between the two organisations and is in line with best practice. SPFT now has this arrangement with each of the Sussex local authorities.

**Prevent** - The Trust reviewed and updated its Prevent Policy to reflect changes to terminology and definitions arising from the national review of Prevent in 2023. The Trust also began a project to analyse 130 cases referred by SPFT to the Prevent



Channel Panel process. The work will conclude in 2025. Its results will be shared to inform services of the characteristics of people being referred to Prevent who are linked to mental health services. It is hoped that the report will lead to publication of an academic paper.

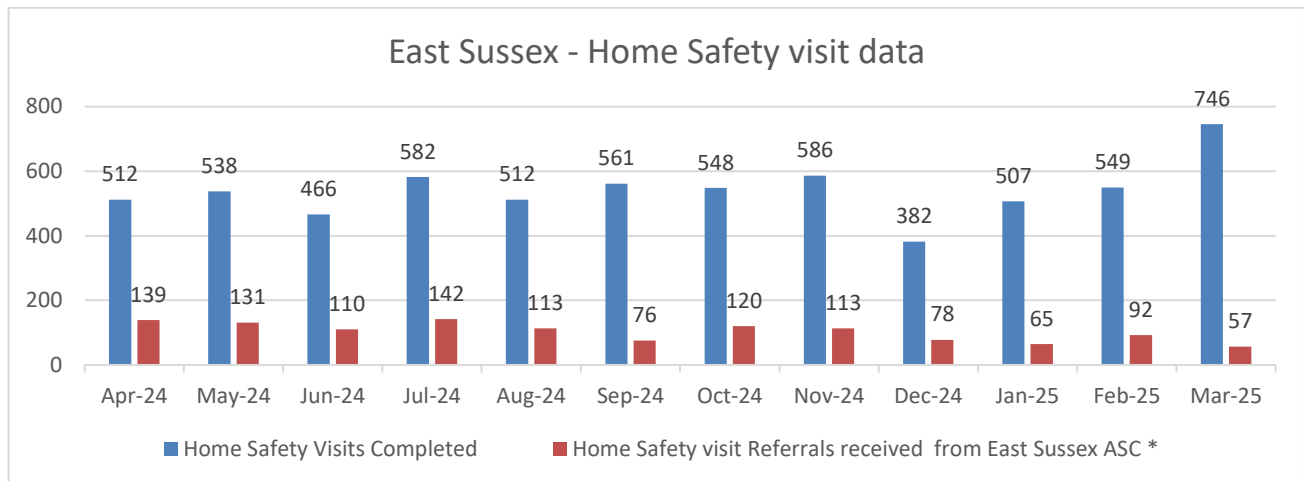
**Responding to Trust staff experiencing or perpetrating domestic abuse** - The Trust reviewed and updated its staff domestic abuse policy to ensure support of its own staff who experience or perpetrate domestic abuse is in line with legislation and best practice.

**Changing the language: a guide to language for mental health** - The Trust's safeguarding service contributed to the development of a new language guide for mental health. Learning from SARs about the power of language to engage or exclude was shared with the project and is reflected in the guide. The guide can be found at [Changing the Language Guide](#) and is for use by all agencies.

## Home Safety Visits

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

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

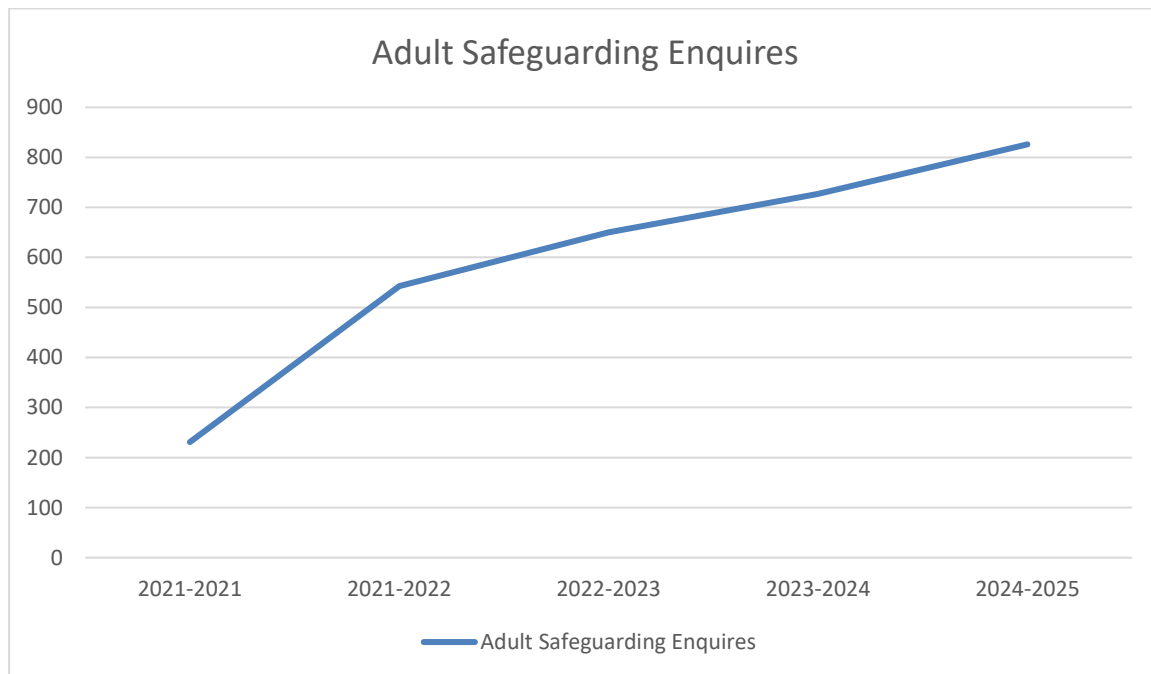


- In 2024/25 over 6,400 home safety visits were completed in East Sussex

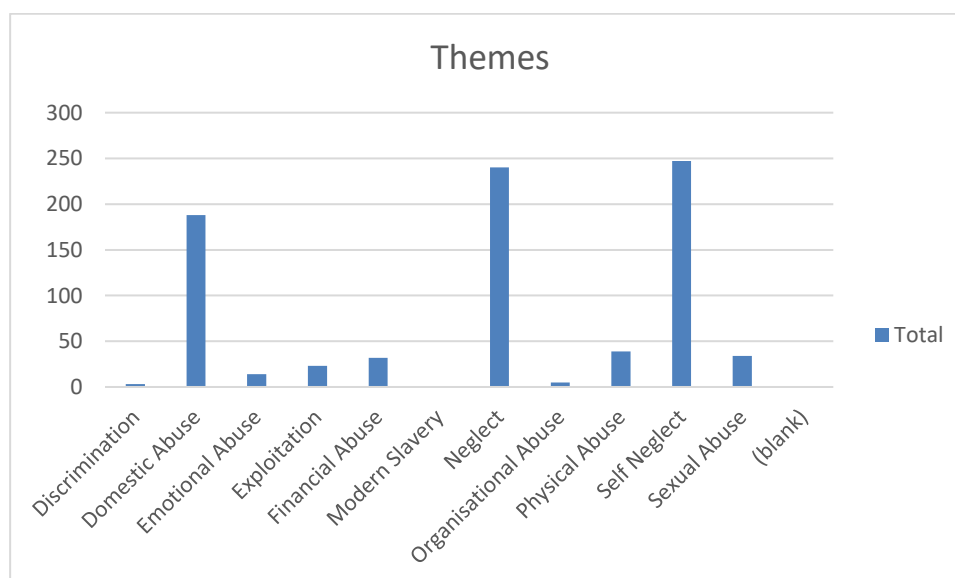
## Coming to Notice (CTN) forms

- 387 Coming to Notice (CTN) forms were submitted in 2024/25 in relation to safeguarding concerns.
- Hoarding represented 18% of all concerns.
- Additional support represented 11% of all concerns.

East Sussex Healthcare NHS Trust (ESHT) safeguarding recorded a total of 826 adult social care enquiries; this continues to represent a year-on year increase.



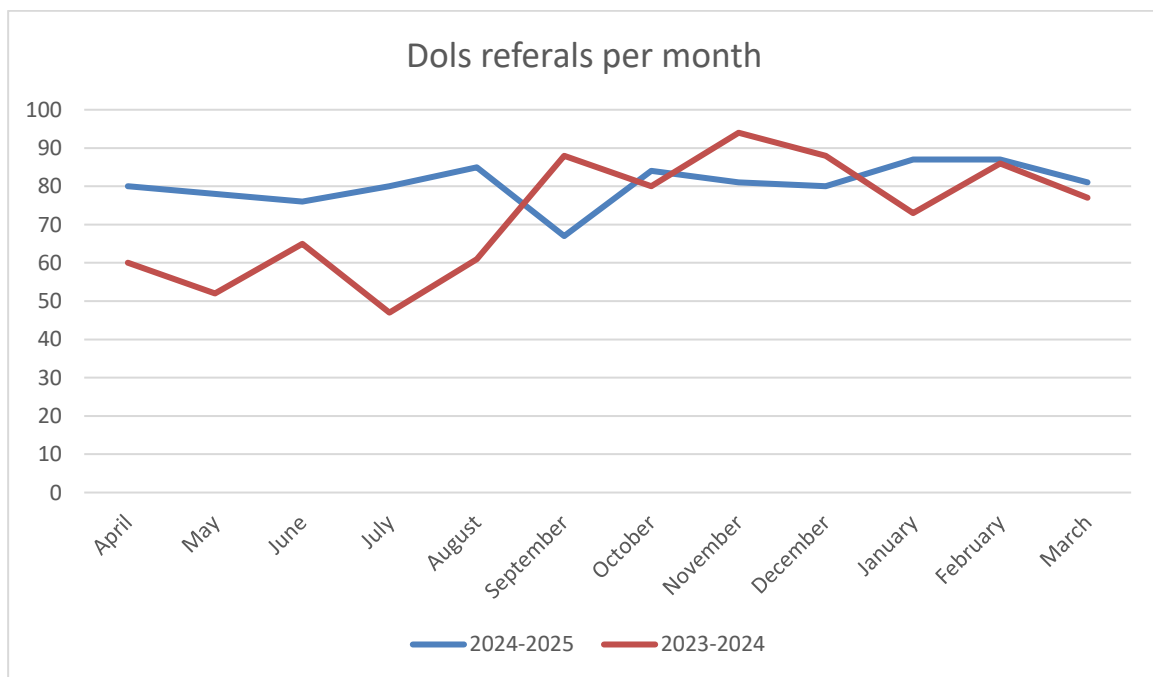
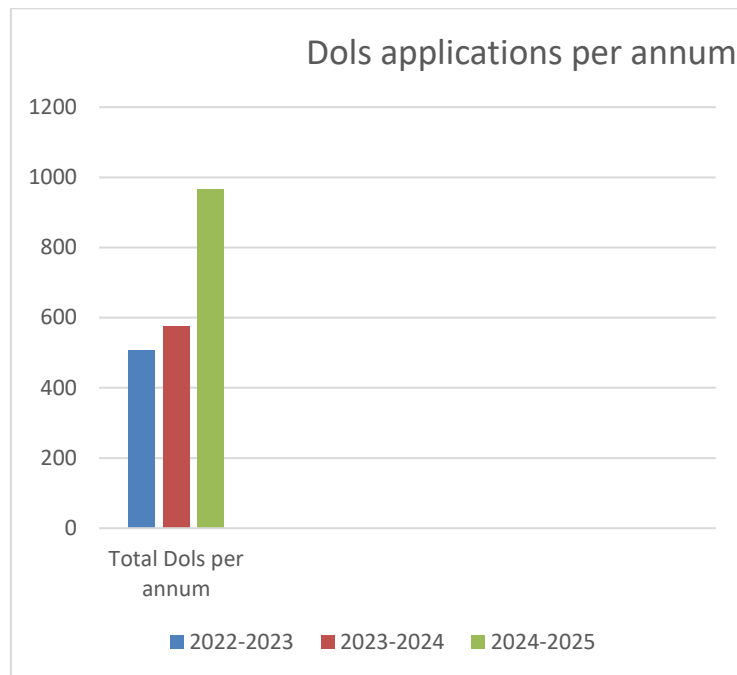
Neglect, self-neglect, and domestic abuse have featured as the prevalent themes for the last few years and this has continued.



- A screening tool for domestic abuse was embedded within the Emergency Department systems to support staff to undertake the routine enquiry of domestic abuse in March 2024, work to expand the tool and enable accessibility across the

organisation is ongoing. This has resulted in an increase in domestic abuse referrals from these departments.

- A trauma informed training package has been developed and piloted within gateway areas. Trauma Informed Care has been presented to the Trust Board, and we continue to work alongside Changing Futures Pan Sussex Trauma Informed Community of Practice.
- The Trust signed up to the NHS Sexual safety charter in 2023 and completed work to implement the charter in 2024.
- A task and finish group was established to consider how to support staff to manage cases of self-neglect with plans to take forward a bi-weekly 'drop-in' for staff to access guidance and support, with the expertise of safeguarding and adult social care teams.
- The Trust has participated in broader work with partner agencies about Right Care Right person and in response to this established a Missing person meeting to consider any potential learning.
- Pilot of new digital assessment document for mental capacity assessments and Best Interest Decisions.
- The safeguarding team participated in learning events across the emergency Departments and Surgical teams to name a couple. Ad-hoc and team days across the trust are attended by the safeguarding team on request.
- There has been an additional and significant challenge with the very high numbers of patient with a very extended length of stay many of whom are frail, complex and at high risk of harm e.g., falls, pressure damage and psychological distress.
- The presentation of some cases is increasingly complex. An area where this is continued to be a feature is within Maternity Safeguarding, for example domestic abuse considerations have also to encompass any risks to new-borns and other families.
- ESHT continue to facilitate level 3 training as a Think Family Safeguarding model. The training was formally updated in 2023-2024 and continues to be reviewed on an ongoing basis to ensure it links to current themes. Staff access an assessed e-learning package prior to joining a facilitated session which is r via virtual training platform.
- The Health Independent Domestic Violence Advocate (HIDVA) facilitates Domestic Abuse training within the trust. In 2024 the HIDVA also facilitated a third cohort of training for Domestic Abuse champions within the trust training a further 22 members of staff.
- The Trust employs two Mental Capacity specialists who have developed workshops and training within the organisation. The impact of the work is demonstrated through the increase in Deprivation of Liberty applications.

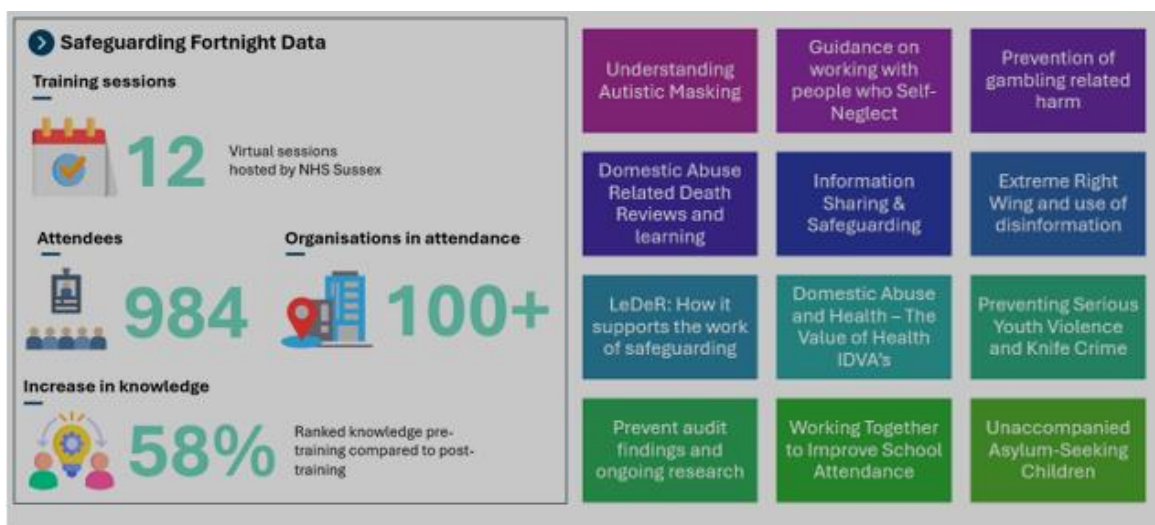


- The safeguarding team facilitate daily safeguarding huddles within the Emergency Departments to enable a process to support staff to recognise and manage safeguarding concerns in real time.

NHS Sussex have worked alongside both statutory and the wider partners of the Safeguarding Adults Board to safeguard the local population and is represented on all SAB subgroups and leadership groups. As one of the three lead partners, NHS Sussex supports all key decision-making functions of the SAB NHS Sussex chair the Training and Workforce Development (TWD) Sub-group, the Domestic Abuse Related Death Review (DARDR) Oversight Group and the Multi-Agency Risk Management Forum (MARM).

## Training

NHS Sussex Safeguarding and Children in Care fortnight was held in November 2024 with the theme of 'Hidden Harm'. The training sessions offered frontline professionals and their managers across Sussex the opportunity for a learning and reflective space to improve understanding and awareness. This year of the fortnight was developed in collaboration with the Safeguarding Children Partnerships and Safeguarding Adults Boards to share resources and increase impact and awareness across the system.



### Feedback Demonstrating Impact of Sessions

- 1 I will bear this in mind with the work that I do with neurodiverse young people, it was interesting and inspirational
- 2 I will use my learning to inform my strategic planning for families affected
- 3 I will share with my team and be more aware of the option to utilise Prevent and other channels

- 4 It was very helpful to learn about the national strategy for supporting unaccompanied minors.
- 5 Training flowed well, included interesting, relevant and challenging cases as well as a practical guide to assessment and referrals.
- 6 My role has some strategic elements - I will use this learning in my current and future practice

NHS Sussex have led on two Level 4 training sessions for health professionals across the system:

**‘Improving care for women whose babies have been removed from their care’**

Feedback post training included:

- *This was an excellent training session. I work in a psychiatric mother and baby unit and sometimes babies are separated from mothers, and I have never heard about Hope Boxes and have never heard about the charity Pause. The delivery of the sessions was very good.*
- *Excellent speakers. Particularly enjoyed hearing from the care leavers and the work being done around referrals to children's services for women who have been care experienced and currently well supported, and HOPE boxes work.*
- *Very thought-provoking session and I'm so glad to see the issues raised and considered for this group of women who go on suffering from the loss of their child*

By rating attendees' knowledge pre and post training, NHS Sussex identified a 25% increase in knowledge post training.

**‘Understanding Neurodiversity in Safeguarding’**

Feedback post training included:

- *Brilliant training: I have always only thought about neuro divergent children and never really thought about neuro divergent parents, parenting neurotypical/divergent children (and other generations).*
- *It was good, I learnt about the different types of neurodiversity and to be more aware and attentive when around everyone*

By rating attendees' knowledge pre and post training, NHS Sussex identified a **20%** increase in knowledge post training.

**Provider assurance**

NHS Sussex currently has a role in oversight and assurance of health providers through quarterly exception reporting, biannual safeguarding assurance self-assessment and through undertaking site visits. The quarterly exception report was reviewed in 24/25 and has been amended to ensure we get the data required from providers that provides a picture of where gaps may be or to highlight good practice. It has been agreed that relevant data collected can be shared with the Safeguarding Adults Board to inform the dashboard.

During 24/25 a safeguarding benchmarking toolkit was developed and shared with all pharmacy, ophthalmology and dentistry practices in Sussex as a self-assessment.

### **Working in Partnership to Provide Effective Safeguarding Arrangements**

In response to the joint SAR (Gwen & Ian) commissioned by the SAB, NHS Sussex led on a collaborative piece of work developing a Self-Neglect Management Flow Chart for use by primary care to support and improve practise around identifying self-neglect, making referrals and undertaking carers assessment. The tool was promoted during Safeguarding Fortnight and initial feedback from providers was positive. In 25/26 the tool will be reviewed, and an audit undertaken to evaluate the impact on practice

NHS Sussex Safeguarding Team continue as source of expertise across the health and social care system, providing leadership via regular supervision with colleagues in NHS Providers, leading local and regional safeguarding forums and providing advice to system partners on complex safeguarding cases involving health.

### **Sexual Safety Charter**

During 2024/25 NHS Sussex led and supported implementation and roll out of the NHSE Sexual Safety Charter across both the ICB and the provider network. The aim of the Charter is to ensure a systematic, trauma-informed approach to sexual misconduct and violence towards staff throughout the workplace. A gap analysis and action plan were developed to ensure improvements were in place and relevant safeguarding and HR policies were updated. A mandatory virtual training package 'understanding sexual misconduct in the workplace' was launched in Q3, which enable staff to recognise and report sexual misconduct and to understand how to support colleagues (victims and witnesses).

### **Mental Capacity Act (MCA)**

Following the identification of gaps in learning in recent SARs, specific MCA training has been delivered to 93 primary care staff throughout the year to support embedding of MCA in GP practice. The training was reviewed and updated in Jan 25 and is offered to clinical staff on a bimonthly basis 60 people attended the sessions in Q4 with practitioners feeling more competent in applying MCA to practice based on feedback. Focused development work and training has been undertaken with All Age Continuing Care (AACC) to ensure application of MCA for 16/17-year-olds and an MCA Competency Framework will be developed by end of Q2 25/26 and will strengthen compliance.

### **Clinical Safeguarding Advice and support**

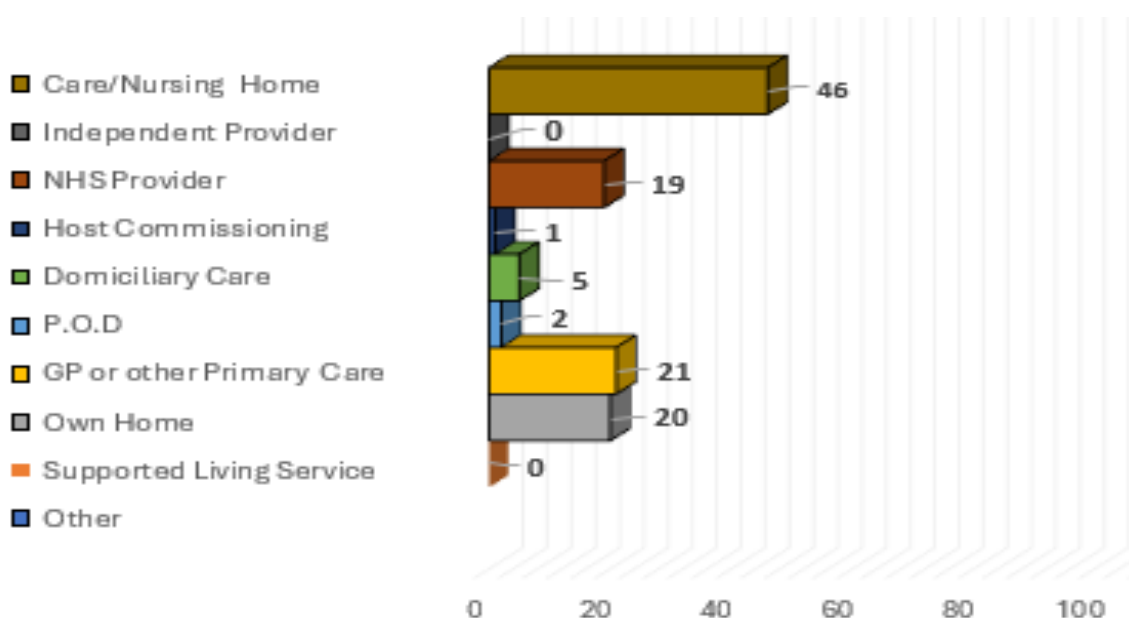
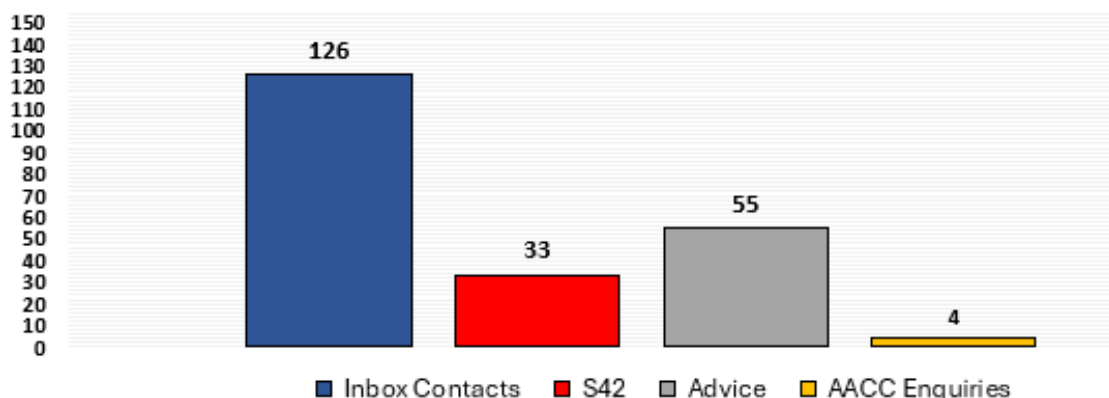
NHS Sussex provide an important clinical safeguarding advisory role across the health and social care system. Where safeguarding concerns of a clinical nature have been raised, the Local Authority will consider the need for a safeguarding response under Section 42 of the Care Act. [2.3. Receiving concerns and undertaking enquiries | Section 2 | Sussex Safeguarding Adults Policy and Procedures](#)

NHS Sussex continue to offer a robust advice and signposting service to ensure multi agency colleagues are supported with health-related safeguarding issues. Our Named GPs for safeguarding offer a separate advice line for GP practices.

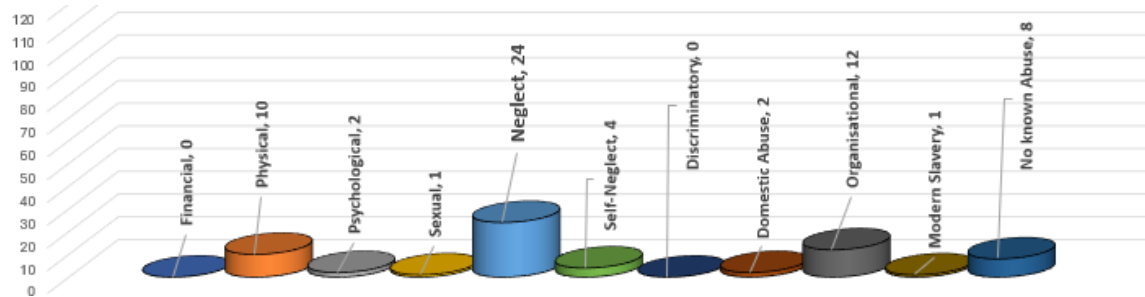


### East Sussex Inbox contacts; April 1<sup>st</sup> 2024 – March 31<sup>st</sup> 2025

The graph below represents the number of contacts received by NHS Sussex in the last year. Of these 126 contacts, 33 were specific to section 42 enquiries, 55 were professionals asking for advice and 4 related to AACC enquiries. The second graph relates to the Provider/Service Type in relation to the contacts. These figures highlight the level of support given to partner agencies and providers and the collaborative working undertaken to address the needs of our population.



The graph below relates to the Type of Abuse in relation to the Inbox Contacts in the first graph.



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

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

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

The safeguarding team works closely with new service developments to ensure we provide high quality and effective health services. The team is part of a Quality and Safety Department, which enables close working both with specialist safety teams and clinical staff. This ensures that SCFT focuses on learning for improvement and strengthens their personalised approach to safeguarding. In 2025/2026 there will be a trust-wide focus on developing good practice around the Mental Capacity Act and Mental Capacity Act assessments.

SCFT continues to work in line with their safeguarding strategy, which underpins their commitment to providing excellent care at the heart of the community.

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

**Our People** - SCFT will provide effective safeguarding advice and guidance to staff, volunteers, and carers to enable them to support people with any safeguarding concerns.

**Inclusive** - SCFT will recognise and respect diversity to meet the safeguarding needs of marginalised and seldom-heard groups, reducing inequalities and deprivation within their communities.

**Learning** – SCFT| will continue to promote a culture of continuous safeguarding improvement and learning in the face of economic uncertainty.

**Partnerships** - SCFT will build on internal and external partnerships to strengthen safeguarding practice. Developed with the help of the SAB partners, the strategy sets out how they will deliver their commitment to safeguarding and their strategic priorities for the next three years.

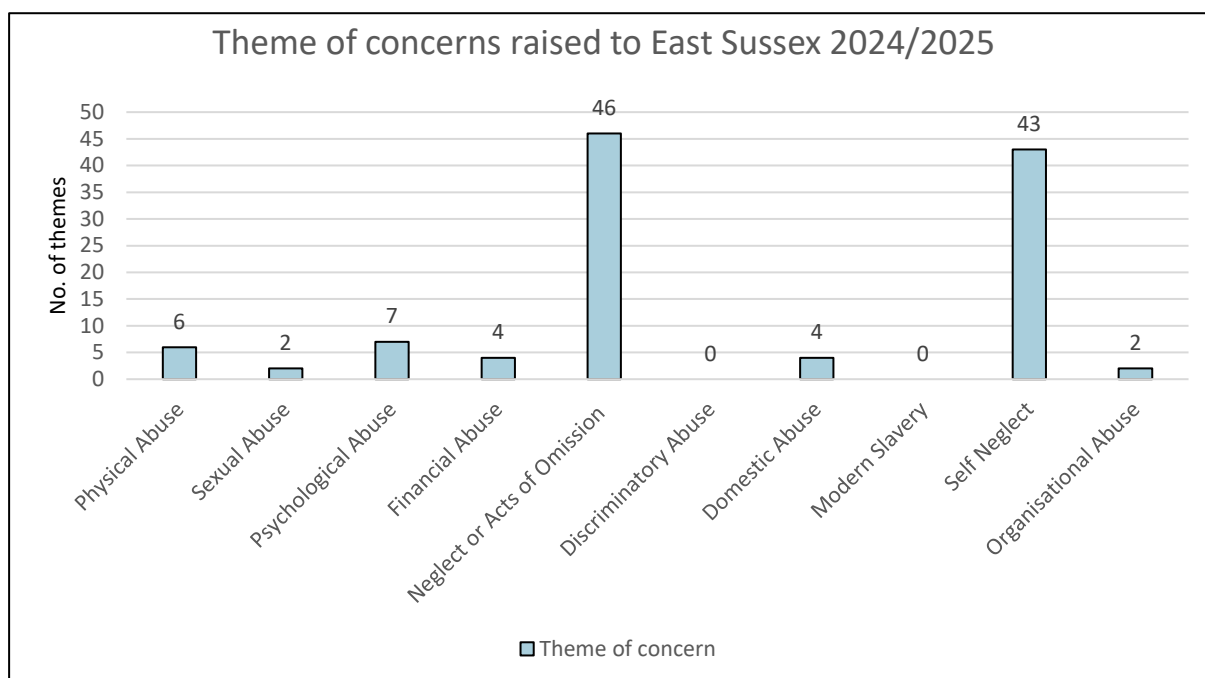
### Safeguarding adults training

Level	Target Cohort	Target Compliance	2024-2025 Data	Analysis of Variance
<b>L2</b>	Mandatory for all staff	85%	98%	Compliance remained above SCFT compliance target of 95%
<b>L3</b>	Mandatory for all Adult and Specialist Services registered nursing and AHP staff Band 5-8a	85%	90.5%	In line with the NHS Intercollegiate Guidance the annual target is 85%
<b>L3 WRAP</b>	Mandatory for Adult and Specialist Services staff that require Adult Safeguarding L3, and Children's Services.	85%	97.5%	Compliance evidence that the final stretched third year target of 85% by Q4 23-24 has been met.
<b>L3 MCA</b>	Mandatory training for all new starters (in L3 cohort) and is also accessible to all staff should they chose to complete it.		New starter compliance: 96.4%	ESR Module MCA: Assessing Mental Capacity. Completion will fluctuate depending on new staff flow into SCFT, and substantive staff choice to complete.

### Raising safeguarding concerns

SCFT staff demonstrate an awareness of risk and escalate adult safeguarding concerns to ensure support is provided to the adults involved. Safeguarding concerns raised to East Sussex County Council are as follows:

Adult safeguarding concerns raised by SCFT to ESCC 2024-2025	
ESCC	103



The table above shows the various safeguarding themes captured within the concerns raised to ESCC, and the key theme of neglect/acts of omission is as expected given the broad scope of issues encompassed within this category across health and social care services. These concerns may relate to care provided by SCFT, care delivered by other health or social care providers or care given by unpaid carers, such as family members and friends.

### SCFT Internal Safeguarding Adults Advice line

SCFT staff have access to specialist advice via the SCFT safeguarding advice line. This support enables SCFT staff to improve their practice, knowledge and confidence in safeguarding and supports better outcomes for adults who need care and support. This also reinforces a culture of developing improved outcomes in the promotion of safeguarding adults from harm and abuse in line with the values expected from all healthcare professionals.

<b>SCFT: Safeguarding Adults Advice Line</b>	<b>2024-2025</b>
<b>Contacts (Trust-wide)</b>	<b>552</b>

# East Sussex Healthwatch



Advice line contact demonstrates that staff discuss concerns directly with patients (when appropriate to do so and in line with consideration of mental capacity), provide risk mitigation where possible, provide safety netting information and case management, and contact Adult Social Care directly when urgency is required. The SCFT Safeguarding Adults team also escalates potential quality issues within other provider services to the NHS Sussex Integrated Care Board (ICB) Safeguarding Team for wider consideration.

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues related to health and social care. They have legal functions, including a statutory power to ‘enter and view’ health and care services, established under the Health and Social Care Act 2012.

Healthwatch published 35 reports in 2024/25. The reports include findings and recommendations in relation to health and social care concerns and experiences of East Sussex residents.

- 3,586 people shared their experiences of health and social care services with Healthwatch helping to raise awareness of issues and improve care.
- Healthwatch directly supported 566 people with enquiries through their Information and Signposting service, including users of food banks, migrants and residents in Lewes Prison
- Healthwatch conducted ‘enter and view’ visits to 20 care homes settings across East Sussex to ask people about their experiences of [dentistry and oral health care](#) and their experience of [hospital discharge](#).
- Healthwatch conducted face-to-face engagement with 197 people during the [Listening Tour 2024/25](#), which focused on Wealden District, Lewes and the Havens, and Hastings Borough.
- Healthwatch staff and volunteers carried out a ‘mystery shopping’ exercise of [Modern General Practice](#), reviewing the website and in-hours phone messages of 55 GP practices from across East Sussex.
- During two phases of engagement Healthwatch staff and volunteers spoke to 358 people in the waiting rooms of [Emergency Departments \(ED\) or Urgent Treatment Centres \(UTC\)](#) at East Sussex hospitals about the journey they had taken before attending.
- Recommendations from Healthwatch reports are shared with statutory and VCSE partners. The [Annual Report](#) is presented to the East Sussex Health and Wellbeing Board.

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

# South East Coast Ambulance Service



South East Coast Ambulance Service (SECAmb)

responds to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire (a geographical area of 3,600 square miles). SECAmb employs over 4,000 staff with almost 90% of the workforce being operational staff - those caring for patients either face to face, or over the phone at our emergency dispatch centre where we receive 999 calls.

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

In 2024/25, a total of approximately 41,000 referrals were received across the NHS111 and 999 services: 33,000 for adults and 8,000 for children. This equates to an increase of 23 per cent compared to the previous year. All referrals continue to be triaged by members of the Safeguarding team before forwarding to the relevant local authority or other lead agency.

Despite the continued increase in referral number and subsequent pressure on the team's capacity there is assurance that SECAmb are escalating concerns appropriately and in a timely way. There are regular touchpoint meetings with heads of service across the SECAmb footprint in both adult and children's social teams where discussions take place regarding the quality and appropriateness of referrals.

A randomised audit was conducted throughout February 2025, spanning a month, to ensure timely processing of referrals. The audit concluded

- 57.5% of referrals on average processed in 24 hours
- 22% of referrals on average processed in 48 hours
- 11.1% of referrals on average processed in 72 hours
- 9% of referrals on average processed between 72 and 120 hours

SECAmb's Safeguarding team have built good relationships with partners across social care and with the Designated Safeguarding Teams within the ICBs. This enables queries to be answered quickly where necessary to ensure there is no delay to patient care, it also raises the profile of the ambulance service within the wider safeguarding network.

Working in partnership with local police services has seen improvements in joint working when sharing referrals. The Trust has established a clear pathway to share concerns in a timely way particularly if there are concerns regarding potential areas of neglect.

An example of good safeguarding practice demonstrated by SECamb clinicians were demonstrated when paramedics responded to an incident involving an elderly gentleman who had reportedly fallen. Upon arrival, the patient was assessed and deemed suitable for home treatment. However, when this outcome was communicated to his wife, she became highly distressed. She then revealed to the staff that her husband had been physically and emotionally abusing her for the past 20 years. Her intention was to leave the home while he was in the hospital. A call was made to the on-call safeguarding practitioner, and a safety plan was discussed for the wife.



As of the 10<sup>th</sup> July 2025, there are 2928 cases which are managed by the Brighton and East Sussex Probation Delivery Unit.

In 2024/25, there have been increases in safeguarding enquiry requests and responses, as well as an increase in the number of police intelligence requests and responses.

- The percentage of cases with a safeguarding enquiry requested is 77.70%, which is an increase of 1.26% on 2024/25
- The percentage of cases with a safeguarding enquiry response is 75.47%, which is an increase of 3.73% on 2024/25
- The percentage of cases with a police enquiry requested is 83.85%, which is an increase of 2.67% on 2024/25
- The percentage of cases with a police enquiry response is 69.64%, which is an increase of 12.87% on 2024/25

## Safeguarding and Police Requests & Referrals Within the Last 12 Months by Gender

Gender	Type of Safeguarding Check / Referral						Total
	Safeguarding Referral (Adult)	Safeguarding Referral (Child)	Safeguarding Enquiries Requested	Safeguarding Enquiries - Response Received	Police Intelligence Enquiries - Requested	Police Intelligence Enquiries - Response Received	
Female	1	1	191	160	257	184	794
Male	0	1	2054	1771	2551	1894	8271
<b>Total</b>	<b>1</b>	<b>2</b>	<b>2245</b>	<b>1931</b>	<b>2808</b>	<b>2078</b>	<b>9065</b>

- 91.24% of requests and responses are for males on the Brighton & East Sussex caseload
- The strategic plan can be viewed in:

## Safeguarding and Police Requests & Referrals Within the Last 12 Months by Age

Age Group	Type of Safeguarding Check / Referral						Total
	Safeguarding Referral (Adult)	Safeguarding Referral (Child)	Safeguarding Enquiries Requested	Safeguarding Enquiries - Response Received	Police Intelligence Enquiries - Requested	Police Intelligence Enquiries - Response Received	
18-20	0	0	95	72	121	88	376
21-24	0	0	210	161	246	188	805
25-30	0	1	367	326	445	323	1462
31-40	0	1	783	696	975	693	3148
41-50	1	0	458	393	564	431	1847
51-60	0	0	238	198	327	247	1010
61-70	0	0	71	67	98	79	315
71-80	0	0	21	16	29	24	90
81-90	0	0	2	2	3	5	12
<b>Total</b>	<b>1</b>	<b>2</b>	<b>2245</b>	<b>1931</b>	<b>2808</b>	<b>2078</b>	<b>9065</b>

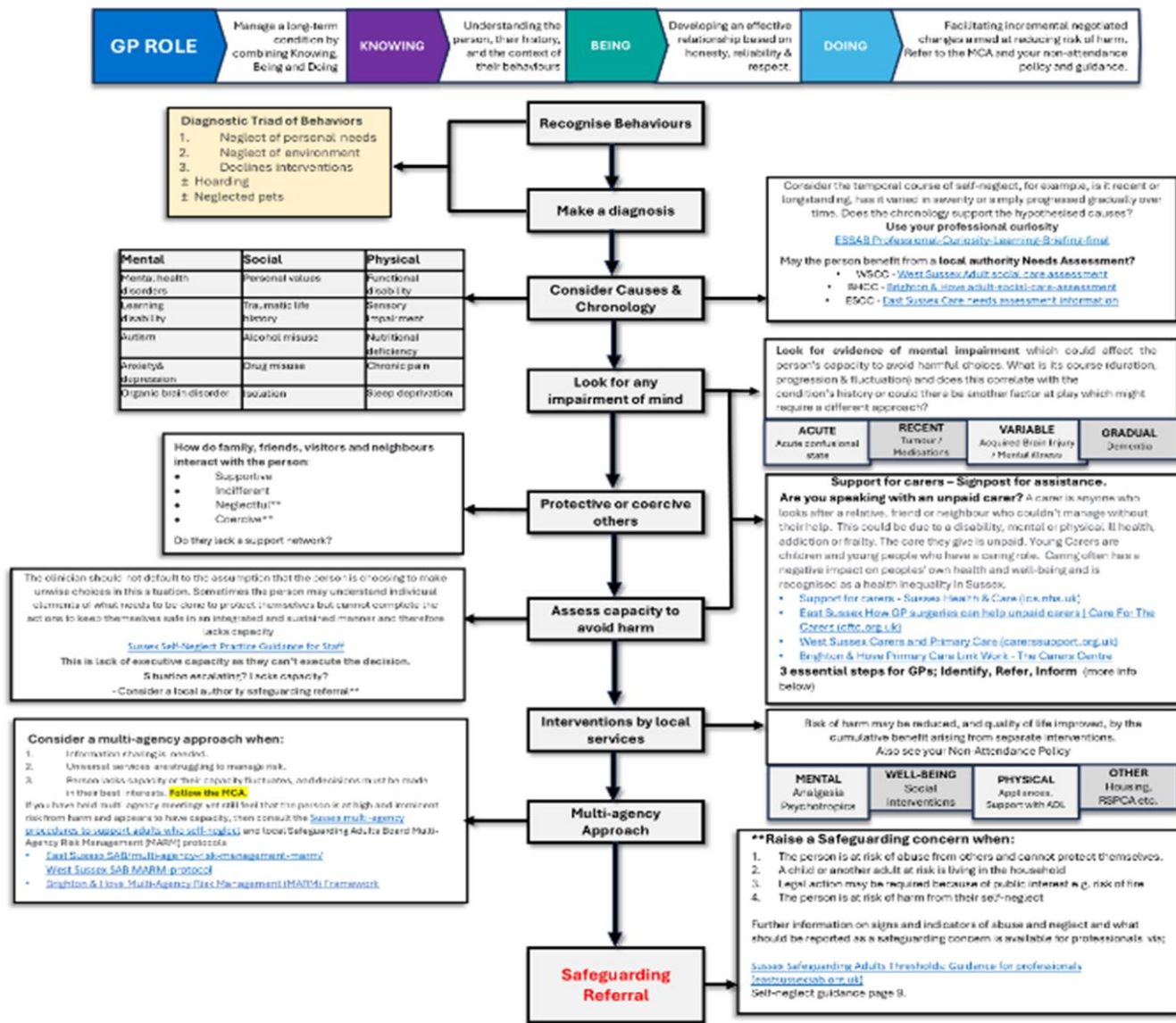
- 34.72% of requests and responses are for the 31-40 age group of the Brighton and East Sussex caseload

# Appendix 3 Self-Neglect Assessment and Management



## Self-Neglect Assessment and Management (Digital Format with links)

The term self-neglect can be used to describe a wide range of situations or behaviours. It could be someone not looking after their own health or personal care or not maintaining their home environment for so long that it becomes cluttered, dirty and/or unsafe. The Care Act recognises self-neglect as a category of abuse and emphasises the importance of working together and the need to take preventative actions to minimise risk ([Care Act 2014 \(legislation.gov.uk\)](#))



### Quick References

#### Make a referral: Adult

**West Sussex County Council**  
Please raise a safeguarding concern using the [online form](#)  
Contact the Adult Care Point: 01273 642121  
Email: [adults.care@westsussex.gov.uk](mailto:adults.care@westsussex.gov.uk)  
For out of hours contact 0300 222 7007

**East Sussex County Council**  
Raise a concern using the [online form](#)  
Contact Health & Social Care Carers: 0345 50 50 181  
For out of hours contact 0345 50 50 181 & select option 2

**Brighton & Hove City Council**  
Raise a concern using the [online form](#)  
Email: [adults.care@brighton-hove.gov.uk](mailto:adults.care@brighton-hove.gov.uk)  
If you have concerns that someone may have care and support needs email: [adults.care@brighton-hove.gov.uk](mailto:adults.care@brighton-hove.gov.uk)

#### Make a referral: Child

**West Sussex County Council**  
Raise a concern using the [online form](#)  
Contact the Multi-Agency Safeguarding Hub (MASG) on 01 800 229 900  
For out of hours contact 0330 222 6664 or 07711 769 607

**East Sussex County Council**  
Contact the Single Point of Advice (SPOA) on 01323 464 222 or by the [advice form](#)  
For out of hours contact [Emergency Duty Service](#) on 01273 335 905 or 01273 335 906

**Brighton and Hove City Council**  
Contact the Front Door for Families on 01273 290 400  
Email: [frontdoor@brighton-hove.gov.uk](mailto:frontdoor@brighton-hove.gov.uk)  
For out of hours contact 01273 335 905 or 01273 335 906

#### Support from local fire officers - Home safety visits

**West Sussex**  
<https://www.westsussex.gov.uk/fire-emergencies-and-crime/west-sussex-fire-and-rescue-service/home-fire-safety/safe-and-well-visits/>

**East Sussex (including Brighton)**  
<https://www.esfrs.org/hsvs>

#### Support for Carers - Additional Information- Provided by Care for Carers

**Identify** - Many people do not identify as 'carers' initially. Ask patient if they are 'looking after someone' who could not manage without their help. Add carer to the practice's Carer's Register & flag their record. **Record** SNOM (D) code: Z24.8B003 (Patient themselves providing care) or Z00.767002 (Carer for a relative).

**Inform** - Tell carer that free support is available through their local carers organisation and suggest they register as a carer. If carer's wellbeing is affected by the caring role, refer on their behalf. **Record**.

**Refer** - At next interaction, ask about their caring role. If they have not self-referred, remind that support is available. If carer's wellbeing is affected by the caring role, refer on their behalf. **Record**.

East Sussex: [Professional referrals | Care For The Carers \(cfc.org.uk\)](#)  
West Sussex: [Referring Unpaid Carers: How to Spot the Signs - Carers Support](#)  
Brighton & Hove: [Services for Professionals - Carers Hub Brighton](#)

#### Relevant SAR learning- SAR Ian and Owen

SAR-Ian-Learn-ing-Briefing-2024-pd

## Appendix 4 SAB Membership

- East Sussex Adult Social Care & Health (ASCH)
- NHS Sussex Integrated Care Board (ICB)
- Sussex Police
- Care for the Carers
- Care Quality Commission (CQC)
- Change, Grow, Live (CGL)
- District and borough council representation
- East Sussex Fire and Rescue Service (ESFRS)
- East Sussex Healthcare NHS Trust (ESHT)
- East Sussex Safeguarding Children Partnership (ESSCP)
- Healthwatch
- HMP Lewes
- Independent Homecare representatives
- Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)
- Lay members
- National Probation Service (NPS)
- NHS England
- Registered Care Association (RCA)
- South-East Coast Ambulance Service NHS Foundation Trust (SECamb)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Trading Standards, East Sussex County Council
- Voluntary and community sector representation

## Appendix 5 SAB Structure



East Sussex Safer Communities Partnership

East Sussex Safeguarding Children Partnership



East Sussex Safeguarding Adults Board

Performance and Quality Assurance Subgroup

Safeguarding Adults Review Subgroup

Training and Workforce Development Subgroup

Operational Practice Subgroup

Safeguarding Community Network

Sussex Policy and Procedures Review Group



Brighton and Hove Safeguarding Adults Board

West Sussex Safeguarding Adults Board



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

**Date:** 23 September 2025

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

**Title:** Update from NHS Sussex Integrated Care Board (ICB)

**Purpose of Report:** This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026.

---

## Summary

This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026. The ambition is to take the best from both of our systems to improve the health outcomes, reduce the health inequalities, and secure the best value for money from the delivery of high-quality NHS services for the population of three million people living in Sussex and Surrey.

Our ambition of providing more multi-disciplinary neighbourhood health services through our 13 Integrated Community Teams (ICTs) in Sussex is also progressing well, with collaborative partnership working and defined commissioning intentions with specific outcomes to shift more care from our hospitals to our communities.

## Recommendation(s) to the Board

**The East Sussex Health & Wellbeing Board is asked to note the update from NHS Sussex in response to the NHS Reforms and Neighbourhood Health.**

---

## 1 NHS Reform

### *Background and Context*

1.1 Earlier this year on 13 March, the Government announced that it is going to make significant changes to the structure of the NHS, aimed at strengthening roles and reducing duplication so more funding can be directed to the frontline care of patients. These changes signal a leaner way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom, to support the delivery of the Government's recently published 10 Year Health Plan to improve the outcomes for our patients and communities.

1.2 As part of this NHS reform, Integrated Care Boards (ICBs) have been directed to significantly reduce their operating costs by an average of 50% and focus on their critical role as strategic commissioners. This means that ICBs will be responsible for improving population health outcomes, reducing health inequalities and improving access to consistently high-quality care within their annual public funding allocation.

### *NHS Sussex Response*

1.3 After careful consideration, the Boards of the NHS Sussex and NHS Surrey Heartlands ICBs concluded in May 2025 that the only practical way to reliably fulfil their statutory and legal duties within the nationally-determined running cost allocation of £19 per head of weighted population is to expand their geographical footprint across Sussex and the whole of Surrey

(including the Surrey Heath and Farnham areas of Surrey currently covered by the NHS Frimley ICB).

1.4 This expanded geographical area will be coterminous with the two proposed Mayoral Combined Authorities in Sussex and Surrey. The combined weighted population of 3.0 million residents will also provide the scale and an ICB running cost budget of around £57 million to retain the essential skills and expertise needed to commission NHS services effectively.

1.5 A joint proposal was submitted to NHS England (NHSE) by the NHS Sussex and NHS Surrey Heartlands Boards on 30 May 2025, which has now been agreed by NHSE and received formal endorsement from Government Ministers. This will involve one ICB working across two Systems and the Places within them, which will be aligned to the final structure of the unitary authorities when the ongoing local government reorganisation has been completed.

#### *Why Surrey and Sussex?*

1.6 NHS Sussex and NHS Surrey Heartlands share a proud history of collaboration grounded in mutual trust, aligned values, and joint delivery across commissioning, workforce, and clinical innovation. From integrated planning to shared leadership development, we have demonstrated what purposeful collaboration can achieve.

1.7 There are also long-established health partnerships across the two systems 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, Royal Surrey NHS Foundation Trust, and University Hospitals Sussex NHS Foundation Trust, all providing NHS services to patients in both Sussex and Surrey.

#### *An opportunity to build a brand-new organisation*

1.8 This change provides us with an opportunity to create a brand new organisation, which brings together the best of both existing ICBs, to deliver improved population health outcomes and reduce the health inequities that exist across our extended area. This will require new contracts for our providers and even stronger partnership working to make the best use of the public funding allocation we receive.

1.9 To focus on the role as a strategic commissioner, the new ICB for Surrey and Sussex will need to develop a new operating model which will be based on a set of core functions. These will include areas such as population insights and analytics; quality and patient experience; strategic commissioning, strategy and planning; finance and contracting; and statutory and corporate services. This also means that some functions currently undertaken by ICBs will need to be transferred to the Department of Health and Social Care/NHS England Regions, some functions will transfer to other providers, and other functions will be hosted by one ICB on behalf of a group of ICBs. The details around specific functions are still being worked through and will be confirmed in due course.

#### *Preserving local relationships and focus*

1.10 Whilst the new ICB will be coming together across a much wider footprint, we know that real change happens locally, at a neighbourhood level, which is a key focus of the 10 Year Health Plan. That is where relationships are strongest, knowledge is deepest, and integration is most feasible.

1.11 Both systems have strong roots in neighbourhood health, with lots of examples of local partnerships driving improvement, even though the population size and proposed models of care delivery for Integrated Community Teams in Sussex and Integrated Neighbourhood Teams in

Surrey are quite different. We will build on these strong foundations as we develop our new organisation to ensure that local community needs, relationships and ways of working are embedded into the way we operate.

1.12 In creating one new ICB, we will continue working as key and integral partners within our two systems and the Places within them. We will continue to work closely with all existing local authority partners, and the new unitary authorities when established. Our approach will continue to be fully inclusive of patients, their families and unpaid carers, the voluntary, community and social enterprise sector and social care providers, as well as our education, research and innovation partners, as we are committed to maintaining high levels of inclusivity and local collaboration. Listening to and working with people and communities will run right through how we operate, ensuring that we understand and act on what we hear, so we can commission the services required to meet the needs of local people.

#### *Impact on our staff and looking to the future*

1.13 Of course, these changes will have an impact on how we currently operate and on our staff. Supporting colleagues through these changes, and the inevitable reduction in staff numbers, is a key priority during this period of change.

1.14 Some of our current functions may also transfer to other organisations over time, with timescales and specific functions still to be agreed, and we will work closely with our staff and partners to ensure these transfers operate as smoothly as possible.

1.15 We are determined that the new ICB will take the best from both our systems and become the excellent strategic commissioner we need it to be. Our collective ambition is to improve the health outcomes, reduce the health inequalities and secure the best value for money for the population of three million people living in Surrey and Sussex.

## **2 Latest Update on NHS Sussex Transition**

2.1 A Joint ICB Transition Programme has been established across Surrey and Sussex to lead and coordinate the organisational change needed to deliver the required reforms and mandated savings. The programme scope is centred on the design and implementation of a Target Operating Model and a comprehensive Transition Plan, with clearly defined workstreams and oversight from a Joint Transition Committee, to deliver the required reductions in ICB running costs whilst maintaining a focus on operational effectiveness and service continuity.

2.2 Progress on key elements of the Transition Programme remains dependent upon some national decisions and funding for the staff redundancies. These dependencies have introduced unavoidable delays to the commencement of formal staff consultation, and this is limiting our ability to meet the original timescales for completing the ICB restructuring by December 2025.

2.3 However, the first major decision has been made, and that is the appointment of Ian Smith as the Chair across the Sussex and Surrey Integrated Care Boards after my retirement on 30 September 2025. Ian is currently the Chair for NHS Surrey Heartlands and has been since its inception in July 2022.

2.4 Ian's new appointment will begin from 1 October 2025 as the Sussex and Surrey ICBs move to a 'clustering arrangement', where the two existing ICBs will share a Chair, Chief Executive and a Board in Common, until the new combined organisation is established as a single legal entity from 1 April 2026.

2.5 The next major decision will be the appointment of the Chief Executive Officer for the Sussex and Surrey ICBs, which is anticipated in September 2025, so that the selection process for



Executive and Non-Executive Board Members of the Board in Common can then take place in October 2025.

2.6 There is continued recognition of staff anxiety during this period of uncertainty as the Sussex and Surrey ICBs work to implement this transition, and we continue to take proactive steps to engage staff. This includes timely and transparent internal communications through staff webinars and the availability of practical advice, training and support.

2.7 A Mutually Agreed Resignation Scheme was also launched across the NHS Sussex and NHS Surrey Heartlands ICBs on 1 September 2025 and will run until 21 September 2025, which may be attractive for those staff who want certainty and/or have a shorter length of service. We are also working closely with our Staff Networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this time.

### **3 Delivering Neighbourhood Health through ICTs in Sussex**

3.1 Work continues on the implementation of the Government's 10 Year Health Plan and the delivery of the Sussex *Improving Lives Together* strategy. The formation of 13 Integrated Community Teams (ICTs) across Sussex is our key response to both of these strategic plans. This is because we know it is important to our residents to have strong, local, community-based services that wrap around individuals and communities to provide personalised care that keeps people well, offer preventive and proactive care, and reduce the need for hospital-based care. This also directly responds to the ambitions set out in the 10 Year Health Plan to shift care from hospitals to the community, with a neighbourhood health service that provides more care at or close to people's homes.

3.2 Sussex has been on a journey with ICTs over the last three years with the following milestones:

- Year 1 (2023/24): Established three frontrunner programmes in Hastings, East Brighton and Crawley, built an understanding of each community, developed data insight packs, and defined a core service offer for ICTs.
- Year 2 (2024/25): Formed multi-disciplinary leadership teams, conducted 'tests for change' focusing on high-need individuals, and began the community mental health team implementation.
- Year 3 (2025/26): Focusing on embedding six core NHS England neighbourhood guidelines, continuing the development of community mental health teams, and advancing the 'team of teams' model with a population health management approach. In July, we launched an outcomes dashboard and agreed the winter priority of addressing high and ongoing care needs to reduce avoidable admissions.
- Year 4 (2026/27): An outcome framework with targets for 2026/27 aligned with the six domains will be established alongside the 2026/27 Neighbourhood commissioning framework. The development of integrated neighbourhood services is also a key component of the NHS Sussex Commissioning Intentions for 2026/27.

3.3 In East Sussex, our five ICT Leadership Groups are building relationships with their teams and developing specific areas of focus informed by population health outcomes data and locally agreed priorities. These are all well-aligned with the priorities of the East Sussex Health and Wellbeing Board Strategy.

3.4 Last month, health systems across the country were invited to submit bids to be part of the first wave of 42 neighbourhood health schemes given government support to accelerate the rollout of neighbourhood health in line with the 10 Year Health Plan. As a result of the strong foundations



in Sussex, there was widespread support across our three current Places (Brighton & Hove, East Sussex and West Sussex), and we were able to submit three bids to the National Neighbourhood Health Implementation Programme (NNHIP). Positively, we received confirmation on 9 September that East Sussex has been selected.

#### **4 Conclusion**

4.1 This paper summarises the latest progress in implementing the transition of NHS Sussex into a new Surrey and Sussex ICB from 1 April 2026. The ambition is to take the best from both of our systems to improve the health outcomes, reduce the health inequalities, and secure the best value for money from the delivery of high-quality NHS services for the population of three million people living in Sussex and Surrey.

4.2 Our ambition of providing more multi-disciplinary neighbourhood health services through our 13 ICTs in Sussex is also progressing well, with collaborative partnership working and defined commissioning intentions with specific outcomes to shift more care from our hospitals to our communities.

4.3 Finally, and just before I retire, I would like to take this personal opportunity to thank all our staff, partners, stakeholders and members of the public for their interest, involvement and support over the last four years in my role as Chair Designate and then Chair of NHS Sussex as we have worked collaboratively on *Improving Lives Together*.

**Stephen Lightfoot**  
**Chair of NHS Sussex**  
**September 2025**

This page is intentionally left blank

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

**Date of meeting:** 23 September 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:** Integration programme update

**Purpose of Report:** To provide an update of progress with the East Sussex priorities in the Sussex Shared Delivery Plan in quarter 1 25/26, including the outcomes of the fifth informal HWB development session, and an update on wider developments influencing integration and collaboration.

---

## **Recommendations:**

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

1. Note the progress in quarter 1 for the East Sussex HWB Shared Delivery Plan (SDP) priorities and plans in 25/26 as set out in Appendix 1
  2. Agree the outcomes from the informal HWB development session on reducing health inequalities and measuring the impact of our work as a health and care system, as set out in the summary briefing note contained in Appendix 2
  3. Endorse the successful submission from East Sussex to be part of the Government's National Neighbourhood Health Implementation Programme, and our collective delivery of the programme starting in September 25 focussed on Hastings and Rother
  4. Endorse the HWB's leadership role in supporting the development of the new neighbourhood health plan, in line with further guidance that is expected from the Department of Health and Social Care (DHSC) and NHS England (NHSE), and aligning with the 5-year organisation plans for the NHS.
- 

## **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 a 5 year period. 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). An accompanying 5-year [Shared Delivery Plan](#) (SDP) was also agreed by all partners in June 2023.

1.2 As reported at the last HWB meeting, the Government's new [10 Year Health Plan for England: fit for the future](#) (10YHP) was published on 3 July 2025. This sets out plans to reinvent the NHS based on three shifts as the core components of a new care model:

- from hospital to community
- from analogue to digital

- from treating sickness to prevention

1.3 The 10YHP also set out reforms to the NHS operating model to enable and underpin the three shifts, including national changes to NHS England (NHSE) and the Department of Health & Social Care (DHSC), and local changes to Integrated Care Boards (the subject of a separate report to the HWB at the last meeting, and also at this meeting).

1.4 Alongside this the 10YHP introduced an expectation that a new 'neighbourhood health plan' will be drawn up under the leadership of the HWB. Since the HWB meeting on 15 July 2025, a new National Neighbourhood Health Implementation Programme (NNHIP) has been launched to support delivery of the 10YHP shift from hospital to community, and a new 5-year planning framework for the NHS in England has now been published. Further guidance is also expected about implementing the 10YHP, including developing neighbourhood health plans.

1.5 The national developments are in keeping with our joint vision set out in *Improving Lives Together* and our Sussex Integrated Care System (ICS) approach more broadly. This has a strong Place focus reflecting the specific needs and challenges of the populations in East Sussex, West Sussex and Brighton & Hove informed by the three HWB strategies and the Joint Strategic Needs Assessments (JSNAs) for their populations. It includes the shared ambition to see more joined up working in our communities and neighbourhoods through establishing Integrated Community Teams (ICTs).

1.6 This report brings an update of progress with our early work in 2025/26 on our Place delivery plans in our SDP, including the outcomes of our fifth informal HWB development session and progress with ICTs. It also considers some of the recent national developments and the implications for the HWB and our collaborative work in East Sussex.

## **2 Supporting information**

### ***East Sussex HWB SDP progress in 25/26***

2.1 Since the refresh for year 3 of our East Sussex HWB SDP objectives, early progress in quarter 1 (1 April – 30 June 2025) has been reviewed. A draft summary of progress across our 7 shared priorities is included in **Appendix 1**, covering our collaborative work together at Place to support delivery in the following areas:

- 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 (ICTs) and neighbourhood health
- Improving hospital discharge
- Health, housing and care

### ***Strengthening the role and vision of the HWB and East Sussex Health and Care partnership***

2.2 The fifth informal HWB development session took place on 4 September 2025 as part of the programme of 7 sessions to deliver our ongoing SDP objective of strengthening the unique role of the HWB as the key strategic stewardship group for our health and care system in East Sussex. The session focussed on the JSNA theme of reducing health inequalities and explored 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*.

2.3 The draft summary briefing with the key messages from the session is included in **Appendix 2** for review and formal agreement by the HWB. The programme of informal development sessions has now been underway for a year, with two more sessions to go. The next session will take place in November 2025 focussed on mental health and wellbeing and the final session in the initial phase of the programme is planned for February 2026 to review and begin the process of refreshing our rolling 5-year HWB strategy *Healthy Lives, Healthy People* (2022 – 2027).

### ***Integrated Community Teams (ICTs) and Neighbourhood Health***

2.4 The shift from hospital to community set out in the 10YHP involves remodelling to a 'Neighbourhood Health Service' that brings care into local communities, convenes professionals into patient-centred teams, and ends fragmentation.

2.5 Our implementation of ICTs is our shared ambition that will support delivery of Neighbourhood Health in Sussex. In East Sussex this is structured around our teams working together in common footprints that are aligned to our 5 borough and district boundaries.

2.6 Building on work in 2024/25, we have continued to make strong progress with putting in place the leadership arrangements for our teams to develop joint plans. This will help manage resources across the shared strategic priorities for our health and care system in the specific ICT area, as well as local priorities driven by the strengths and challenges of the communities in that footprint.

2.7 Our current focus as we prepare for winter is implementing multi-disciplinary teams to deliver more proactive care to people with high and more complex health and social care needs, for example due to being older and frail or having multiple long term health conditions. We aim to bring teams of professionals together to start to use a new risk tool to identify groups of people who would benefit from better coordinated proactive care to avoid unnecessary admission to hospital. Over time it is expected that this will lead to less reliance on urgent and unplanned care and better outcomes overall.

### ***National Neighbourhood Health Implementation Programme (NNHIP)***

2.8 The new [National Neighbourhood Health Implementation Programme](#) (NNHIP) was launched by NHSE and DHSC on 9 July 2025 through an open invitation to local authority and ICB Chief Executives to submit expressions of interest from their Places by 22 August 2025. As one of the three Places within the Sussex ICS, the East Sussex Health and Care Partnership submitted an application.

2.9 In a highly competitive process, with 141 expressions of interest (roughly 83% of the number of Places in England), it was announced on 9 September 2025 that East Sussex is one of the cohort of 43 successful Places selected to be part of the first wave of this flagship programme. The initiative is one of the first of its kind in the country, designed to bring healthcare directly into local communities, and is backed by the Government's £10 million investment nationally in neighbourhood health services.

2.10 The national initiative will support working at scale, both within Place and alongside other Places across the country simultaneously, to accelerate the implementation and learning necessary to transform to a neighbourhood focussed health and care model. As part of the programme, Places will have access to a national coach, subject experts, face-to-face regional workshops, and a knowledge hub for peer-to-peer learning. The NNHIP formally starts in September 2025 and is expected to be delivered within existing system

resources, with much of the work taking place at the local level.

2.11 The initial focus for the national requirements is Hastings and Rother, where we have some of our largest gaps in health outcomes and an ageing population in coastal and rural communities. Building on our ICTs, neighbourhood teams will bring together a wide range of professionals and services, including GPs, community nurses, hospital doctors, pharmacists, dentists, optometrists, social care workers, paramedics, and local voluntary organisations. By working together, these professionals will deliver joined-up, end-to-end care tailored to patients' needs.

2.12 The focus will initially be on improving services to help people manage multiple conditions and complex needs to reduce unnecessary hospital visits, prevent complications, and make access to care simpler and faster. In time this type of neighbourhood working will deliver care that better meets the needs of children and adults, including those with multiple long-term conditions and those affected by wider social and economic factors.

2.13 Our East Sussex Partnership application was framed around our strong shared understanding of our population at Place, and the need to do more to respond to health and care needs to build on our strong foundations of established and embedded integrated care services as well as our development of ICTs. This includes improving the 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 age groups. Over time improved proactive care in communities and neighbourhoods will also help reduce the need for more expensive health and care services, further enabling the transformation to a more neighbourhood-based model of integrated care.

2.14 A strength in our submission was the Place partnership infrastructure we have to lead development of Neighbourhood Health approaches in all five of our ICTs in East Sussex, as well as across our System. This comprises a strong delivery partnership across health and social care providers and the voluntary sector, working with the Sussex Primary Care Provider Collaborative, Sussex Provider Collaborative, and Sussex Hospice Alliance.

2.15 Being part of this national platform will be a significant opportunity to further concentrate collective efforts on delivering our shared vision for our local communities across the NHS, local government, and VCSE sector in East Sussex. As a result, we will now need to ensure our partnership and programme governance arrangements are strengthened to manage delivery within this new context. This links to our broader SDP objective to review our East Sussex Health and Care Partnership governance and takes in the wider system changes and risks such as ICB reforms, as signalled at the last HWB meeting.

### ***New planning framework for the NHS in England***

2.16 As reported at the last meeting of the HWB, in the national 10YHP 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 under the leadership of the HWB. The ICB will then bring together the local neighbourhood health plans into a population health improvement plan for its footprint and use this to inform commissioning decisions.

2.17 In August 2025 NHSE published the '*Planning Framework for the NHS in England*' setting out a new 5-year planning horizon. Alongside neighbourhood health plans, this included a new process of separate but aligned plans and returns from ICBs and Trusts. An integrated process, this includes finance, workforce, and clinical and operational service plans, as well as digital, quality improvement, and infrastructure/capital plans.

2.18 The national Planning Framework informs the development of plans for 2026/27 – 2030/31, with initial phases this year to support returns for 2026/27. Further multi-year

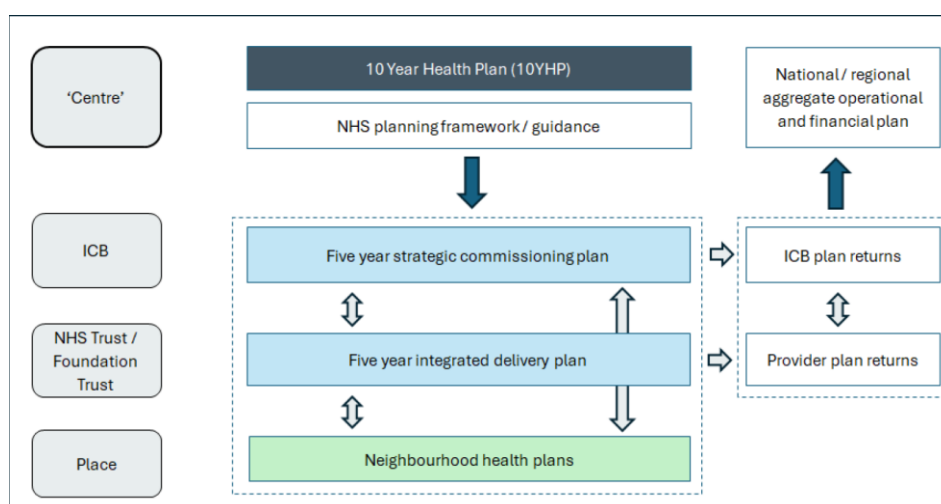
guidance and financial allocations are expected at the end of September/early October.

2.19 The Planning Framework is targeted primarily at ICBs and provider Trusts who will produce a 5-year strategic commissioning plan and a 5-year integrated delivery plan respectively. These two 5-year organisation plans, together with the neighbourhood health plan, will be the core outputs of the integrated local planning processes, and NHSE and the DHSC will issue further specific guidance to support their respective development.

2.20 Under the leadership of the HWB, Place partners are expected to have a key role within the Planning Framework as follows:

- Supporting triangulation of plans beyond the NHS with local government and other partners, ideally including local authority plans for public health, social care and broader community development.
- Providing Place-level input on population needs and local priorities, including Joint Strategic Needs Assessment (JSNA).
- Leading the co-design of integrated service models at Place level.
- Developing the neighbourhood health plan itself and supporting place-based delivery plans. The plan should set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services. The DHSC will publish separate guidance to support the development of the plan.

2.21 The graphic below shows the key elements of the national planning architecture:



2.22 The renewed emphasis on the role of Place in bringing together a joint neighbourhood health plan under the leadership of the HWB is welcome. In light of this new requirement, it is currently unclear what the status and expectations for the statutory HWB Strategy is and it is hoped that the further guidance will address this. NHSE will also work with Government to review the previous requirement for ICBs and their Provider Trusts to prepare a 5-year joint forward plan (JFP), which in Sussex is our Shared Delivery Plan.

### ***NHS Sussex ICB commissioning intentions for 2026/27***

2.23 To support planning for 2026/27, NHS Sussex ICB launched its draft [Commissioning Intentions 2026/27](#) in August, accompanied by engagement with local stakeholders including a public survey. The commissioning intentions outline plans to:

- bring care closer to home
- cut variation in quality and outcomes
- improve value through local and acute provider alliances
- make better use of technology and workforce skills

- support innovation through new contracts and shared risk
- tackle financial imbalance, with Sussex currently 3.9% over its fair funding share

2.24 Strongly focussed on delivering Neighbourhood Health to support integration and overall system sustainability, this is part of the ICB's response to the 10YHP and its developing role as a strategic outcomes-based commissioner arising from the nationally announced changes to ICBs (previously reported to the July meeting of the HWB). As a key partner, commissioner (including joint commissioner), and provider of key local social care and public health services in East Sussex, many of which are integrated with health, the County Council provided early written feedback to support this and attended the stakeholder seminar on 3 September 2025 alongside other partners to help shape the plans.

### **3 Conclusion and reasons for recommendations**

3.1 We are making good early progress with our Place delivery plans for our HWB objectives for year 3 (2025/26) of the SDP, in particular the implementation of our five East Sussex ICTs and frontline multi-disciplinary teams for proactive care, as the foundation for delivering Neighbourhood Health in Sussex. Our work to strengthen the vision and strategic role of the HWB is also continuing to create a greater shared understanding of our population health and care needs, together with the assets and collective resources available within our communities.

3.2 Our work to put in place a joined-up offer of health, care and wellbeing in our communities and neighbourhoods puts us in a strong position to both continue to navigate the context of the risks and challenges within a reformed health and care system, signalled at the last HWB meeting, and respond to new expectations in the 10YHP *Fit for the Future*.

3.3 The development of a neighbourhood health plan under the leadership of the HWB, together with the 5-year organisation plans for our provider Trusts and the ICB, will help to better align our vision, ambitions and resources for the population of East Sussex and underpin the supporting Place delivery plans across our organisations and services. This may also influence and further shape in-year Place delivery plans in some areas, as well as our SDP more broadly, and ultimately our collaborative work to refresh the HWB Strategy.

3.4 In addition to our successful submission to be part of the first cohort of Places on the flagship National Neighbourhood Health Implementation Programme, this represents a significant opportunity to further focus collective attention and effort on delivery of our shared ambitions for our local communities and improve outcomes for our population. As such, the HWB's strategic leadership of this across the NHS, local government and voluntary sector at Place will be critical.

ASHLEY SCARFF

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

MARK STANTON

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

Contact Officer

Email: [Vicky.smith@eastsussex.gov.uk](mailto:Vicky.smith@eastsussex.gov.uk)



Tel: 07827 841063

Appendix 1: Draft progress summary East Sussex HWB high level SDP quarter 1 (25/26)

Appendix 2: HWB development session 5 – draft summary briefing

This page is intentionally left blank

## Appendix 1

### East Sussex Health and Wellbeing Board (HWB) Shared Delivery Plan (SDP)

#### Draft progress summary quarter 1 25/26 (1 April – 30 June 2025)

#### Background

The 5-year Sussex [SDP](#) covers areas for improvement over the immediate, continuous and long term, as well as shared Place delivery priorities specific to each of the three Health and Wellbeing Boards (HWBs) and their populations in Sussex. In light of this, joint work takes place between the County Council, the local NHS, Voluntary, 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 service and outcomes improvement objectives for the benefit of the East Sussex population.

As agreed at the HWB meeting in July 2025, our joint Place delivery priorities for East Sussex have been refreshed for 2025/26 (year 3 of the SDP). This also aligns with the national NHS planning guidance for 2025/26, and existing pan-Sussex SDP priorities and work aimed at improving health and care outcomes.

This paper provides a brief summary of progress undertaken by the East Sussex Health and Care Partnership in quarter 1 of 2025/26 (1 April – 30 June 2025) in light of or refreshed plans.

#### 1) Health outcomes improvement

East Sussex HWB SDP priority	Date	What we will achieve
<p>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.</p> <p>We will ensure that the health outcomes improvement and learning are used to inform ICT implementation and address variation in outcomes.</p>	March 2026	Improved outcomes for the population
<p><b>Q1 progress summary</b></p> <p>56% of GP practices in East Sussex are now signed up to deliver NHS Health Checks (target 88% for 2025/26). This is supported by training opportunities and a new monthly dashboard showing invitations for the health checks and take up.</p> <p>A range of planning work has been taken forward to support Healthy Ageing in East Sussex. This includes a falls prevention action plan for 2025/26, the Age Without Limits Action Day in Hastings &amp; Rother; a Stay Strong, Stay Steady, Stay Independent community falls prevention awareness campaign; and the 'Full of Life Festival' celebrating international older people's day on 1 October. Investment in infrastructure to support a coordinated approach to Age Friendly communities in Hastings and Rother is being taken forward in partnership with Hastings Borough Council and Rother District Council.</p> <p>Work is being taken forward exploring the role and positive impact of peer support and personal resilience in mental health and wellbeing to understand how we can best support outcomes. This</p>		

includes reviewing best practice and a survey for VCSE organisations and schools to understand more about what is already being offered and delivered around peer support.

An improvement project was launched in April 2025 to reduce variation in lipid-lowering therapy (LLT) prescribing across primary care, to help reduce cholesterol and the risk of Cardiovascular Disease. Two educational webinars were delivered, and all East Sussex practices have signed up to the project, which is expected to significantly increase LLT prescribing.

## 2) Role and vision of the Health and Wellbeing Board

East Sussex HWB SDP priority	Date	What we will achieve
<p>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.</p> <p>Building on the work on system stewardship in 2024/25, 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.</p>	March 2026	A clear focus and approach across all partners.
<p><b>Q1 progress summary</b></p> <p>The informal HWB development sessions continue to be a successful way to grow relationships and a shared understanding of the issues and challenges affecting the East Sussex population. Progress with the sessions is being made to plan. The session held in June focused on the JSNA theme of the importance of the life course, and the JSNA theme for the following session in September is reducing health inequalities. We remain on target for completion of the initial programme by March 26, geared around our JSNA themes and building towards the refresh of our HWB Strategy in 2026/27. The summary briefings with the key messages from the sessions held so far is published here: <a href="#">East Sussex in Figures – Data Observatory – JSNA – JSNA: Health and Wellbeing Board briefing notes</a></p> <p>Our East Sussex Health and Care Partnership has agreed actions to proactively respond to recently announced national and local changes that affect the context for how way we strategically collaborate as partners, and what we need to prioritise together, including ICB/system reform and a significant reduction in capacity, as well as increasing financial and service pressures.</p>		

## 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 2026	Improved experience and increased opportunities to support our most vulnerable families.
<p><b>Q1 progress summary</b></p>		

Feedback from schools and parents in the first year of the Partnerships for Inclusion of Neurodiversity in Schools (PINS) project (16 East Sussex schools) has been collated to inform year 2 which will run from June 2025 – March 2026 (10 East Sussex schools).

To support improved access to information and support, a pilot of the 'Dimensions' tool is planned to run to February 2026 in 13 East Sussex schools, to provide a personalised profile and information about self-care, local services and support to children and young people across a range of emotional and mental health issues.

#### 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 2026	Reduced reliance on specialist services and improved population health and wellbeing
<b>Q1 progress summary</b>  Neighbourhood Mental Health Team (NMHT) implementation has continued at pace. A soft launch date for NMHTs is planned for 10 November 2025, and all NMHT core team staff are expected to be using a new shared client record system.  A successful bid for local external funding will support a feasibility study to be undertaken, looking at possible options to deliver a community dementia hub within the Lewes area.  Linking with our SDP plans and partnership work to improve health outcomes, work has begun on evidence building and developing recommendations in the area of peer support and personal capital, recognising the benefits and impact for promoting positive mental health.  Work is also underway with the East Sussex Older People's Mental Health Needs Assessment which includes compiling and analysing data, completing literature searches and starting qualitative data collection.		

#### 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 2026	In year plan delivered.
<b>Q1 progress summary</b>		

Our 5 new ICT leadership groups continue to meet bi-monthly in our 5 ICT footprints to develop the day-to-day joint management, planning and coordination for each ICT with good attendance from across system partners. This includes developing joint ICT action plans based on three key aims; improving access, providing integrated proactive care, and a joined-up approach to prevention.

Working across Sussex we've supported the development of the draft Sussex Neighbourhood Health Framework and wider plans to deliver neighbourhood health. This includes using the learning from the work over winter 2024/25 to identify people who would benefit from proactive care due to falls and medicines risks, to start to outline plans for winter 2025/26 and establish multi-disciplinary proactive care teams working at neighbourhood level around groups of people with a high risk of admission to hospital. A risk stratification tool has been procured to support teams across primary, community and social care to do this in conjunction with using our Sussex Integrated Dataset.

## 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 2026	More people will be able to be discharged safely to a community setting.
<p><b>Q1 progress summary</b></p> <p>Whole system collaboration continues to focus on improving hospital discharge and reducing the number of people who remain in hospital after they have no clinical need to stay due to their complex onward care needs. Actions include supporting people to stay active whilst in hospital and minimise deterioration in health and wellbeing, establishing hubs to better coordinate the transfer of care, two Social Work Teams supporting 'discharge to recover and assess' beds and a discrete scheme commissioned to help people arranging and paying for their own care.</p> <p>As of June 2025, the number of people categorised as no longer having a medical reason to be in an acute hospital is steadily improving in East Sussex, with the recent NCTR numbers at ESHT hospitals being consistently below 200. Although this is still very high, it mirrors the 2023 'summer' levels. Alongside good multi-disciplinary and system working, it is in part dependent on continuing to have the right levels of bed capacity in the community.</p> <p>Funding allocations have been agreed until the end of Quarter 2 2025/26. Despite a reduction in Discharge To Assess (D2A) beds, overall performance continues to improve. This is reliant on our health and care system investing in the right type of support to respond to people's increasingly complex needs appropriately after being in hospital.</p>		

## 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 2026	A clear ambition for all partners

## Q1 progress summary

Work is continuing to support the agreement of a finalised place-based East Sussex Housing Partnership Strategy. The draft Strategy has now been published for public consultation in July – August 2025 supported by an online survey. The partnership strategy will complement the individual strategies in each of the local housing authorities and provide a framework to strengthen partnership working in the context of devolution and local government reorganisation. The recent public sector spending review included several announcements to support investment in affordable housing, improve housing standards and homelessness prevention. Further information and local funding allocations are expected in the autumn.

The East Sussex [multiple compound needs health needs assessment](#)\* has now been published, including homelessness, poor mental health and substance dependency support needs. The findings and recommendations will guide future partnership work, including our programme supporting rough sleepers and links to Integrated Community Teams and Mental Health Neighbourhood Support Teams. Work is also underway to strengthen links with homelessness prevention activities and the work of landlords to support community development as part of the Adult Social Care Prevention Strategy.

A pan-Sussex response was submitted to the recent national consultation on supported housing regulations. The response highlighted the importance of supported housing as an alternative to temporary accommodation and enabling discharge from acute health and care settings.

*\*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.*

This page is intentionally left blank



# East Sussex Health & Wellbeing Board Development Sessions Summary Briefing

## DRAFT Session #5: Reducing Health Inequalities

### 1. Background

Two Peer Reviews of the County Council noted that, in addition to performing its statutory role as a formal committee of the Council, the Health and Wellbeing Board (HWB) could be further strengthened to become a 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 agreed in July 2024 as a Place delivery priority in 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), starting in September 2024. 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 priority has continued in our SDP plans for 2025/26, with the current programme of sessions running until February 2026. 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 during 2026/27

This briefing note sets out the summary outcomes and key messages from the **fifth** development session, which took place on **4 September 2025** in Hastings on the theme of **reducing health inequalities**. Building on our previous discussions about system stewardship, the main aim of the session was to provide some time to grow shared understanding of the following:

- What we mean by health inequalities and what we know about health inequalities in East Sussex, and the collaborative work we do to reduce inequalities
- How we can approach measuring the impact of our work to improve population health and wellbeing, and how this can drive our joint work in this area

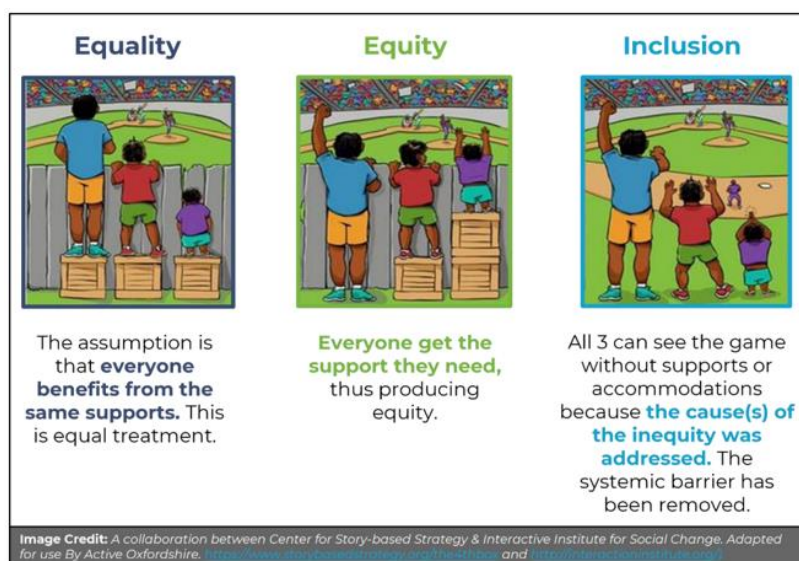
Acknowledging that the programme of development sessions has now been running for a year, the HWB also spent some time recapping past learning across the JSNA themes.

## 2. Briefing note

### 2.1 Reducing health inequalities

The JSNA topic for the session was **reducing health inequalities**. Our aim to reduce health inequalities for our population underpins everything we do. However, the gaps are always changing and not always in the direction we want them to.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities<sup>1</sup>. Equality is the even distribution of resources across all people. Equity, on the other hand, is the distribution of resources based on need. The diagram below illustrates this:



Health inequalities refer to both preventable differences in health status and to factors that contribute to health status, such as **differences** in the care that people receive or the **opportunities** to lead healthy lives. Inequalities in these factors are interrelated, interacting with each other to **benefit or disadvantage different people or groups**.

The reasons for health inequalities can be complex and we also have to look at the things that **determine health** in the first place. A person's **chance** of enjoying good health and a longer life is influenced by the range of interacting **social, economic and environmental conditions** in which they are born, grow, live, work and age. These conditions determine health, and include individual lifestyle factors, community influences, living and working conditions, and more general social circumstances that influence our health. Consequently, they can be hard for any one organisation to impact in totality, and requires collaboration across both local and national levels.

Health inequalities are also affected by the **experiences of different people and groups** within our population, all of which can interact:

- **Protected characteristics** under the Equalities Act 2010 - race, sex, sexual orientation, pregnancy and maternity, disability, gender reassignment, marriage and civil partnership and religion or belief

---

<sup>1</sup> Public Health England, 2017

- **Socio-economic deprived groups** and the impact of the wider determinants e.g. education, low income, occupation, unemployment and housing
- **Inclusion health and vulnerable groups** who may be further disadvantaged through lack of access to services e.g. gypsy, roma and traveller and boater communities, people experiencing homelessness, offenders and former offenders, and sex workers
- **Geography** which includes population composition, built and natural environment, levels of social connectedness, and whether an area has urban, rural or coastal features

### ***Facts and figures about inequalities in East Sussex***

- In East Sussex 78,400 people (14%) of our 550,720 residents live in '**Core20' neighbourhoods** – the most deprived 20% of neighbourhoods nationally using the Index of Multiple Deprivation (IMD).
- The gap between the highest and lowest **life expectancy** in East Sussex at Medium Super Output Area<sup>2</sup> (MSOA) is 10.1 years for females and 12.7 years for males.
- The **average life expectancy** in East Sussex is 83.4 years for females (England average 83.1 years) and 79.9 years for males (England average 79.1 years).
- Life expectancy in East Sussex was improving until 2013-15, then stalled until 2018-20, and has dropped since the pandemic. It currently remains **lower than pre-pandemic levels**.
- The areas in East Sussex with the **highest and lowest life expectancy for women** are Frant and Groombridge (Wealden) – 88.7 years, and Central St Leonards (Hastings) – 78.5 years, respectively.
- The areas in East Sussex with **the highest and lowest life expectancy for men** are Crowborough North East (Wealden) – 86.2 years, and Pier (Eastbourne) – 73.4 years, respectively.
- The biggest **health contributors to the life expectancy gap** between the most and least deprived areas in East Sussex for both men and women are Cardiovascular Disease (CVD) and cancer<sup>3</sup>.
- The biggest causes of **premature death** are Heart Disease, Chronic Lower Respiratory Disease, and trachea, bronchus and lung cancers<sup>4</sup>.
- **Tobacco is the greatest risk factor** for both deaths and the number of years lived in ill health. Smoking prevalence is declining but more slowly in more deprived communities. The gap in prevalence between the most and least deprived areas has increased<sup>5</sup>.
- **Alzheimer's and heart disease** are the biggest causes of death in East Sussex, with Alzheimer's accounting for 1.5 times the number of deaths caused by heart disease<sup>6</sup>.
- Together Alzheimer's and Heart Disease account for **1.75 times more deaths** than the next most common causes of death - stroke and chronic lower respiratory disease<sup>7</sup>.

### ***Our collaborative work***

The national [Core20PLUS5](#) approach launched by NHS England to reduce health inequalities at both national and system level underpins our joint action as the Sussex ICS. The approach defines a target population group – the 'Core20PLUS' – and identifies '5' clinical focus areas requiring accelerated improvement.

---

<sup>2</sup> MSOA is an area of approximately 8,000 people

<sup>3</sup> Institute of Health Metrics Evaluation, GBD 2023

<sup>4</sup> Public Health Mortality Files 2025

<sup>5</sup> Institute of Health Metrics Evaluation, GBD 2023

<sup>6</sup> Public Health Mortality Files 2025

<sup>7</sup> Public Health Mortality Files 2025

The 'Core20' is the most deprived 20% of the national population as defined by the [Index of Multiple Deprivation \(IMD\)](#). The 'Plus' are population health groups determined as experiencing poorer than average health access, experience or outcomes, but not captured in the 'Core20' alone. The 5 clinical areas of focus for adults in East Sussex are severe mental illness; cancer; maternity care; hypertension and Chronic respiratory disease. For children and young people the 5 clinical areas of focus are: asthma; epilepsy; diabetes; mental health, and; oral health.

In summary, using the above approach as part of broader plans and strategies, reducing health inequalities is treated as a cross-cutting theme in everything we do. It is at the heart of our Sussex Improving Lives Together Strategy, East Sussex HWB Strategy and the range of work described in the Shared Delivery Plan and other Place-based strategies and plans.

This extends to our collaborative action in our communities and neighbourhoods as part of developing Integrated Community Teams (ICTs). To help us reach, engage and improve outcomes for the 20% most deprived population our [ICT Profiles](#) include information on population size, Core20, diversity, healthy life expectancy, wider determinants of health and service use. By supporting this better *shared* understanding of communities within each ICT footprint, we can build on a range of activity aimed at improving outcomes and narrowing the gap in life expectancy and healthy life years, including:

- **Geographically targeted interventions** at our most disadvantaged communities such as Hastings, Eastbourne, Newhaven using data e.g. our asset-based community development programme Making it Happen
- **Forming local partnerships and trusted relationships** through close working between local councils, VCSE, community leaders who have deep reach into socially isolated communities with low trust in services and multiple disadvantages
- **Outreach and digital inclusion** reducing barriers to access: transport, digital literacy, mistrust of statutory services
- **Community co-production** - embedding lived experience and co-production through panels, listening events and targeted engagement with marginalised groups shaping culturally competent and trauma-informed services
- **Training and developing our workforce** including social prescribers, health visitors, housing officers and clinicians, to build relationships with underserved populations
- **Investing in VCSE** infrastructure organisations, community development and hyper-local grassroots organisations that are trusted by communities and have a proven track record of engaging people who do not traditionally access health and care services
- **Tackling the wider determinants** aligning action on poverty, housing, employment, education, early years e.g. warm homes, food insecurity and employability schemes
- **Targeted prevention and proactive care** using risk stratification to identify high-need individuals and provide tailored proactive interventions to reduce avoidable hospital admissions and improve self-management.
- **Evaluation and continuous learning** tracking equity of access, experience and outcomes using disaggregated data (e.g. by deprivation quintile, ethnicity, age) to monitor impact and adapt approaches

## 2.2 Improving population health and wellbeing

The session also spent some time exploring ways to better understand and measure the outcomes and impact of our partnership work to support population health and wellbeing. This can be done through using strategic tools such as the **Sussex Population Health Outcomes Framework** and the **East Sussex Shared Outcomes Framework**, which includes a domain for population health and wellbeing.

The following principles were used in choosing specific measures and indicators within these strategic outcomes frameworks:

- Whether the data exist already, if it is reliable and can be accessed easily (this means it is likely to come from existing organisation datasets)
- Avoid duplication and cross reference between Sussex and East Sussex and with national outcomes frameworks such as the Public Health Outcomes Framework, Adult Social Care Outcomes Framework
- Choose measures and indicators that are hard to deliver without organisations working well in partnership, and that tell us something about how well we work together as a system
- Be prepared to work with 'proxy' indicators and be clear that data and indicators only give one part of the picture about what is happening
- Keep the list as short as possible and focussed on key strategic priorities to avoid 'information overload'

Using the Population Health and Wellbeing Domain of the East Sussex Shared Outcomes Framework, the indicators and measures were updated and an initial draft report of our position against them was shared for discussion. The indicators are set out over the life course, and also the gap in health outcomes for the most and least deprived areas of East Sussex. The key headlines from the data, mostly comparing East Sussex with the rest of England, are as follows:

### **Children have a good start in life**

- Better (compared with England) for breastfeeding, and excess weight for 10 to 11-year-olds
- Worse (compared with England) for maternal smoking and emergency admissions for CYP
- Whilst MMR uptake is above England it is still below the 95% target for herd immunity

### **People are able to live well**

- Better (compared with England) across adult social care measures (social care related quality of life, having enough social contact, feelings of anxiousness or depression)
- Worse (compared with England) for self-harm admissions and NHS Health Checks

### **People age well**

- Better (compared with England) for Healthy Life Expectancy and preventable deaths
- Worse (compared with England) for emergency admissions due to falls

### **People have a good end of life**

- Lower (i.e. better) for deaths that occur in hospital

### **The gap in health outcomes is improved (between most and least deprived areas in East Sussex – Wealden and Hastings)**

- The gap in rates of childhood obesity in 4-5 years olds has widened, and there's little change for 10-11 year olds, since the last reporting period
- The gap in emergency hospital admissions has reduced since the last reporting period
- The gap in rates of preventable deaths has widened, but is starting to reduce for treatable deaths since the last reporting period



The discussion explored the benefits and limitations of what the report can tell us about the effectiveness of our partnership work to improve population health and wellbeing, and how this can help inform our strategies and plans. The following key points came out of discussions:

- The outcomes in the East Sussex SOF domain of 'population health and wellbeing' are helpful in that they reflect the East Sussex JSNA themes covered in the informal HWB development sessions - improving healthy life expectancy; a whole life course approach; the building blocks of health, as well as reducing the gap in health outcomes (health inequalities)
- Although it's good to have choice, a smaller number of measures – e.g. two or three strategic barometer indicators, for example school readiness, would be of value to the HWB in its role as a strategic stewardship group for the health and care system
- The report is helpful in a delivery context to help drive the focus of strategies and delivery plans, and the data is already doing this, for example through partnership work on falls prevention led by Public Health
- The data always needs to be analysed further to understand what is happening behind the headline indicator, particularly with indicators where improvement can only be made through multi-organisational and multi-layered action (national and local), for example childhood obesity
- Theory of Change or Logic Models could be used to align strategic outcomes with service delivery plans and specific developments and initiatives to impact key indicators. This could also help inform our delivery plans and activity at ICT level

### 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 session we have explored health inequalities and our collaborative work to reduce them. We also looked at the ways we can understand whether population health and wellbeing is improving as a result of partnership action, and how measuring this can be used to drive strategies and plans going forward.

This information will be used to inform how we approach refreshing the HWB strategy in 2026. It will also influence how we shape the new neighbourhood health plan that is expected to be produced under the leadership of HWBs, as recently set out in national 10 Year Health Plan and supporting planning framework that has recently been published by NHS England. This includes the development of 5-year population health improvement plans and integrated delivery plans by our ICB and NHS Trusts.

The next informal HWB development session is scheduled for **13 November 2025** and will look at our last JSNA theme of mental health and wellbeing, focusing on prevention and early support.

*For more information please contact:*

*Vicky Smith, Programme Director, East Sussex Health and Care Transformation*

*East Sussex County Council and NHS Sussex*

*Contact: [vicky.smith@eastsussex.gov.uk](mailto:vicky.smith@eastsussex.gov.uk)*

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

**Date of meeting:** 23 September 2025

**By:** Director of Public Health

**Title:** East Sussex Pharmaceutical Needs Assessment 2025

**Purpose:** To present the 2025 East Sussex Pharmaceutical Needs Assessment to the Health and Wellbeing Board for approval, and agreement for it to be published, as required by the NHS (Pharmaceutical and Pharmaceutical Services) 2013 Regulations.

---

## **Recommendations:**

**East Sussex Health and Wellbeing Board is recommended to:**

- 1. approve the 2025 East Sussex Pharmaceutical Needs Assessment attached as Appendix 1; and**
  - 2. agree to the publication of the Pharmaceutical Needs Assessment.**
- 

## **1 Background**

1.1 Since April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish every three years, and keep up to date, a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA).

1.2 The current PNA was published in October 2022 and so there is a requirement to publish an updated PNA by October 2026. The required content for PNAs is set out in [Schedule 1 to the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).

1.3 The aim of the East Sussex PNA is to describe the underlying need for and current provision of pharmaceutical services in East Sussex, to ensure that the minimum statutory requirements for PNAs are met, to identify systematically any gaps in services and, in consultation with stakeholders, make recommendations on future development.

1.4 Since July 2022, the NHS Sussex Integrated Care Board (ICB) has been responsible for managing the Community Pharmacy Contractual Framework and is expected to refer to the PNA when making decisions about market entry for new service providers, as well as in the commissioning of enhanced services from pharmacies.

## **2 East Sussex Pharmaceutical Needs Assessment**

2.1 The PNA was guided by a steering group, chaired by Public Health, with representation from Local Medical Committee (LMC), Local Pharmaceutical Committee (LPC), Healthwatch, NHS Sussex ICB and the Adult Social Care consultation and insight team.

2.2 The full 161-page report at Appendix 1 includes the following:

- Executive summary with clear conclusions and recommendations
- PNA process and strategic context
- Local data on demography and health and care needs by district and borough council area
- Details of current pharmaceutical services provision including locations and specific commissioned services available
- Results of the resident survey with 947 responses
- Gap analysis looking at travel times at different times of the day/week
- Results of stakeholder public consultation.

2.3 The report recognises how important and valued these services are in communities across East Sussex. Whilst there are some challenges with access, most residents were able to access services at various times of the day and week across all five district and borough areas of the county.

2.4 Whilst the report recognises there have been some closures since the last PNA, the main conclusion of this PNA is that there are:

- no geographical gaps in the location of premises;
- no geographical gaps in the provision of services; and
- no gaps in the times at which, or days on which, services are provided.

2.5 The recommendations from the PNA include the following:

- Commissioners to support current pharmacies to enhance access to the advanced and locally commissioned services currently available in East Sussex.
- Commissioners and current providers to continue to support ongoing good quality services that are highly valued by residents in East Sussex. This includes considerations for those with physical or communication needs and those who support others to access pharmaceutical services.
- Commissioners and current providers to ensure information on available pharmacy provision, especially on Sundays and Bank Holidays, is clearly communicated, up-to-date and accessible to residents and health and care providers.
- East Sussex County Council to maintain and improve, where possible, access to public transport, particularly for villages and towns in more rural areas of East Sussex.
- NHS Sussex ICB to consider the need for an out of hours locally commissioned service from existing pharmacies, including reviewing provision in Lewes on weekday evenings and rural Rother on Sundays.
- NHS Sussex ICB to regularly review the commissioning of Bank Holiday provision in East Sussex to ensure it appropriately meets resident needs.

### **3 Conclusion and reasons for recommendations**

3.1 The Health and Wellbeing Board is required by the NHS (Pharmaceutical and Pharmaceutical Services) 2013 Regulations to publish and keep up to date a statement of the need for pharmaceutical services in its area.



3.2 The due process for developing the revised PNA has been completed and all the regulations associated with its production have been followed.

3.3 The Health and Wellbeing Board is recommended to approve the 2025 East Sussex PNA and to agree to its publication.

Darrell Gale  
Director of Public Health  
East Sussex County Council

Contact Officer

Email: [graham.evans@eastsussex.gov.uk](mailto:graham.evans@eastsussex.gov.uk)

Appendix 1: Pharmaceutical Needs Assessment 2025

This page is intentionally left blank

# EAST SUSSEX

## Pharmaceutical Needs Assessment

### October 2025



## Document summary

This document is an analysis across East Sussex regarding the need for and use of community pharmacy services for the period 2025-2028.

The document has 11 sections, an executive summary, one appendix and a glossary.

### Document Control

Version	Date	Purpose	Author
1	16/04/2025	For steering group review.	G Evans
2	24/04/2025	Updated following steering group review.	G Evans
3	07/05/2025	Updated following review by Director of Public health and accessibility checks, ready for public consultation.	G Evans
4	12/08/2025	Updated following public consultation and review by steering group.	G Evans

**Distribution of PNA Draft for Consultation**

<b>Organisation</b>	<b>Date</b>
Sussex Local Pharmaceutical Committee	9/5/2025
Surrey and Sussex Local Medical Committee	9/5/2025
Healthwatch East Sussex	9/5/2025
East Sussex Healthcare NHS Trust	9/5/2025
Sussex Community NHS Foundation Trust	9/5/2025
Sussex Partnership NHS Foundation Trust	9/5/2025
Brighton & Hove Health and Wellbeing Board	9/5/2025
West Sussex Health and Wellbeing Board	9/5/2025
Kent Health and Wellbeing Board	9/5/2025
Surrey Health and Wellbeing Board	9/5/2025

**Approval:**

This document has been approved by:

Name: Darrell Gale

Designation: Director of Public Health

Date: TBC

Document version number: 4

**Related information:**

Enquiries: Graham Evans, Head of Public Health Intelligence, Adult Social Care & Health Department, East Sussex County Council

Author: Graham Evans

Email: [graham.evans@eastsussex.gov.uk](mailto:graham.evans@eastsussex.gov.uk)

# Contents

Document summary	2
Acknowledgements	9
Executive summary	10
Introduction	10
Process	10
Key findings	10
Demography	10
Health and care needs	11
Current pharmaceutical services provision	12
East Sussex residents survey	14
Gap analysis	15
Conclusions	17
Recommendations	18
1. Introduction	19
1.1 What is a Pharmaceutical Needs Assessment (PNA)	19
1.2 The role of the PNA in the provision of services	19
1.3 Commissioning of community pharmacy	20
1.4 NHS pharmaceutical services provision	20
1.5 The Community Pharmacy Contractual Framework	21
1.6 Definition of types of pharmaceutical services	21
Essential pharmaceutical services	21
Advanced services	21
Enhanced services	22
GP dispensing service	23
Locally Commissioned Services	23
2. The Pharmaceutical Needs Assessment process	25
2.1 Aim	25
2.2 Objectives	25
2.3 Methodology	26

2.4 Key Steps	26
2.5 Defining “necessary services” for the PNA	27
3. Strategic Context	28
3.1 The geography of East Sussex	28
3.2 Health and care sites	29
4. Demography	31
4.1 Age and sex	31
Age structure	31
Key age groups across East Sussex	32
Births	35
4.2 Ethnicity	37
4.3 Population change 2025-2028	40
4.4 Housing development plans 2025/26 to 2027/28	43
Eastbourne borough	43
Hastings borough	45
Lewes district	46
Rother district	49
Wealden district	52
4.5 Rural and urban areas	56
4.6 Access to a car / van	58
4.7 Deprivation (IMD 2019)	60
5. Health and care needs	64
5.1 Life expectancy	64
5.2 Disease and poor health	67
Bad health	67
Disability	67
Chronic disease	70
6. Current pharmaceutical services provision	71
6.1 Pharmacy provision in East Sussex	71
Location of community pharmacies in East Sussex	71

Pharmacy changes since the last PNA	73
Provision compared to neighbouring areas	74
Provision across East Sussex boroughs and districts	75
Pharmacy Access Scheme (PhAS)	75
6.2 Opening Hours	76
100-hour contract changes	76
Contracted hours in East Sussex	77
Opening times	78
6.3 Travel times to access pharmacies	83
Method	83
Weekday access	83
Evening access	86
Weekend access	88
6.4 Necessary Services	93
Dispensing activity	93
Distance Selling Pharmacy activity	93
Discharge Medicines Service (DMS)	94
Pharmacy First service (Advanced service)	95
6.5 Enhanced services	98
Bank holiday provision	98
COVID-19 Vaccination Service	98
6.6 Advanced services	99
New Medicine Service (NMS)	99
Flu vaccination	100
Hypertension Case-Finding service	100
Smoking Cessation Service (SCS)	101
Pharmacy Contraception Service (PCS)	102
Lateral Flow Device (LFD) tests supply service	102
6.7 Locally commissioned services	103
End of life care / palliative care drugs - NHS Sussex ICB	103



Supply of oral antiviral medication for the treatment of COVID-19 and management of Influenza - NHS Sussex ICB	104
C-Card for under 25s - ESCC	105
Emergency Hormonal Contraception (EHC) to under 25s - ESCC	106
Smoking Cessation - ESCC	107
Opiate reversers (naloxone) - CGL	108
Needle and syringe exchange programme (NSP) - CGL	109
Distribution of oral substitution therapy and supervised consumption - CGL	110
6.8 Other services affecting demand for and which supply pharmaceutical services	112
NHS Acute Trust Hospitals	112
NHS Community Hospitals	113
Mental health services	113
Residential and Nursing Care homes	113
Other services	114
7. East Sussex Residents' Survey 2025	115
Methodology	115
7.1 Findings	116
Area of residence	116
Equalities questions	117
Where do you usually get your prescription from?	120
How often do you use a pharmacy for health reasons?	121
How do you usually travel to the pharmacy?	122
What time do you usually go to the pharmacy?	123
How easy was it to access a pharmacy at different times	123
Access for people with physical disabilities	125
Experience for people with communication needs	126
Helping others access pharmacies	127
Any other comments about pharmacy services in East Sussex	128
10. Gap analysis	129
10.1 Geographical gaps in the location of pharmacies	129
10.2 Geographical gaps in the provision of services	129

10.3 Gaps in the times at which, or days on which, services are provided	130
11. Stakeholders' consultation	131
11.1 Consultation responses	132
11.2 Detailed comments and responses	136
Appendices	149
Glossary	149
List of Pharmacies and GP dispensing practices included in this PNA	151

## Acknowledgements

### Steering group members

Dr. Chrissie Clayton - Surrey & Sussex Local Medical Committee (LMC)

Ellen Mason - Senior Medicines Optimisation Pharmacist, NHS Sussex ICB

Emma King - Consultant in Public Health, ESCC (**Chair**)

Graham Evans - Head of Public Health Intelligence, ESCC

Joshua Bluck - Consultation and Insight Officer, ESCC

Julia Powell - CEO, Community Pharmacy, Surrey & Sussex (LPC)

Katie Perkins - Pharmacy & Optometry Commissioning, NHS Sussex ICB

Vanessa Taylor - Non-Executive Director, Healthwatch East Sussex

The East Sussex Health and Wellbeing Board would like to acknowledge the contribution of staff from: ESCC departments (Adult Social Care, Marketing and Communications, Public Health); NHS Sussex Integrated Care Board; Community Pharmacies; GP Practices; the Sussex Local Pharmaceutical Committee; the Local Medical Committee; and all other stakeholders and members of the public towards the development of the 2025 Pharmaceutical Needs Assessment (PNA).

# Executive summary

## Introduction

Since 1<sup>st</sup> April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish every three years and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA).

From July 2022, the NHS Sussex Integrated Care Board (ICB) is responsible for managing the Community Pharmacy Contractual Framework and is expected to refer to the PNA when making decisions about market entry for new service providers, as well as in the commissioning of enhanced services from pharmacies.

The required content for PNAs is set out in [Schedule 1 to the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).

The aim of the East Sussex PNA is to describe the underlying need for and current provision of pharmaceutical services in East Sussex, to ensure that the minimum statutory requirements for PNAs are met, to identify systematically any gaps in services and, in consultation with stakeholders, make recommendations on future development.

## Process

To oversee the process, a PNA Steering Group was formed consisting of key professionals drawn from the Public Health department at East Sussex County Council (ESCC), the Insight, Information and Communication Team at ESCC, NHS Sussex ICB, Healthwatch, the Local Pharmaceutical Committee (LPC), and the Local Medical Committee (LMC).

The PNA has reviewed and analysed East Sussex's demographic changes, health needs, mapped current pharmaceutical service provision and consulted the public and other stakeholders through surveys.

To comply with the Regulations a public consultation of the PNA document was undertaken from 9<sup>th</sup> May to 31<sup>st</sup> July 2025. Views from the public and other stakeholders were sought and responded to in drafting the final document.

## Key findings

### Demography

East Sussex has a mixture of urban and rural areas, with the concentration of urban areas located on the coast, in the central corridor north from Eastbourne up to Heathfield, and the market towns of Lewes, Uckfield and Crowborough in the West and North.

East Sussex has a total resident population of 551,007 and a much older age profile compared to England.

All districts have an older age profile compared to England, but Rother has a particularly older profile with almost 1 in 3 residents aged 65 years or older, compared to fewer than 1 in 5 for England.

Within the county, older age groups are more concentrated in Seaford, Bexhill, Eastbourne and Eastern Rother.

The more ethnically diverse communities in East Sussex are located in Eastbourne, Hastings & St Leonards, the Havens, Lewes town and Forest Row.

Between 2025 and 2028 there is estimated to be an extra 13,180 residents that will be living in East Sussex which represents a 2.4% increase over the three-year period. The greatest percentage increases will occur in the older age groups.

Wealden is estimated to see the largest percentage increase in population at 4.6%. Lewes (2.2%) and Rother (2.2%) are projected to experience similar increases to the East Sussex average (2.4%). Hastings (1.3%) is estimated to see a smaller increase, whilst Eastbourne is estimated to see a slight decrease (-0.1%).

Around 9,000 new housing completions are currently planned for the period of the PNA. 46% of new completions are currently planned for Wealden, with 19% in Rother, 16% in Lewes, 11% in Hastings and 8% in Eastbourne. No single area within East Sussex has close to a further 2,000 planned developments.

The areas with low percentages of households with access to a car/van are all in the more densely populated urban areas of East Sussex.

Hastings is the most deprived local authority in the South East and amongst the most deprived nationally.

In East Sussex, the most deprived areas are mainly in urban coastal areas.

## **Health and care needs**

Life Expectancy (LE) at birth is higher at an East Sussex level compared to England for both males and females.

At a district and borough level, male LE for 2021-2023 ranges from 76.7 years in Hastings to 81.9 years in Wealden. For females LE ranges from 80.9 in Hastings to 84.5 in Wealden.

31,149 residents in East Sussex responded that their health was bad or very bad, which represents 5.7% of the population. This was higher than for England (5.2%). Higher percentages were seen in Hastings (7.3%), Eastbourne (6.3%) and Rother (6.0%).

In East Sussex there were 110,553 residents who self-reported to be disabled, representing 20.3% of the population. This was higher than for England (17.3%). Higher percentages were seen in Hastings (22.6%), Eastbourne (21.6%) and Rother (21.6%).

Looking at a more local level, the higher percentages of disabled people are in the coastal areas of East Sussex and also Hailsham.

Prevalences of chronic diseases are higher in East Sussex compared to England. This may be due to the older age profile in East Sussex and the fact that many chronic conditions are age-related.

Rother has the highest prevalence rates of chronic diseases with the exception of depression, where Hastings is highest.

## **Current pharmaceutical services provision**

As at April 2025, there were 92 community pharmacies included in the pharmaceutical list for East Sussex and three distance selling pharmacies. There are 16 GP Dispensaries in East Sussex, and no Dispensing Appliance Contractors providing services within East Sussex.

There has been a gradual reduction in provision of pharmacies at a local, regional and national level. In East Sussex since the last PNA in 2022 there are seven fewer community pharmacies, which is a 6% reduction, whilst the number of distance selling pharmacies and dispensing practices have remained the same. The greatest decrease has been in Eastbourne where there are 3 fewer pharmacies.

The rate of pharmacies in East Sussex is 17.1 per 100,000 population which is lower than the England rate of 18.1. Looking at neighbouring areas to East Sussex both Brighton and Hove (18.2) and Medway (17.8), which are both more urban densely populated areas, have higher rates than East Sussex. However, compared to more similar neighbouring counties (West Sussex, Surrey and Kent), East Sussex has the highest rate of provision. Note that it's not possible to add in dispensing practices to the national data as it is not routinely available.

Looking at pharmacy provision across the districts and boroughs in East Sussex, where we can also include the local dispensing practices. This shows highest provision per 100,000 population in Rother (24.2), which has the oldest population profile, followed by Hastings (22.0) which has the most population living in areas of deprivation. The lowest rates are in Eastbourne (16.4) and Lewes (16.8).

Of the 92 community pharmacies in East Sussex, four are on 100 hours (amended) contracts. This is a reduction of four from the eight that were in place at the last PNA. Pharmacies with 40-hour contracts can choose to open for longer under supplementary hours arrangements. (see section 6.2)

All 92 community pharmacies and 16 dispensing practices are open weekdays.

Across East Sussex 39% of pharmacies and GP dispensaries are open evenings (open for at least one day beyond 6pm Monday to Friday) and this ranges from 48% in Wealden to 31% in Lewes.

77% of pharmacies and GP dispensaries are open on a Saturday and this ranges from 88% in Eastbourne to 64% in Rother.

15% of pharmacies and GP dispensaries are open on a Sunday and this ranges from 35% in Eastbourne to 3% in Wealden.

As well as the neighbouring city of Brighton and Hove, the towns of Burgess-Hill, Haywards Heath, East Grinstead and Royal Tunbridge Wells all boost access to pharmacies for East Sussex residents, including in the evenings and weekends.

There are no populated areas of East Sussex that are not within a 30 minute drive by car of an open community pharmacy or dispensing practice, both within and outside rush hour during weekdays and after 6pm.

When looking at access via public transport on weekdays the analysis showed that 10,738 (1.9%) residents did not have access within 30 minutes.

Whilst there are no services open in the evening in Lewes town, the analysis showed that travel times by car and public transport are sufficient to nearby towns such as Uckfield and Brighton.

Whilst rural areas are boosted by dispensing practices, not all are open every evening for long beyond 6pm. This particularly affects areas in rural Rother.

When looking at access via public transport on weekday evenings the analysis showed that 32,324 (5.9%) residents did not have access within 30 minutes.

There are no populated areas of East Sussex that are not within 30 minute drive by car of a community pharmacy or dispensing practice on either a Saturday or Sunday.

When looking at access via public transport on Saturdays the analysis showed that 69,747 (12.7%) of residents did not have access within 30 minutes. This increased to 218,288 (39.6%) on a Sunday.

There were 10.3 million items dispensed by pharmacies in East Sussex during 2024. Pharmacies in Eastbourne dispensed the greatest number of items per pharmacy (9,857 per month per pharmacy) and Rother the fewest (7,734).

On average there were 18.5 prescription items dispensed per head of population per year in East Sussex during 2024. This was highest in Hastings (24.1) and Eastbourne (20.5) and lowest in Rother (14.7) and Lewes (16.1).

Pharmacy First services are available across all community pharmacies in East Sussex, although some pharmacies experience more activity than others. 'Urgent medicine supply' consultations saw the greatest activity in terms of numbers, followed by the 'Minor illness

referral' consultations. Of the seven common condition clinical pathways 'acute sore throat' and 'uncomplicated UTI' both saw the greatest activity.

The other advanced and locally commissioned services although not defined as necessary, provide geographical coverage across East Sussex and secure additional benefits for residents.

## **East Sussex residents survey**

947 residents responded to a survey during the 6 weeks between 6<sup>th</sup> February and 20<sup>th</sup> March 2025. The survey received slightly more responses from residents living in Wealden and Rother, compared to their share of the general population in East Sussex. Responses from residents living in Eastbourne and Hastings were slightly lower than their share of the East Sussex population.

71% of respondents reported they got their prescription from a pharmacy/chemist shop, with 14% getting it directly from a GP Surgery. Of those who got their prescription from a GP, 57% lived in Rother and 37% lived in Wealden which reflects the availability of dispensing practices for more rural patients.

The vast majority of respondents visited their pharmacy monthly (65%), with 17% every few months, 10% weekly and 7% once a year or less.

For those who visited a pharmacy in person, 53% travelled by car and 42% walked. Only 2% travelled by public transport. Use of public transport is highest in Eastbourne (6%) and lowest in Rother (2%) and Wealden (0%). This reflects the access to car/van statistics in those areas.

The vast majority of respondents (86%) go to their pharmacy on weekdays between 9am and 6pm. 3% usually go on a weekday evening and another 3% on the weekend (8% did not answer or were unsure).

Most respondents found it easier to access the pharmacy weekdays between 9am and 6pm (66% found it easy) and at weekends (49% found it easy), whilst only 29% found it easy weekdays after 6pm and 28% on bank holidays.

Looking at the responses by district/borough and which area scored poorest on access for each time option, Hastings respondents found it hardest to access weekdays, Lewes respondents found it hardest in the evenings and bank holidays, and Rother respondents found it hardest on the weekends.

27% (259) of people responded that they had a physical disability with 79% (204 people) of those reporting that the pharmacy always met their needs.

For those that said their needs were sometimes or never met, 35% stated difficulties accessing the building because of steps, 25% insufficient/no seating, 18% difficulty opening the door and 10% long queues.



21% (194) of people responded that they had communication difficulties (such as hearing impairment or need information in another language), and of those, 79% (154 people) reported that the pharmacy always met their needs.

The most common reason for why the pharmacy did not meet their needs related to some form of telecommunication need not being met. This might include the pharmacy not calling/messaging to update/respond to customers, no longer being able to call the pharmacy, or the pharmacy being slow at responding to emails/calls.

33% (311) of people help someone to use pharmacy services, and of those 6% (18 people) reported they found it difficult to meet that person's needs.

When respondents were asked what makes it easy or difficult to collect on behalf of someone else, there were four times more positive responses to negative ones.

## Gap analysis

[Guidance from the Department of Health and Social Care](#) suggests there are three types of gaps in provision that can be articulated in the PNA:

- Geographical gaps in the location of premises.
- Geographical gaps in the provision of services.
- Gaps in the times at which, or days on which, services are provided.

This section summarises the analysis in East Sussex.

### Geographical gaps in the location of pharmacies

Section 6.1 contains analysis of provision (pharmacies and dispensing practices) per 100,000 population across the districts and boroughs in East Sussex. This shows highest provision per 100,000 population in Rother (24.2), which has the oldest population profile, followed by Hastings (22.0) which has the most population living in areas of deprivation. The lowest rates are in Eastbourne (16.4) and Lewes district (16.8).

Section 4.5 shows a map of all pharmacy locations overlaid onto population density. This shows that all highly populated areas of the county have sufficient pharmacy locations nearby. Access in more rural areas, such as rural Rother and the northern areas of Wealden, is boosted with dispensing practices.

Access for residents is boosted by provision in towns outside East Sussex but within 5km of the county border (section 6.2).

Current planned housing developments will not create a gap during the lifetime of the PNA (section 4.4).

**Conclusion: No gaps in the location of pharmacies.**

## Geographical gaps in the provision of services

- Section 6.4 has shown that there are no gaps in the provision of necessary services which included all essential services, and the Pharmacy First advanced service provided from the majority of premises to give good geographical coverage.
- In terms of advanced services (section 6.6) and locally commissioned services (section 6.7), existing pharmacies should be further supported by commissioners to enhance provision and uptake of services for residents in East Sussex.

**Conclusion: No gaps in provision of necessary services and no identified needs for additional pharmaceutical services**

## Gaps in the times at which, or days on which, services are provided

- Section 7.1 shows that the vast majority of survey respondents (86%) go to their pharmacy on weekdays between 9am and 6pm. 3% usually go on a weekday evening and another 3% on the weekend (8% did not answer or were unsure).
- Section 6.2 shows opening times for pharmacies across East Sussex. Coverage is best on weekdays when the vast majority of residents access services.

### Evenings (open after 6pm at least one weekday)

- Across East Sussex 39% of pharmacies and GP dispensaries are open evenings and this ranges from 48% in Wealden to 31% in Lewes. Access for residents is boosted by provision in towns outside East Sussex but within 5km of the county border (section 6.2).
- The travel analysis in section 6.3 showed no areas were more than 30 minute drive from an open location and only 5.9% of the population did not have access via public transport within 30 minutes.
- The resident survey analysis in section 7.1 showed that 47% found it hard to access a pharmacy in the evening. This ranged from 39% in Eastbourne to 50% in Lewes district.

### Weekends

- 77% of pharmacies and GP dispensaries are open on a Saturday and this ranges from 88% in Eastbourne to 64% in Rother. 15% of pharmacies and GP dispensaries are open on a Sunday and this ranges from 35% in Eastbourne to 3% in Wealden (section 6.2).
- Access for residents is boosted by provision in towns outside East Sussex but within 5km of the county border. This is far better on a Saturday than a Sunday.
- The travel analysis in section 6.3 showed no areas were more than 30 minute drive from an open location on a Saturday or Sunday.
- When looking at access via public transport on Saturdays the analysis showed that 69,747 (12.7%) of residents did not have access within 30 minutes. This increased to 218,288 (39.6%) on a Sunday.

- The resident survey analysis in section 7.1 showed that 23% found it hard to access a pharmacy on the weekends. This ranged from 16% in Eastbourne to 29% in Rother.

### Bank holidays

- There is an enhanced service commissioned by NHS Sussex ICB to ensure suitable access is available across East Sussex.
- The resident survey analysis in section 7.1 showed that 54% found it hard to access a pharmacy on a bank holiday. This ranged from 46% in Eastbourne to 60% in Lewes district.

### Access to car/van

- Section 4.6 shows that the areas with low percentages households with access to a car/van are all in the more densely populated urban areas of East Sussex which have better access to pharmacies during the evenings and weekends.

**Conclusion: No gaps in the times at which, or days on which, services are provided.**

## Conclusions

The main conclusion of this PNA is that there are:

- No geographical gaps in the location of premises.
- No geographical gaps in the provision of services.
- No gaps in the times at which, or days on which, services are provided.

The regulations require a series of statements that are detailed in the table below:

Statement required by regulations	PNA response
Pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services	Necessary services include all essential services, and the Pharmacy First advanced service provided from the majority of premises to give good geographical coverage.
Pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service	<p>The PNA has not identified any current or future needs [between 2025 to 2028] for a service that is not currently provided.</p> <p>From the current planning estimates there is no gap in pharmaceutical provision during the lifetime of this PNA (2025-2028).</p>

Statement required by regulations	PNA response
Pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access	Enhanced, advanced and locally commissioned services currently in place in East Sussex are securing improvements and better access for residents to key services, and current pharmacies should be supported to continue and expand delivery of these services.
Pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future	The PNA has not identified any new services that would secure improvements or better access.
Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.	These are described in section 6.8 and include NHS acute, community and mental health trusts, residential and nursing care homes in East Sussex.

## Recommendations

1. Commissioners to support current pharmacies to enhance access to the advanced and locally commissioned services currently available in East Sussex.
2. Commissioners and current providers to continue to support ongoing good quality services that are highly valued by residents in East Sussex. This includes considerations for those with physical or communication needs and those who support others to access pharmaceutical services.
3. Commissioners and current providers to ensure information on available pharmacy provision, especially on Sundays and Bank Holidays, is clearly communicated, up-to-date and accessible to residents and health and care providers.
4. East Sussex County Council to maintain and improve, where possible, access to public transport, particularly for villages and towns in more rural areas of East Sussex.
5. NHS Sussex ICB to consider the need for an out of hours locally commissioned service from existing pharmacies, including reviewing provision in Lewes on weekday evenings and rural Rother on Sundays.
6. NHS Sussex ICB to regularly review the commissioning of bank holiday provision in East Sussex to ensure it appropriately meets resident needs.

# 1. Introduction

## 1.1 What is a Pharmaceutical Needs Assessment (PNA)

Since April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish every three years, and keep up to date, a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA). Here are the regulations:

- The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and amendment regulations
- Statutory Instrument 2013 No 349
- <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>
- Relevant sections are:
  - Part 1 - regulation 2 - contains definitions of words and phrases.
  - Part 2 - regulations 3 to 9
  - Schedule 1 - information to be included in the pharmaceutical needs assessment (PNA)

## 1.2 The role of the PNA in the provision of services

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS Sussex ICB to be included in the pharmaceutical list for the Health & Wellbeing Board's area in which they wish to have premises.

In general, their application must offer to meet a need that is set out in the Health & Wellbeing Board's PNA, or to secure improvements or better access similarly identified in the PNA. However, there are some exceptions to this, such as applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

In April 2016, NHS England published (updated in February 2023) the [Pharmacy Manual](#) which outlines the procedures to be followed by pharmacy contractors, including market entry, applications to join the pharmaceutical list, change of ownership and no significant change relocation of premises.

As well as identifying whether there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current, or will arise within the three-year lifetime of the pharmaceutical needs assessment.

## 1.3 Commissioning of community pharmacy

Whilst the PNA is primarily a document for commissioners of pharmaceutical services to use in making commissioning decisions, it may also be used by others to understand the needs for community pharmacy services in the county.

Integrated Care Systems (ICSs) with Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) have been established across England. Commissioning responsibilities for community pharmacies have been delegated to ICBs.

PNAs are key reference documents as regards the development and improvement of local pharmaceutical services. ICBs must consider local PNAs while dealing with applications from potential new pharmaceutical service providers to join the pharmacy list.

Applicants may challenge ICB decisions not to approve new pharmacies and PNAs need to provide a robust summary of evidence which may subsequently be contested when legal challenges to ICB decisions are made. The [NHS Resolution](#) (formerly NHS Litigation Authority) will refer to the PNA when hearing appeals on ICB decisions.

Local commissioning bodies may also use the PNA in making decisions on which other NHS, ICB and local authority funded local services need to be provided by local community pharmacies, although this is not a statutory function of a PNA.

## 1.4 NHS pharmaceutical services provision

Pharmaceutical services are defined within the National Health Service Act 2006. NHS England commissions pharmaceutical services for the population.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health & Wellbeing Board.
- A dispensing appliance contractor (DAC) who is included in the pharmaceutical list held for the area of the Health & Wellbeing Board - There are no DAC's currently operating in East Sussex.
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the Health & Wellbeing Board.

NHS Sussex ICB is responsible for preparing and maintaining these lists and NHS England publishes them. [Consolidated Pharmaceutical List - Datasets - Open Data Portal](#)

To provide pharmaceutical services in England a person and the premises from which they will provide services must be included in the relevant pharmaceutical list.

The pharmaceutical services Section 126 of the 2006 Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

## 1.5 The Community Pharmacy Contractual Framework

Unlike for GPs, dentists, and optometrists, the relevant ICB does not hold contracts with pharmacy and dispensing appliance contractors for most services they provide. Instead, pharmacy services are provided under a contractual framework, referred to as the Community Pharmacy Contractual Framework (CPCF).

[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](#)

## 1.6 Definition of types of pharmaceutical services

Under the CPCF, pharmacy contractors can provide several types of services that fall within the definition of NHS pharmaceutical services. There are several types of pharmaceutical services available:

- **Essential services** that must be provided by all pharmacies
- **Advanced services** that pharmacies may choose to provide
- **Enhanced services** that integrated care boards (ICBs) may commission from pharmacies as well as some commissioned by NHS England nationally

Other services available outside of the CPCF include:

- **GP dispensing service** provided by some GP practices
- **Locally Commissioned Services** - services commissioned from pharmacies by ICBs (other than enhanced services) and by local authorities

### Essential pharmaceutical services

The following are [Essential services](#) that must be provided by all pharmacies:

- Dispensing of medicines and appliances
- Dispensing of repeatable prescriptions
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Healthy Living Pharmacy
- Signposting to other providers of health and social care services
- Support for self-care
- Discharge Medicines Service

### Advanced services

The following are [Advanced services](#) that pharmacies may choose to provide:

- New medicine service
- Stoma appliance customisation
- Appliance use reviews



- Flu vaccination
- Community pharmacy hypertension case-finding service
- Community pharmacy smoking cessation service
- Pharmacy First (replaced the community pharmacist consultation service) [New since last PNA]
- Community pharmacy contraception service [New since last PNA]
- Lateral flow device tests supply service [New since last PNA]

## Enhanced services

The following are Enhanced services that integrated care boards (ICBs) may commission from pharmacies:

- Anticoagulant monitoring
- Care homes
- Disease specific medicines management
- Gluten free food supply
- Home delivery
- Language access
- Medication review
- Medicines assessment and compliance support service
- Minor ailment
- Needle and syringe exchange
- On demand availability of specialist drugs
- Out of hours
- Patient group direction
- Prescriber support
- Schools service
- Screening
- Stop smoking
- Supervised administration
- Supplementary prescribing
- Emergency supply service
- Antiviral collection points

There are two [nationally specified enhanced services](#):

- COVID-19 vaccination service
- RSV and Pertussis Vaccination Service (not currently available in East Sussex)



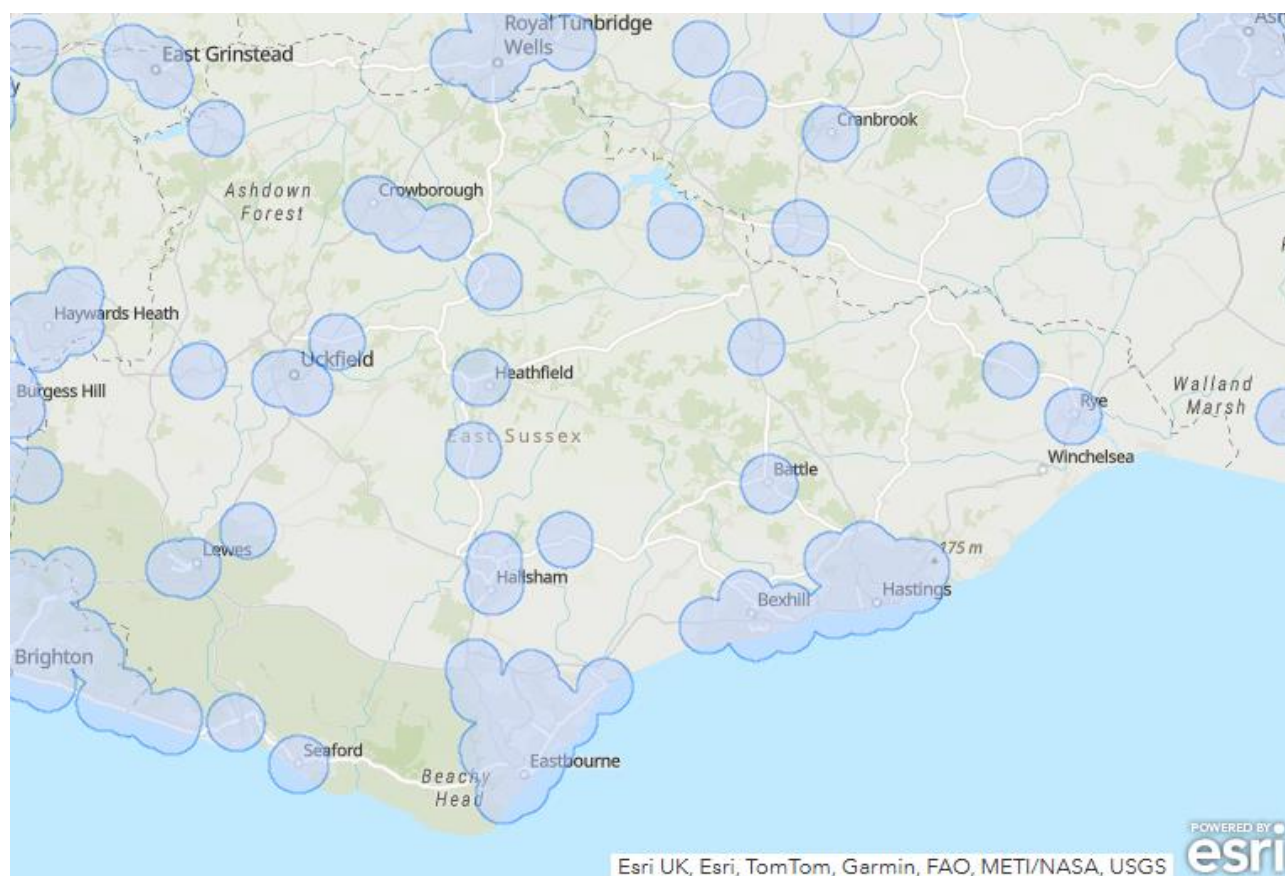
## GP dispensing service

GP practices may dispense medicines in certain circumstances and provision of the service is included in their medical contract.

Primarily, these services are provided to patients in rural areas or those who have limited access to a community pharmacy. To be eligible for dispensing services from a doctor, patients must generally live in a designated rural area (controlled locality) and more than 1.6km from a pharmacy or demonstrate "serious difficulty" in accessing a pharmacy.

The map below is used by some practices with a dispensary to support their patients who can apply to have their medicines dispensed by them if they live outside the blue areas. Patients will only be eligible if their registered practice is a dispensing practice.

**Map: Mapping tool to support dispensing list validation, accessed April 2025**



Source: [South East ICBs: Mapping Tool to Support Dispensing List Validation, SCW CSU](#)

## Locally Commissioned Services

The following are locally commissioned by the **NHS Sussex Integrated Care Board**:

- Oral Antiviral Medication for the Treatment of COVID-19 and Management of Influenza
- End of life drugs

- Extended open hours for Bank Holidays (managed by the [South East Commissioning Hub](#))

The following are locally commissioned by **East Sussex County Council** as [Public Health Local Service Agreements](#):

- C Card
- Emergency Hormone Contraception (EHC)
- Smoking Cessation

The following are locally commissioned via [Change Grow Live](#) (CGL) who provide substance misuse treatment services in East Sussex for East Sussex County Council:

- Opiate reversers [naloxone]
- Needle exchange
- Distribution of oral substitution therapy and supervised consumption

## 2. The Pharmaceutical Needs Assessment process

### 2.1 Aim

The aim of the East Sussex PNA is to describe the current pharmaceutical services in East Sussex, systematically identify any gaps in provision in relation to population need and, in consultation with stakeholders, make recommendations on future development, and meet or exceed the minimum statutory requirements for PNAs and enable the HWB to have regard to all relevant matters.

### 2.2 Objectives

To state, on behalf of the HWB,

- which pharmaceutical services are necessary to meet the need for pharmaceutical services
- not provided but need to be to meet a current or future need for a range of or specific pharmaceutical service
- not necessary to meet the need for pharmaceutical services but have secured improvements or better access
- which would secure improvements or better access either now or in the future
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service
- examine the current and future demographics of the local population and their health needs in relation to pharmaceutical service provision
- state how localities have been determined and how their different needs have been identified, including the different needs of those who shared a protected characteristic
- compile a comprehensive list of pharmacies and review the services currently provided
- define choice and identify whether there is sufficient choice about obtaining pharmaceutical services
- compile a comprehensive list of GP dispensaries
- list other services including community pharmacies and services available in neighbouring Health and Wellbeing Board (HWB) areas that might affect the need for services in East Sussex
- identify service gaps that could be met by providing additional or new pharmacy services [including hours of opening], or potentially by opening one or more new pharmacies

- produce maps relating to East Sussex pharmaceutical services, location of pharmacies in relation to population deprivation indices, estimate travel/walking times
- consult and engage with stakeholders and the public throughout the process so that their opinions inform the PNA document
- collate the findings from and respond to the two-month statutory public consultation period, after completion of the draft PNA assessment, before consideration by the Health and Wellbeing Board and publication in October 2025

## 2.3 Methodology

The 2022 PNA report has been used in developing the 2025 PNA.

A key reference document for this PNA has been the [Guidance for PNAs](#) produced by the Department for Health and Social Care in October 2021.

District and borough council areas have been used where data are available to provide the local level analysis where required. For some of the population demographic maps, smaller geographies have also been used.

A steering group was formed to guide the PNA process. The steering group included representatives from the following organisations:

- [NHS Sussex Integrated Care Board](#) - Commissioning and Medicines Optimisation team
- [East Sussex County Council](#) - Public Health and Consultation teams
- [Community Pharmacy, Surrey & Sussex](#) (Local Pharmaceutical Committee)
- [Surrey & Sussex Local Medical Committee](#)
- [Healthwatch East Sussex](#)

## 2.4 Key Steps

The assessment has involved the following key steps:

- Reviewing current and predicted population demographics
- Looking at health and social care needs
- Collation of community pharmacy and GP dispensary information about current service provision including travel analysis
- Collation and summary of routine pharmacy contracting and activity data
- Survey of the public who use local pharmacy services
- Gap analysis for each District and Borough area in East Sussex
- Undertake professional and public consultation

## 2.5 Defining “necessary services” for the PNA

From: [Pharmaceutical Needs Assessments guidelines](#)

Necessary services are defined within the 2013 regulations as those that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board’s area.

The 2013 regulations do not include a definition of what is a necessary service and what is not, so health and wellbeing boards have complete discretion as to how they go about this.

There are two potential ways to define which services are necessary services

(a) by the type of service, for example all essential services and certain advanced and enhanced services; or

(b) by pharmacy, location, or time and day of the week that services are provided. This may be harder where, for example, there are four pharmacies in a town all providing the same range of services at approximately the same times of the day and days of the week. The health and wellbeing board may have difficulty in deciding which are necessary and which are other relevant services.

For the purposes of this pharmaceutical needs assessment 2025, the Steering Group agreed that **necessary services are:**

- Essential services provided at all premises included in the pharmaceutical lists
- Pharmacy First advanced service provided from the majority of premises to give good geographical coverage
- The dispensing service provided by some GP practices



## 3. Strategic Context

### 3.1 The geography of East Sussex

East Sussex is located on the southeast coast of England. It is 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 approximately 550,700 residents (ONS mid-year estimates, 2022).

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: County of East Sussex and details the major towns and roads within its boundary**



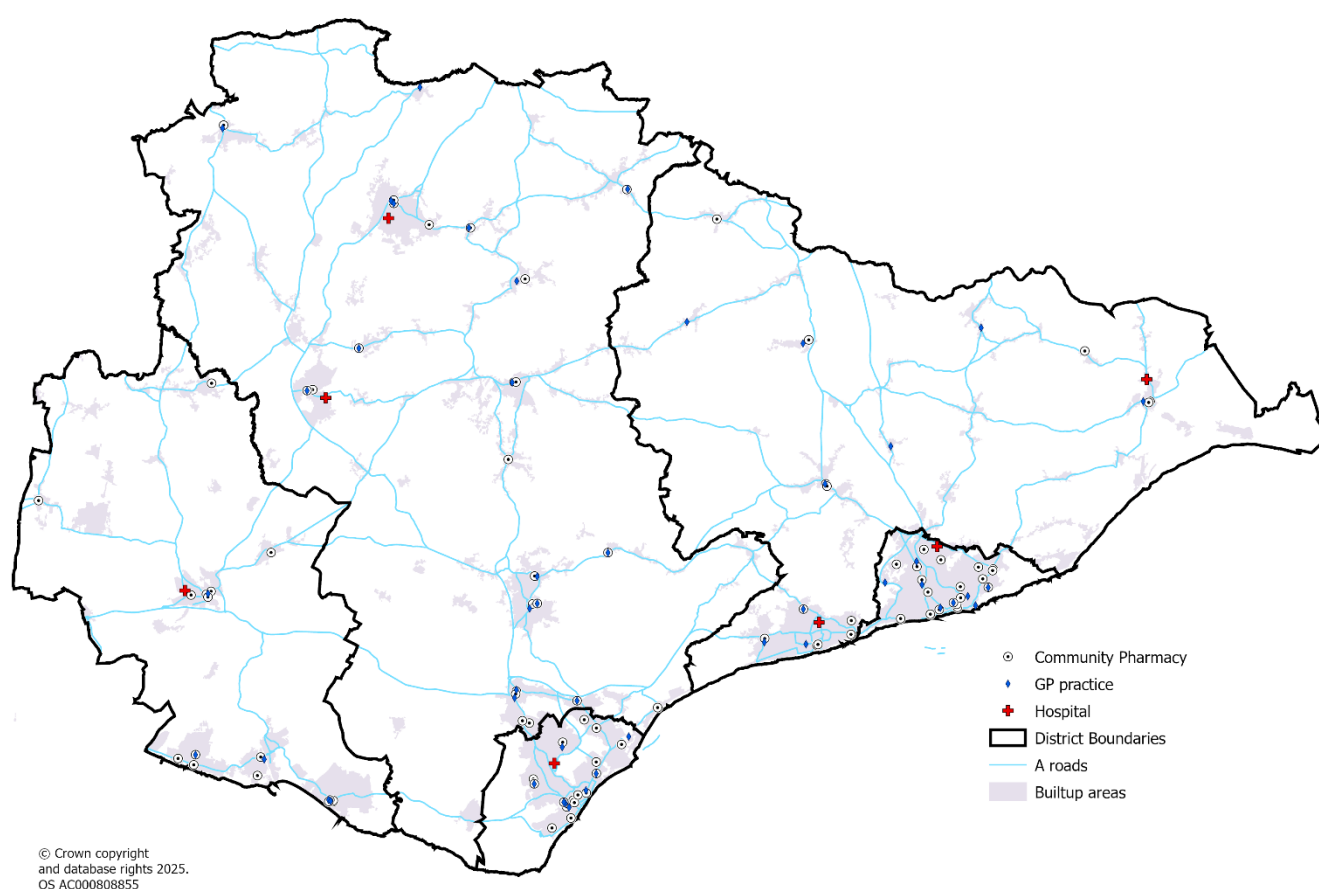
© Crown copyright - all rights reserved. AC000808855, 2025.

## 3.2 Health and care sites

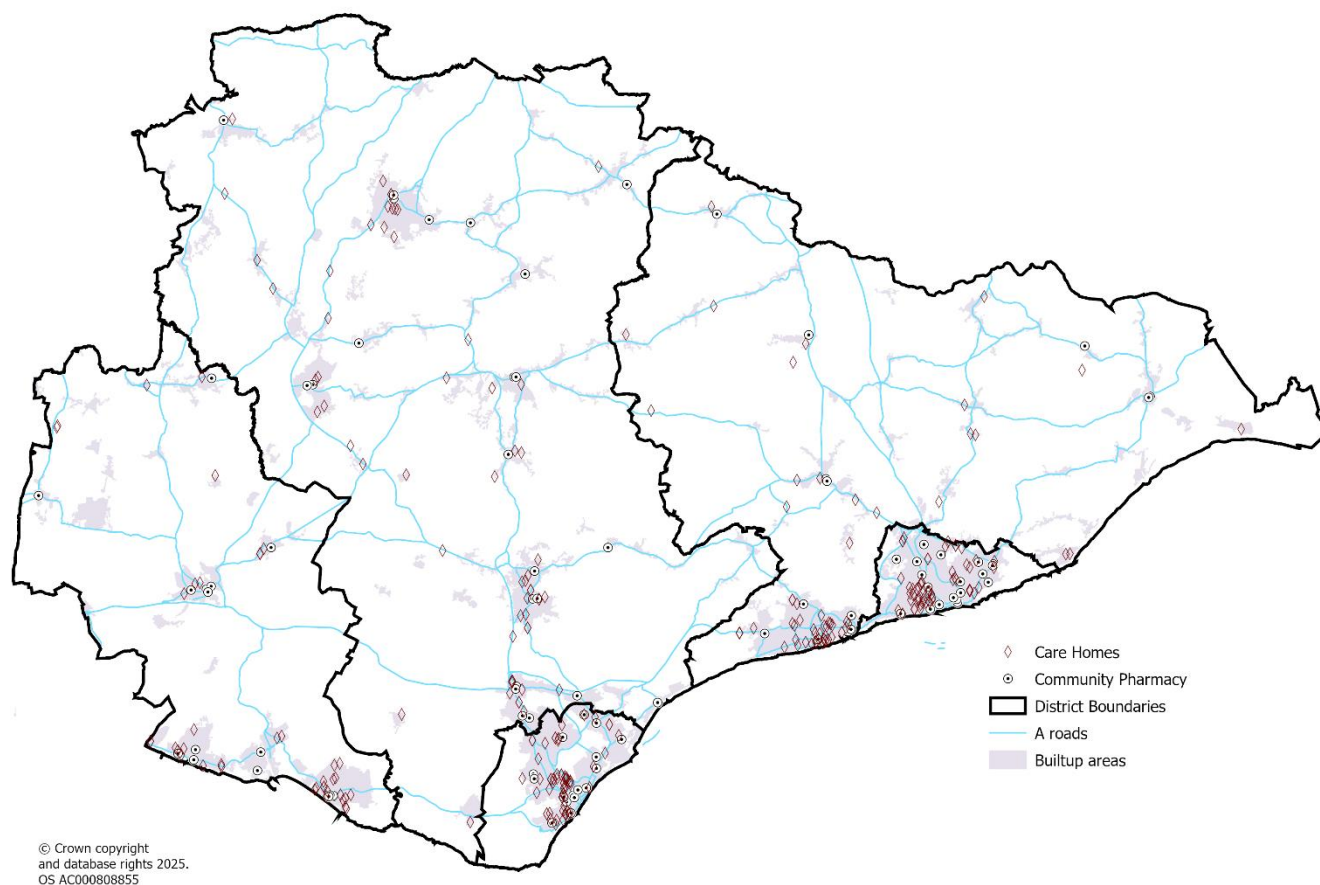
Within East Sussex the health and care infrastructure across the county includes:

- 2 acute hospitals and 5 community hospitals
- 50 GP practices, 48 branch/satellite surgeries and 12 Primary Care Networks
- 93 community pharmacies, 3 distance selling pharmacies and 16 dispensing GP practices
- 282 care homes

**Map: Key NHS Sites in East Sussex**



**Map: Care homes in East Sussex**





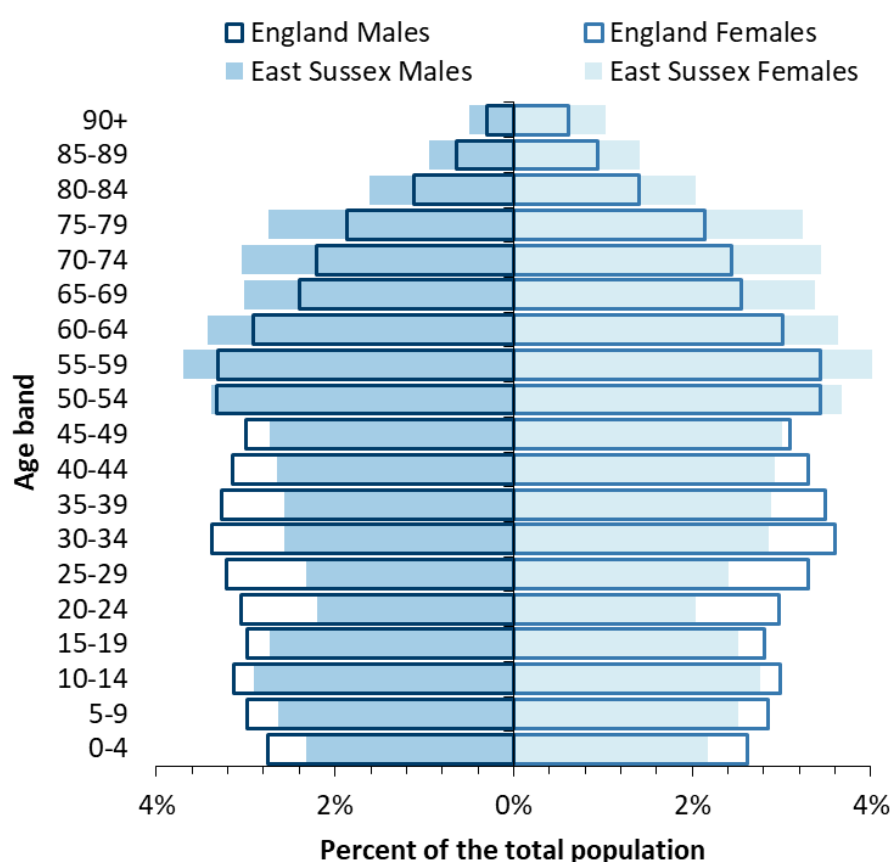
## 4. Demography

### 4.1 Age and sex

#### Age structure

East Sussex has a total resident population of 551,007 and a much older age profile compared to England.

**Chart: Population pyramid for East Sussex and England, mid-2022 population estimates**



Source: Mid-2022 population estimates, Office for National Statistics

In terms of population size, Wealden is the largest district in East Sussex and Hastings is the smallest.

All districts have an older age profile compared to England, but Rother has a particularly older profile with almost 1 in 3 residents aged 65 years or older, compared to fewer than 1 in 5 for England.

**Table: Resident population estimates, 2022**

Area	0-15	16-64	65-84	85+	Total
Eastbourne	17,110	59,930	21,125	4,199	102,364
Hastings	16,144	55,716	16,385	2,376	90,621
Lewes	16,635	57,032	22,840	4,172	100,679
Rother	13,753	49,751	26,069	4,648	94,221
Wealden	27,015	92,479	37,624	6,004	163,122
East Sussex	90,657	314,908	124,043	21,399	551,007
England	10,567,635	35,915,152	9,204,907	1,424,848	57,112,542

Source: Mid-2022 resident population estimates, Office for National Statistics

**Table: Resident population estimates, 2022**

Area	0-15	16-64	65-84	85+	Total
Eastbourne	17%	59%	21%	4.1%	17%
Hastings	18%	61%	18%	2.6%	18%
Lewes	17%	57%	23%	4.1%	17%
Rother	15%	53%	28%	4.9%	15%
Wealden	17%	57%	23%	3.7%	17%
East Sussex	16%	57%	23%	3.9%	16%
England	19%	63%	16%	2.5%	19%

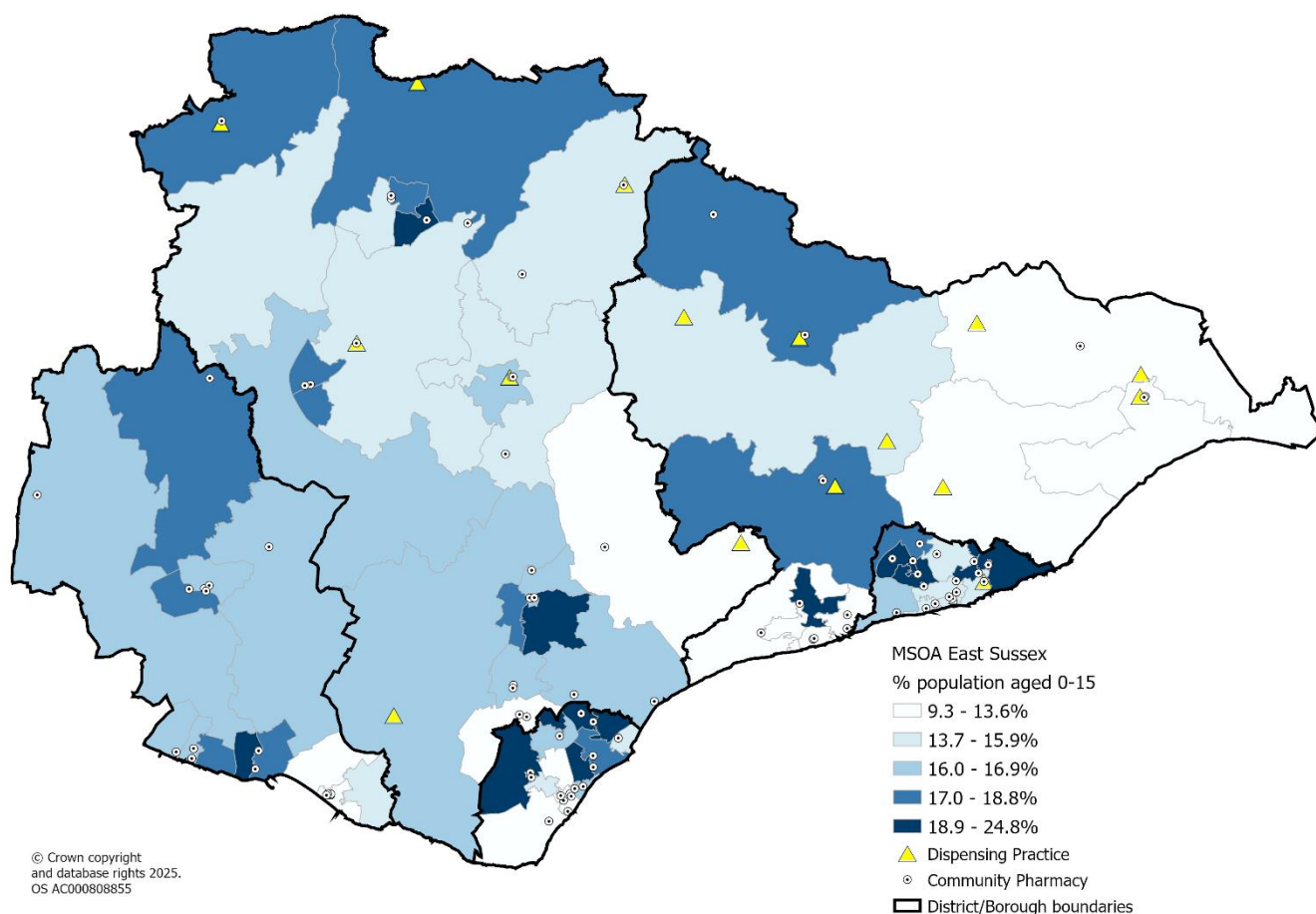
Source: Mid-2022 resident population estimates, Office for National Statistics

## Key age groups across East Sussex

The following small area maps show the percentage of the population in specific more dependent age groups; 0-15 years, 65-84 years and 85 years and over. The younger age group is more concentrated in urban areas of Eastbourne, Hastings, Bexhill, Hailsham, Newhaven and Crowborough.

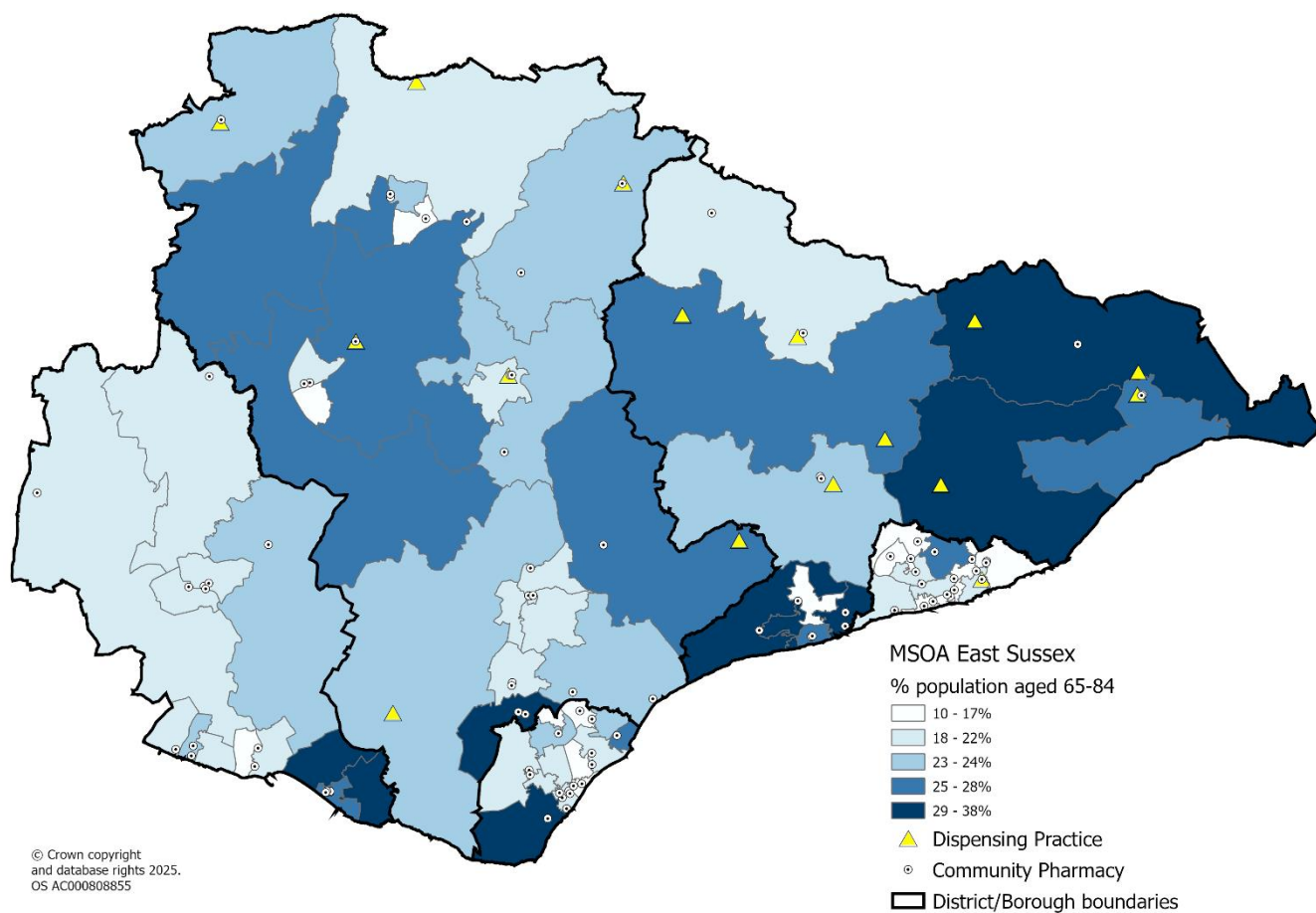
The older age groups are more concentrated in Seaford, Bexhill, Eastbourne and Eastern Rother.

**Map: Population aged 0-15 years by MSOA in East Sussex, 2022**

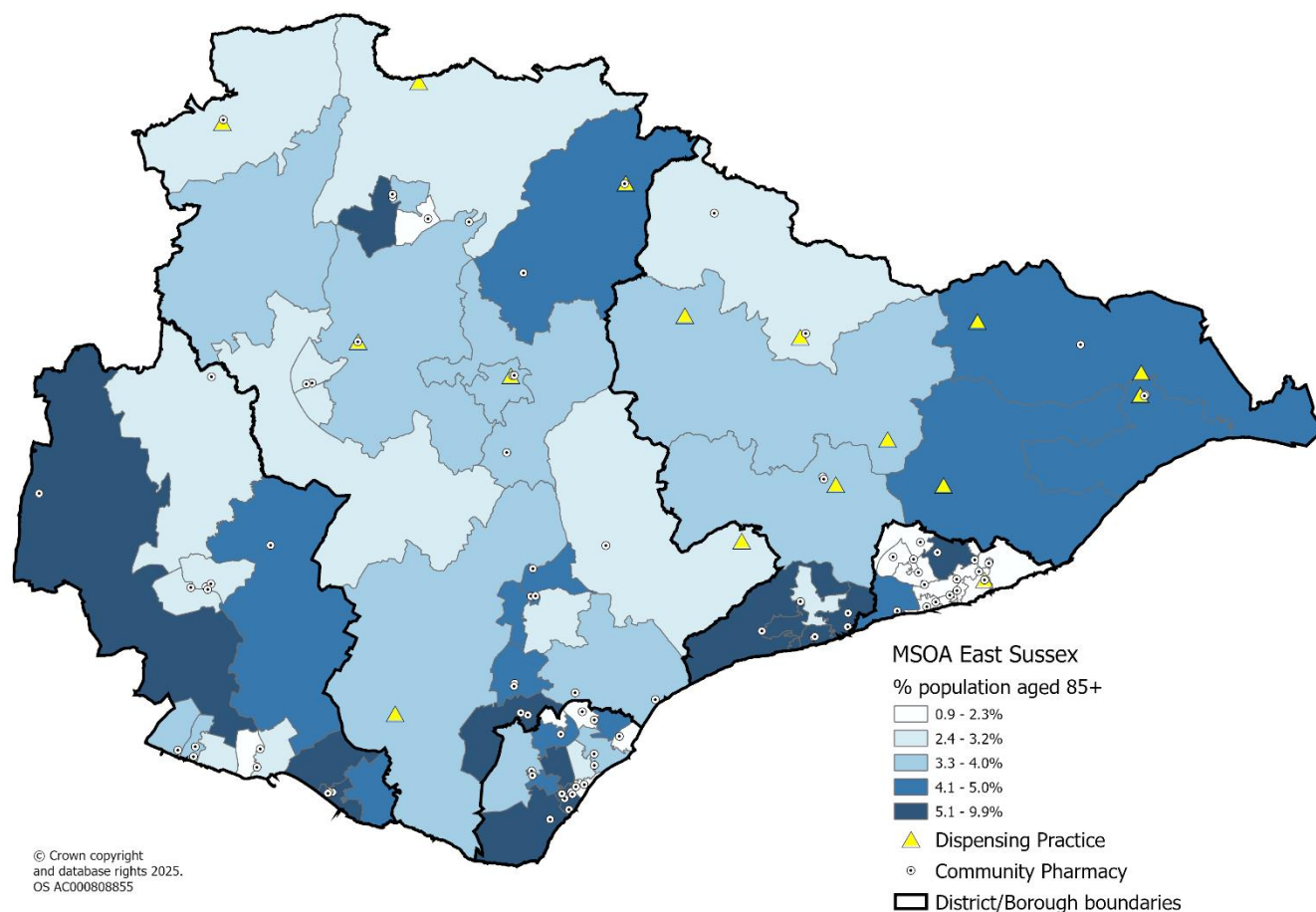


Source: Mid-2022 population estimates, Office for National Statistics

**Map: Population aged 65-84 years by MSOA in East Sussex, 2022**



Source: Mid-2022 population estimates, Office for National Statistics

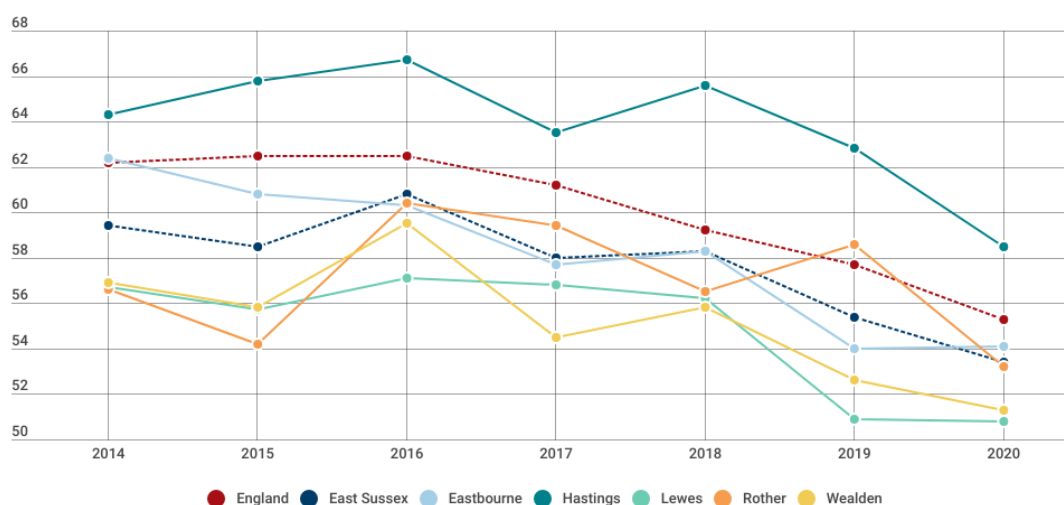
**Map: Population aged 85 years and over by MSOA in East Sussex, 2022**


Source: Mid-2022 population estimates, Office for National Statistics

## Births

There has been a general decline in birth rates in East Sussex over the past 5 years, similar to what has been observed in England.

East Sussex and most of its districts and boroughs have had lower birth rates (all ages) than England, however Hastings has higher birth rates than England

**Chart: Live birth rate (per 1,000 women aged 15-44 years), 2014-2020**

Please note the Live Birth Rate axis does not start at zero

Source: Office for National Statistics

The table below shows that for women aged 35+ birth rates were lower than England for all districts and boroughs apart from Lewes and Rother. All districts and boroughs had a higher birth rate compared to England in women aged 20-34 years apart from Lewes.

The birth rates for women under 20 years, and 40 years and over, are based on the female population aged 15 to 19 years and 40 to 44 years, respectively. Birth rates for under 20s were higher than England in Eastbourne and Hastings Boroughs in 2020.

**Table: Live Birth rate (per 1,000 women in the age group), 2020**

Location	Under 20	20-24	25-29	30-34	35-39	40 & Over	all ages
England	10	45	85	103	60	16	55
East Sussex	10	50	92	104	56	13	53
Eastbourne	15	54	101	107	47	12	54
Hastings	17	68	94	99	50	15	59
Lewes	7	39	88	102	63	13	51
Rother	7	52	90	96	63	15	53
Wealden	6	39	90	110	57	13	51

Source: Office for National Statistics

## 4.2 Ethnicity

Key Findings from [East Sussex 2021 Census Briefing: Ethnicity, Language and Religion](#)

Around 512,440 residents (93.9%) of East Sussex identified their ethnic group as white in the 2021 Census, the second highest proportion in the South East after the Isle of Wight. The second most common high-level ethnic group was “Mixed or Multiple ethnic groups”, comprising 2.3% of the population (12,310 people).

The number of residents identifying through the “White: Other White” category increased from 3.4% (17,870 people) in 2011 to 4.5% (24,580) in 2021, the largest percentage increase across all 19 ethnic groups.

Only 5.5% of the overall population (29,880 people) identified with a non-UK national identity; the largest increase within this group was in the “Romanian only” group, which increased from 0.06% of all residents (290 people) in 2011 to 0.4% (2,010) in 2021. Overall, this is the 3rd most common non-UK national identity after “Polish only” (0.4%, 2,390) and “Irish only” (0.4%, 2,250).

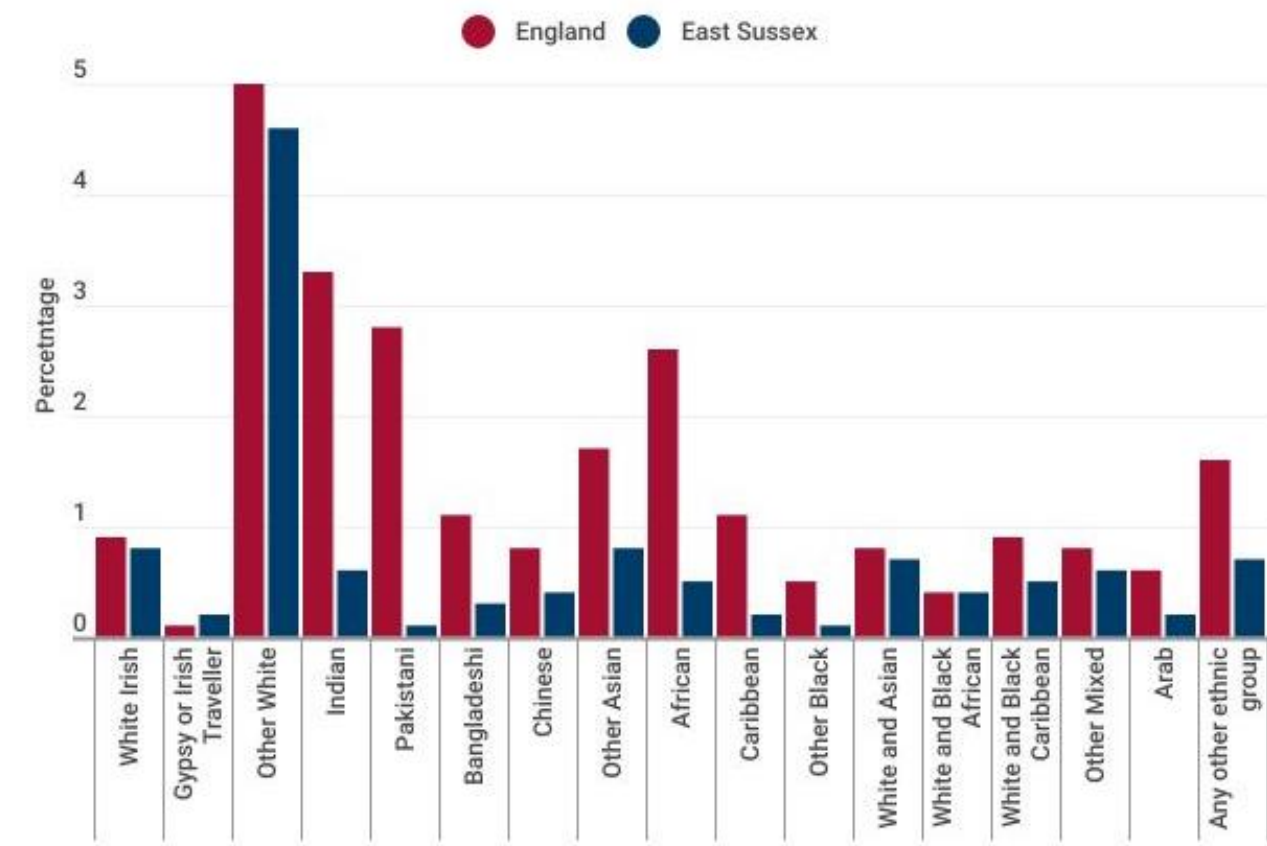
96.3% of residents aged three and over (511,760 out of 531,370) cited English as their main language, and a further 3.2% (16,770) said they spoke English either “well” or “very well” but did not speak it as their main language.

**Table: Percentage of the population by ethnic group, 2021**

Ethnic group	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	England
All Asian or Asian British	3.5%	2.8%	1.9%	1.5%	1.4%	2.1%	9.6%
All Black, Black British, Caribbean or African	1.3%	1.4%	0.7%	0.6%	0.4%	0.8%	4.2%
All Mixed or Multiple ethnic groups	2.8%	2.9%	2.5%	1.8%	1.7%	2.3%	3.0%
All White ethnic group	90.8%	91.4%	94.2%	95.6%	96.0%	93.9%	81.0%
- White: English, Welsh, Scottish, Northern Irish or British	82.1%	85.1%	88.9%	91.7%	91.8%	88.3%	73.5%
- White: Other	8.7%	6.4%	5.3%	3.9%	4.3%	5.6%	7.5%
All Other ethnic group	1.7%	1.5%	0.7%	0.5%	0.5%	0.9%	2.2%

Source: 2021 Census, Office for National Statistics



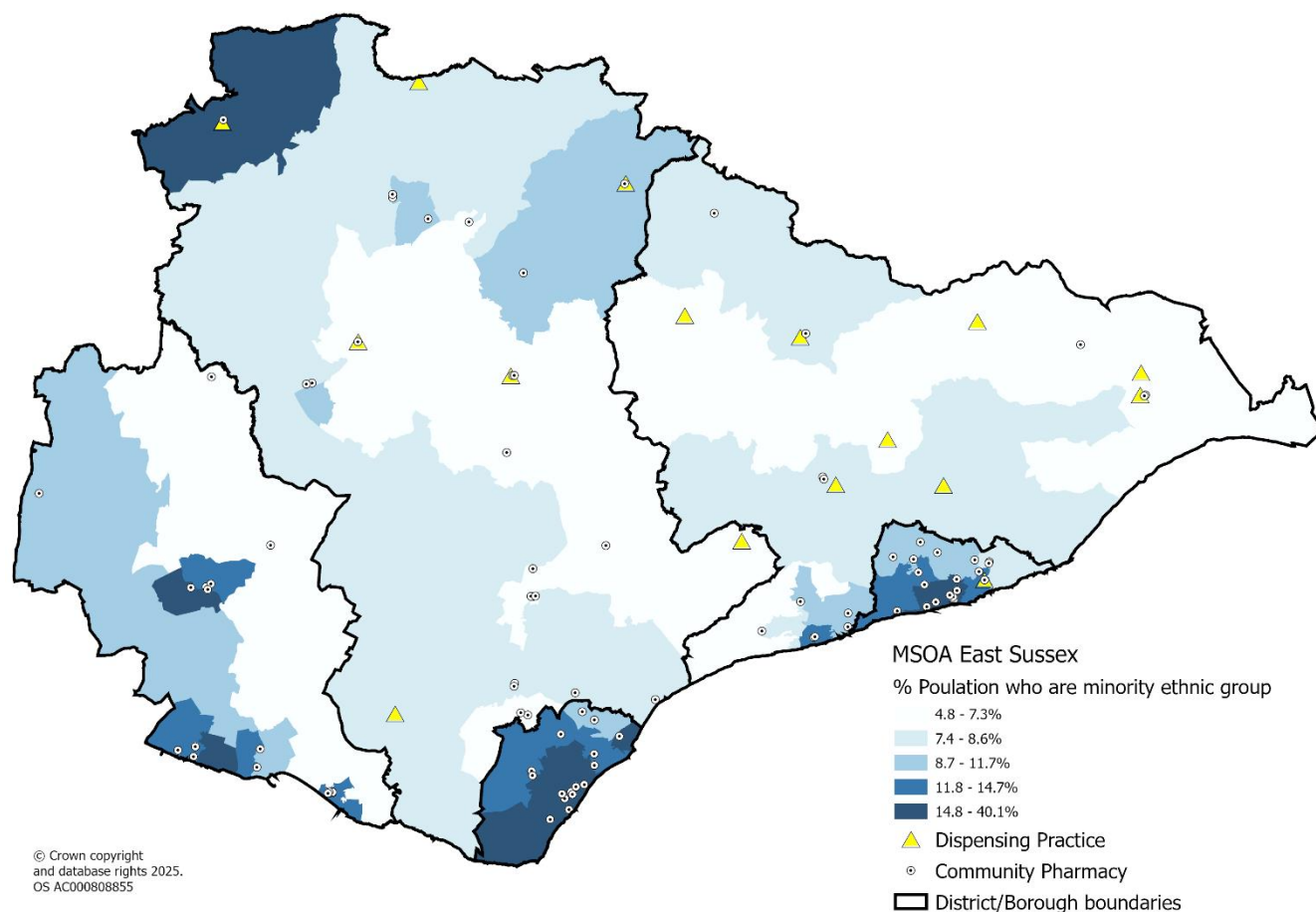
**Chart: Ethnic groups other than White British or Northern Irish in East Sussex, 2021**


Source: 2021 Census, Office for National Statistics

The more ethnically diverse populations in East Sussex are located in Eastbourne, Hastings & St Leonards, the Havens, Lewes town and Forest Row.



**Map: Ethnically diverse populations\* by MSOA, 2021**



\*Note: Percent of the population from an ethnic group other than White: English, Welsh, Scottish, Northern Irish or British

Source: 2021 census, Office for National Statistics

## 4.3 Population change 2025-2028

Between 2025 and 2028 there is estimated to be an extra 13,180 residents that will be living in East Sussex which represents a 2.4% increase over the three-year period. The greatest percentage increases will occur in the older age groups.

**Table: Population projections between 2025 and 2028 in East Sussex**

Age group	2025	2028	Change	% change
0-15	89,960	88,620	-1,340	-1.5%
16-64	316,740	319,240	2,500	0.8%
65-84	130,420	139,760	9,340	7.2%
85+	22,880	25,560	2,680	11.7%
<b>Total</b>	<b>560,000</b>	<b>573,180</b>	<b>13,180</b>	<b>2.4%</b>

Source: Population projections (2023 based dwelling led), East Sussex County Council, March 2025

Wealden is estimated to see the largest percentage increase in population at 4.6%. Lewes (2.2%) and Rother (2.2%) are projected to experience similar increases to the East Sussex average (2.4%). Hastings (1.3%) is estimated to see a smaller increase, whilst Eastbourne is estimated to see a slight decrease (-0.1%).

**Table: Population projections between 2025 and 2028 in Eastbourne borough**

Age group	2025	2028	Change	% change
0-15	16,620	15,660	-960	-5.8%
16-64	60,320	59,180	-1,140	-1.9%
65-84	22,380	23,930	1,550	6.9%
85+	4,380	4,800	420	9.6%
<b>Total</b>	<b>103,700</b>	<b>103,570</b>	<b>-130</b>	<b>-0.1%</b>

Source: Population projections (2023 based dwelling led), East Sussex County Council, March 2025

**Table: Population projections between 2025 and 2028 in Hastings borough**

<b>Age group</b>	<b>2025</b>	<b>2028</b>	<b>Change</b>	<b>% change</b>
0-15	15,730	15,290	-440	-2.8%
16-64	55,910	55,940	30	0.1%
65-84	17,200	18,480	1,280	7.4%
85+	2,560	2,880	320	12.5%
<b>Total</b>	<b>91,400</b>	<b>92,590</b>	<b>1,190</b>	<b>1.3%</b>

Source: Population projections (2023 based dwelling led), East Sussex County Council, March 2025

**Table: Population projections between 2025 and 2028 in Lewes district**

<b>Age group</b>	<b>2025</b>	<b>2028</b>	<b>Change</b>	<b>% change</b>
0-15	16,490	16,120	-370	-2.2%
16-64	57,580	58,290	710	1.2%
65-84	23,810	25,280	1,470	6.2%
85+	4,530	4,960	430	9.5%
<b>Total</b>	<b>102,410</b>	<b>104,650</b>	<b>2,240</b>	<b>2.2%</b>

Source: Population projections (2023 based dwelling led), East Sussex County Council, March 2025

**Table: Population projections between 2025 and 2028 in Rother district**

Age group	2025	2028	Change	% change
0-15	13,610	13,380	-230	-1.7%
16-64	49,420	49,410	-10	0.0%
65-84	27,080	28,900	1,820	6.7%
85+	4,850	5,390	540	11.1%
<b>Total</b>	<b>94,960</b>	<b>97,080</b>	<b>2,120</b>	<b>2.2%</b>

Source: Population projections (2023 based dwelling led), East Sussex County Council, March 2025

**Table: Population projections between 2025 and 2028 in Wealden district**

Age group	2025	2028	Change	% change
0-15	27,510	28,170	660	2.4%
16-64	93,510	96,430	2,920	3.1%
65-84	39,960	43,180	3,220	8.1%
85+	6,560	7,530	970	14.8%
<b>Total</b>	<b>167,540</b>	<b>175,310</b>	<b>7,770</b>	<b>4.6%</b>

Source: Population projections (2023 based dwelling led), East Sussex County Council, March 2025

## 4.4 Housing development plans 2025/26 to 2027/28

This section details the latest available planned housing completions within each of the district and borough council areas in East Sussex for the period 2025/26 to 2027/28.

The figures gathered are the current estimates of completions planned over the period of the PNA. Some plans are currently being reviewed and updated and may change during the lifetime of the PNA. Also, it is possible that houses may not be completed by the date originally intended in the plans.

Around 9,000 new completions are currently planned for the period of the PNA. 46% of new completions are currently planned for Wealden, with 19% in Rother, 16% in Lewes, 11% in Hastings and 8% in Eastbourne.

No single ward/parish has close to a further 2,000 planned developments and therefore there is no need for additional pharmacy locations.

**Table: Planned housing completions, 2025/26 to 2027/28**

District/borough	2025/26	2026/27	2027/28	Total	%
Eastbourne	229	234	238	701	8%
Hastings	382	395	218	995	11%
Lewes	408	565	506	1,479	16%
Rother	386	624	727	1,737	19%
Wealden	1,001	1,548	1,552	4,101	46%
<b>East Sussex</b>	<b>2,406</b>	<b>3,366</b>	<b>3,241</b>	<b>9,013</b>	<b>100%</b>

Source: Local planning teams in East Sussex

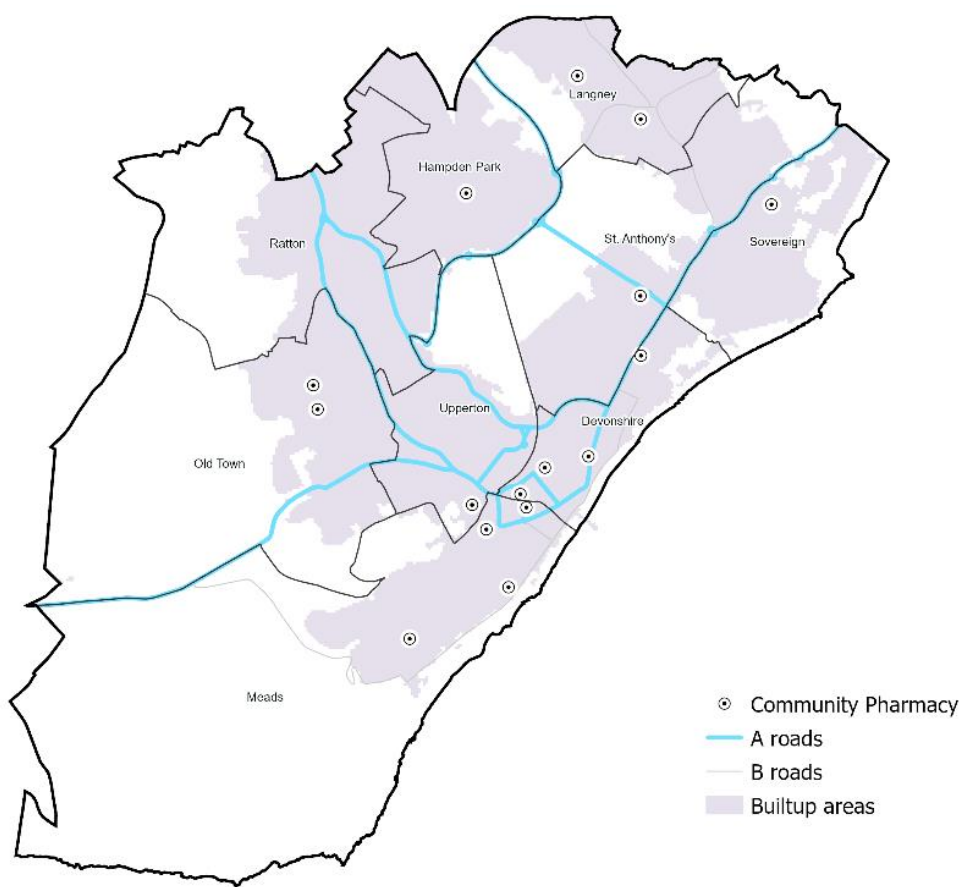
### Eastbourne borough

**Table: Planned housing completions in Eastbourne, 2025/26 to 2027/28**

Eastbourne ward	2025/26	2026/27	2027/28	Total
Devonshire	58	41	81	180
Hampden Park	5	10	0	15

Eastbourne ward	2025/26	2026/27	2027/28	Total
Langney	7	4	1	12
Meads	75	65	11	151
Old Town	12	8	2	22
Ratton	1	2	11	14
Sovereign	0	46	35	81
St. Anthony's	5	3	36	44
Upperton	66	55	61	182
<b>Total</b>	<b>229</b>	<b>234</b>	<b>238</b>	<b>701</b>

Map: Wards in Eastbourne

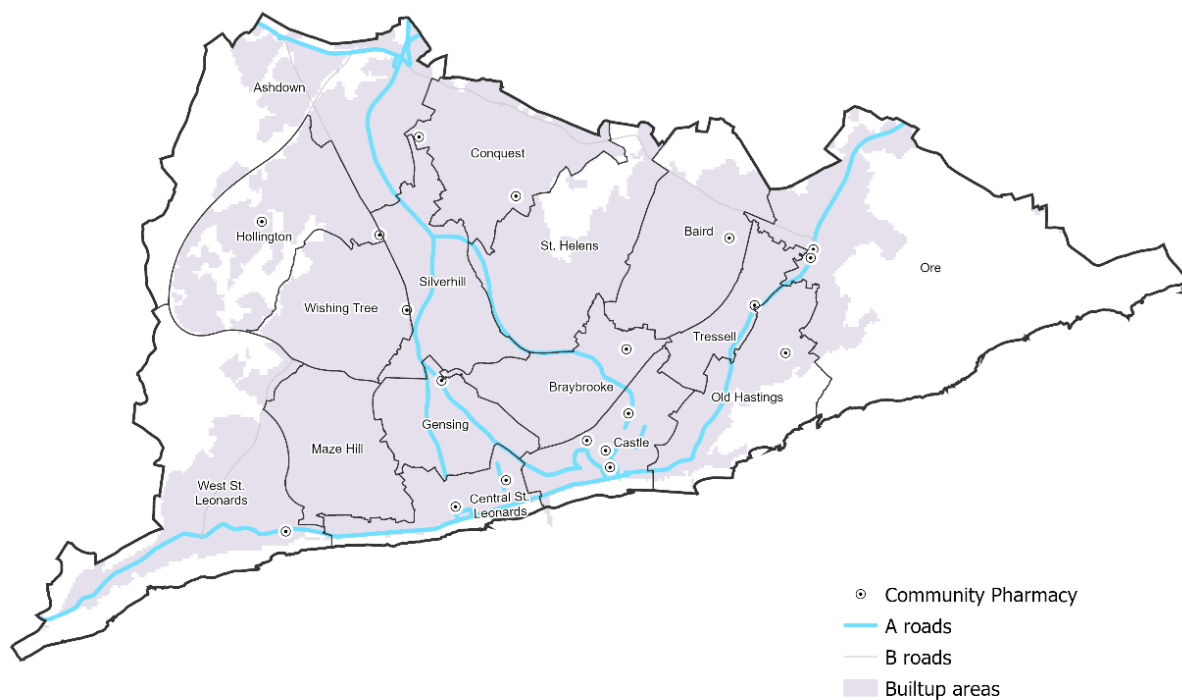


## Hastings borough

**Table: Planned housing completions in Hastings, 2025/26 to 2027/28**

Hastings ward	2025/26	2026/27	2027/28	Total
Ashdown	82	63	63	208
Baird	24	3	3	30
Braybrooke	2	12	3	17
Castle	56	120	3	179
Central St Leonards	8	18	3	29
Conquest	33	33	33	99
Gensing	13	2	22	37
Hollington	3	3	33	39
Maze Hill	13	38	11	62
Old Hastings	3	3	3	9
Ore	3	17	29	49
Silverhill	21	3	2	26
St Helens	3	3	2	8
Tressell	33	23	2	58
West St Leonards	69	52	3	124
Wishing Tree	16	2	3	21
<b>Total</b>	<b>382</b>	<b>395</b>	<b>218</b>	<b>995</b>

## Map: Wards in Hastings



© Crown copyright  
and database rights 2025.  
OS AC00080855

## Lewes district

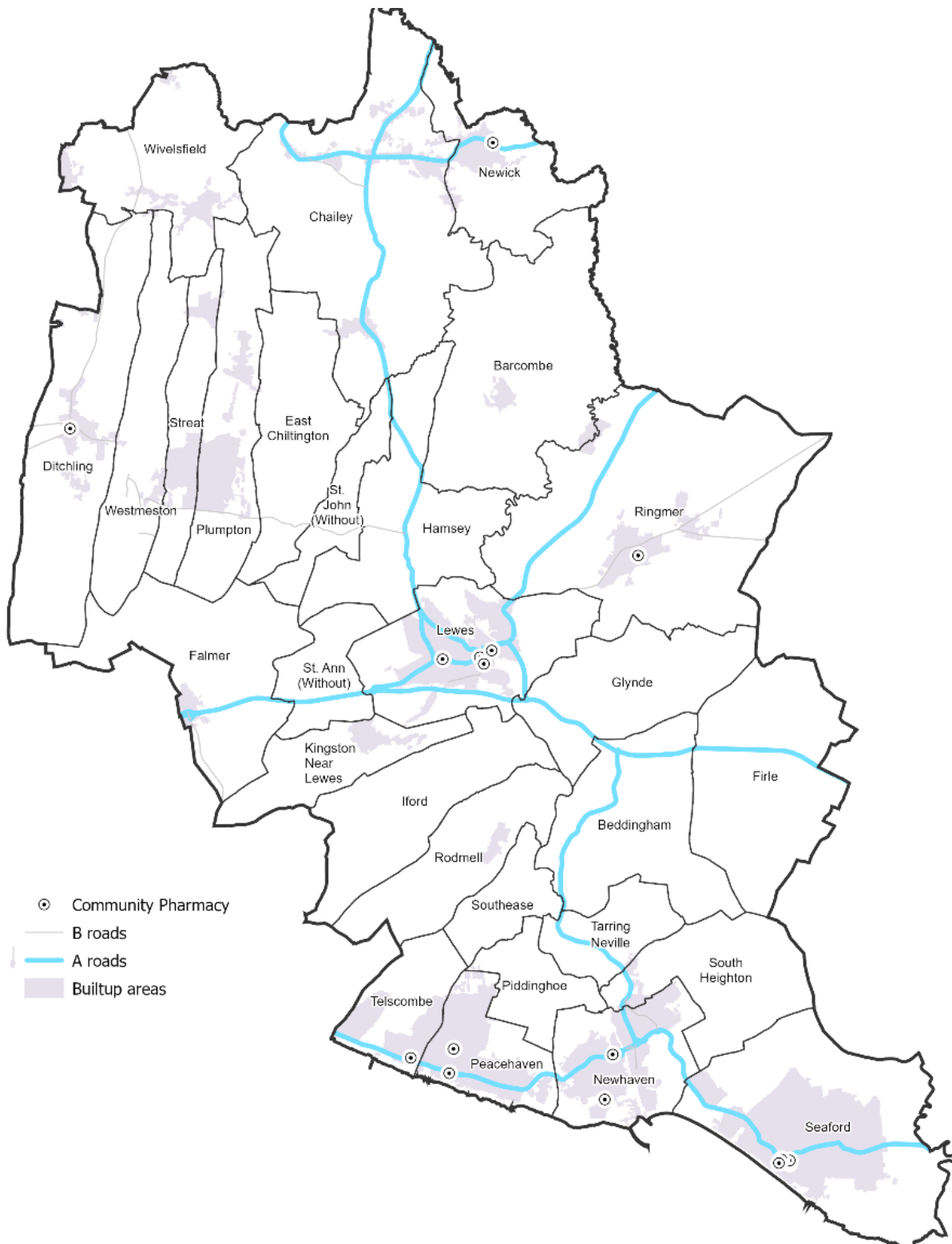
Table: Planned housing completions in Lewes, 2025/26 to 2027/28

Lewes parish	2025/26	2026/27	2027/28	Total
Barcombe	13	12	10	35
Beddingham	0	0	0	0
Chailey	19	23	17	59
Ditchling	3	0	0	3
East Chiltington	2	0	0	2
Falmer	0	0	0	0
Firle	0	0	0	0
Glynde	0	0	0	0



<b>Lewes parish</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>Total</b>
Hamsey	10	7	7	24
Iford	0	0	0	0
Kingston	2	0	1	3
Lewes	94	74	76	244
Newhaven	71	142	134	347
Newick	29	25	6	60
Peacehaven	20	18	12	50
Piddinghoe	1	0	0	1
Plumpton	23	31	22	76
Ringmer	42	94	120	256
Rodmell	1	0	0	1
Seaford	44	59	47	150
Southease	0	0	0	0
South Highton	0	11	0	11
St Ann Without	0	0	0	0
St John Without	0	0	0	0
Streat	1	0	0	1
Tarring Neville	1	0	0	1
Telscombe	10	8	0	18
Westmeston	1	0	0	1
Wivelsfield	21	61	54	136
<b>Total</b>	<b>408</b>	<b>565</b>	<b>506</b>	<b>1,479</b>

## Map: Parishes in Lewes



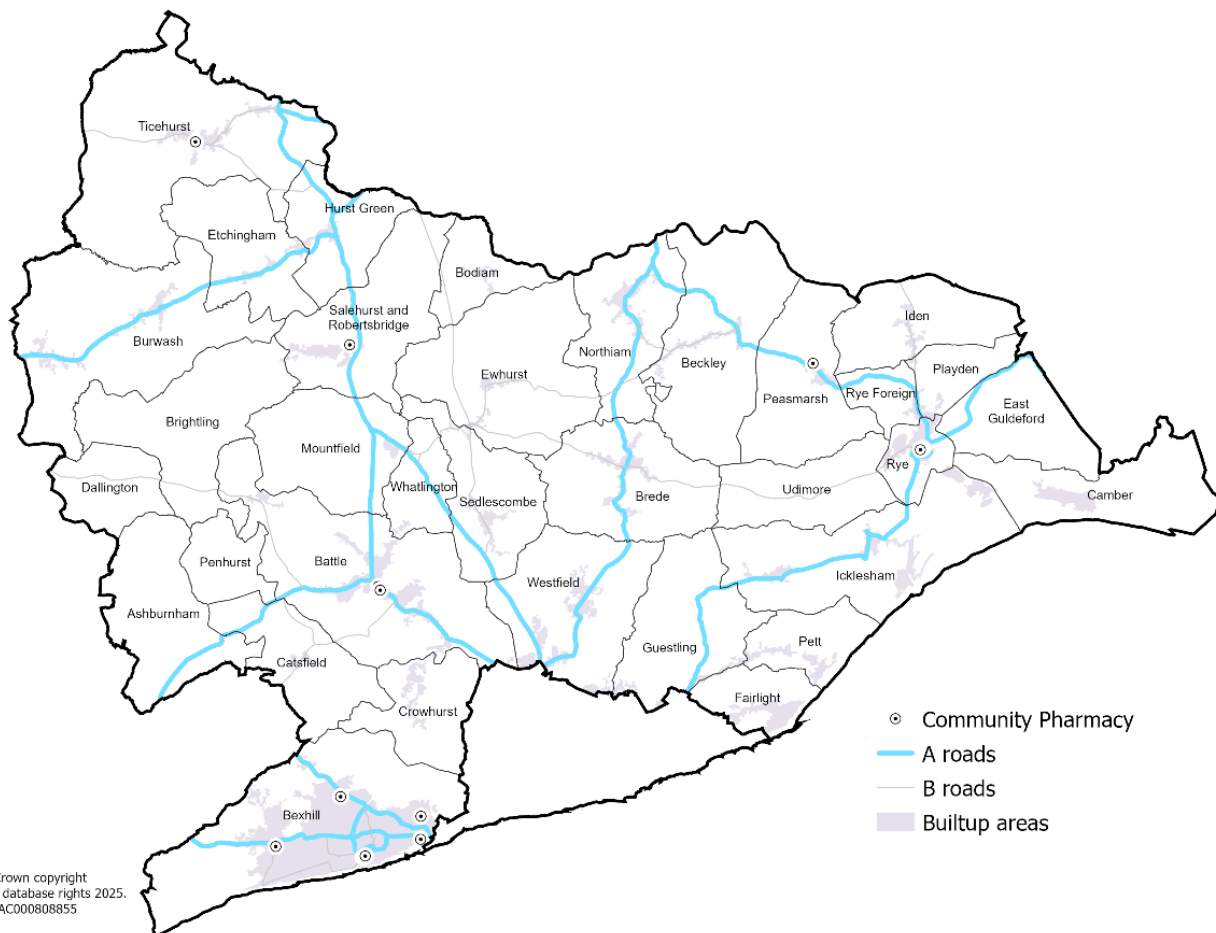
## Rother district

**Table: Planned housing completions in Rother, 2025/26 to 2027/28**

Rother parish	2025/26	2026/27	2027/28	Total
Ashburnham	0	0	0	0
Battle	25	110	120	255
Beckley	2	2	1	5
Bexhill	248	393	437	1,078
Bodiam	0	0	0	0
Brede	1	1	1	3
Brightling	0	0	0	0
Burwash	28	16	2	46
Camber	2	11	1	14
Catsfield	1	1	1	3
Crowhurst	2	2	2	6
Dallington	0	0	0	0
East Guldeford	0	0	0	0
Etchingham	0	0	0	0
Ewhurst	1	1	0	2
Fairlight	1	0	0	1
Guestling	2	2	2	6
Hurst Green	15	15	26	56
Icklesham	2	1	1	4
Iden	0	0	12	12

<b>Rother parish</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>Total</b>
Mountfield	2	2	2	6
Northiam	2	2	2	6
Peasmarsh	1	21	26	48
Penhurst	0	0	0	0
Pett	0	0	0	0
Playden	0	0	0	0
Rye	5	5	34	44
Rye Foreign	1	0	0	1
Salehurst and Robertsbridge	17	17	29	63
Sedlescombe	19	12	1	32
Ticehurst	5	6	4	15
Udimore	0	0	0	0
Westfield	3	3	23	29
Whatlington	1	1	0	2
<b>Total</b>	<b>386</b>	<b>624</b>	<b>727</b>	<b>1,737</b>

## Map: Parishes in Rother



## Wealden district

**Table: Planned housing completions in Wealden, 2025/26 to 2027/28**

Wealden parish	2025/26	2026/27	2027/28	Total
Alciston	0	0	0	0
Alfriston	0	0	0	0
Arlington	10	5	3	18
Berwick	2	0	10	12
Buxted	29	32	35	96
Chalvington with Ripe	32	41	40	113
Chiddingly	13	6	0	19
Crowborough	141	103	50	294
Cuckmere Valley	0	0	0	0
Danehill	2	1	0	3
East Dean & Friston	4	2	0	6
East Hoathly with Halland	50	60	70	180
Fletching	3	0	0	3
Forest Row	11	9	0	20
Framfield	47	81	80	208
Frant	2	22	52	76
Hadlow Down	0	0	0	0
Hailsham	212	349	377	938

<b>Wealden parish</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>Total</b>
Hartfield	3	2	0	5
Heathfield and Waldron	8	7	9	24
Hellingly	73	201	148	422
Herstmonceux	15	62	50	127
Hooe	0	0	0	0
Horam	2	59	64	125
Isfield	1	0	0	1
Laughton	4	0	3	7
Little Horsted	0	0	0	0
Long Man	0	0	0	0
Maresfield	9	11	14	34
Mayfield and Five Ashes	1	2	3	6
Ninfield	11	35	35	81
Pevensey	2	1	1	4
Polegate	29	52	80	161
Rotherfield	2	4	8	14
Selmeston	0	0	0	0
Uckfield	84	80	79	243
Wadhurst	4	3	3	10
Warbleton	1	0	0	1

<b>Wealden parish</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>Total</b>
Wartling	2	1	1	4
Westham	135	239	209	583
Willingdon and Jevington	51	75	125	251
Withyham	6	3	3	12
<b>Total</b>	<b>1,001</b>	<b>1,548</b>	<b>1,552</b>	<b>4,101</b>



**Map: Parishes in Wealden**

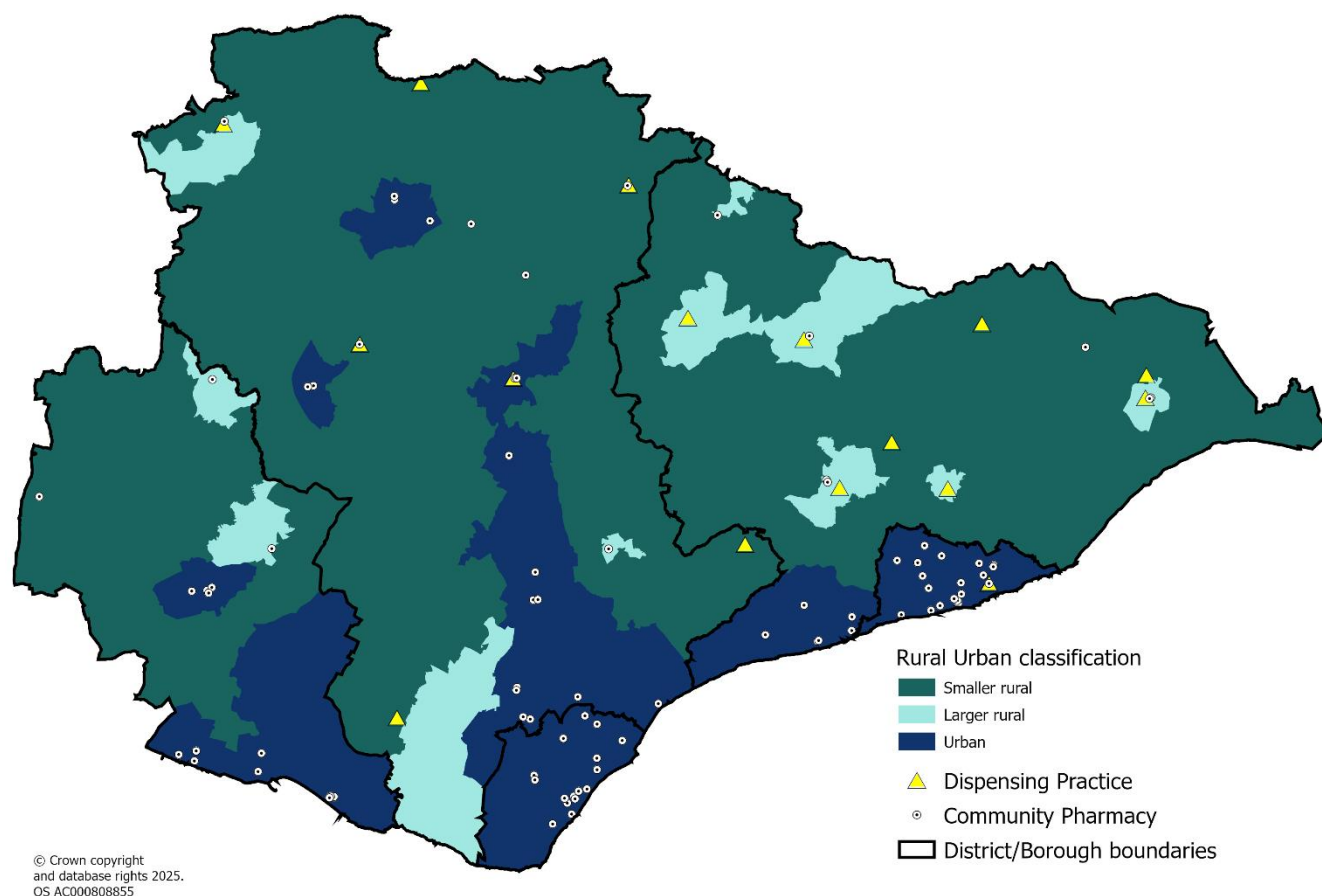


© Crown copyright  
and database rights 2025.  
OS AC000808855

## 4.5 Rural and urban areas

East Sussex has a mixture of urban and rural areas, with the concentration of urban areas located on the coast, in the central corridor north from Eastbourne up to Heathfield, and the market towns of Lewes, Uckfield and Crowborough in the West and North.

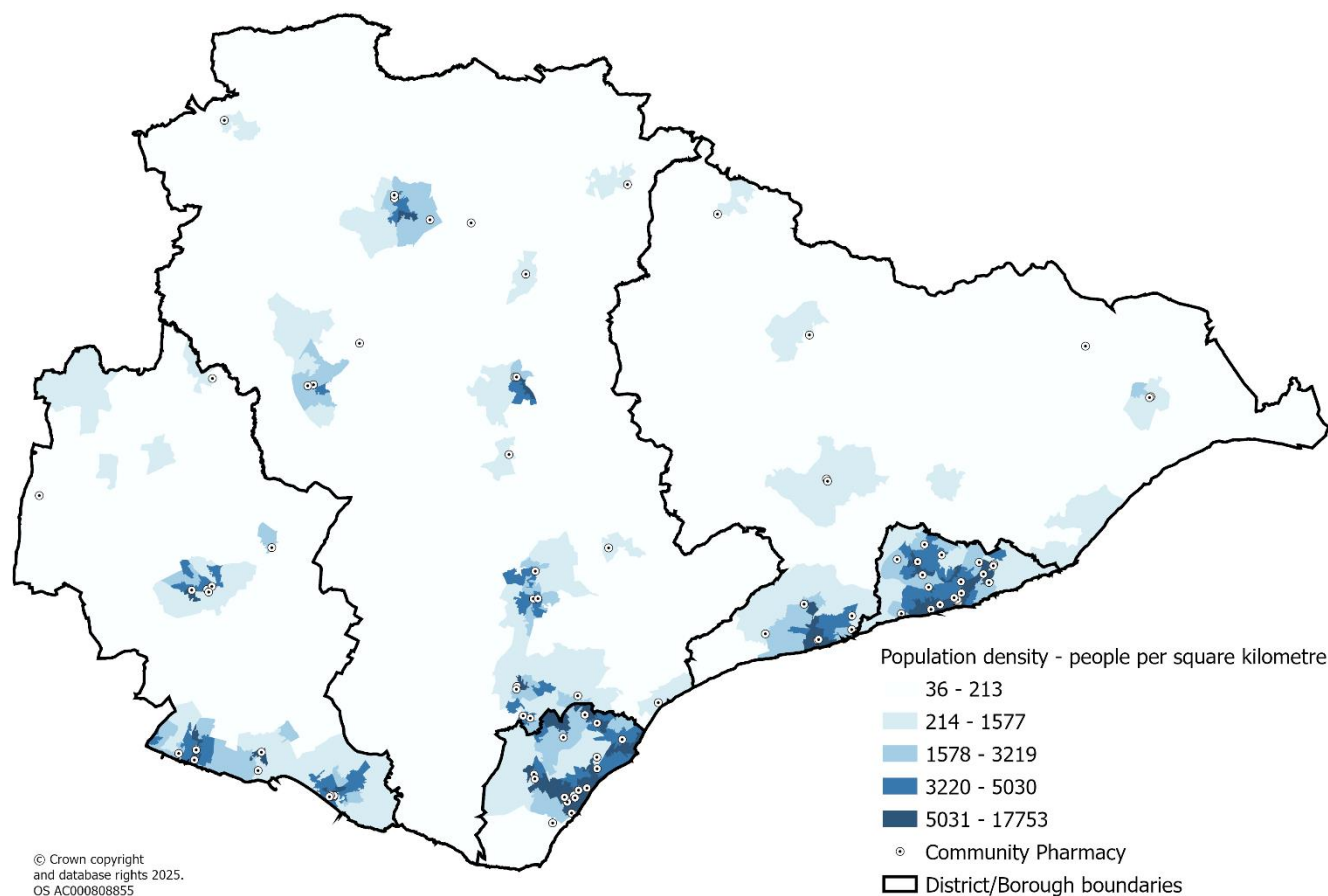
Map: Rural urban areas across East Sussex, 2021



Source: [2021 Rural Urban Classification - Office for National Statistics](#)

When it comes to density of population, the majority of the land in East Sussex is sparsely populated in the rural areas. The areas of high population density in East Sussex are areas with community pharmacies close by.

**Map: Population density across East Sussex, 2021**



Source: 2021 Census, Office for National Statistics

## 4.6 Access to a car / van

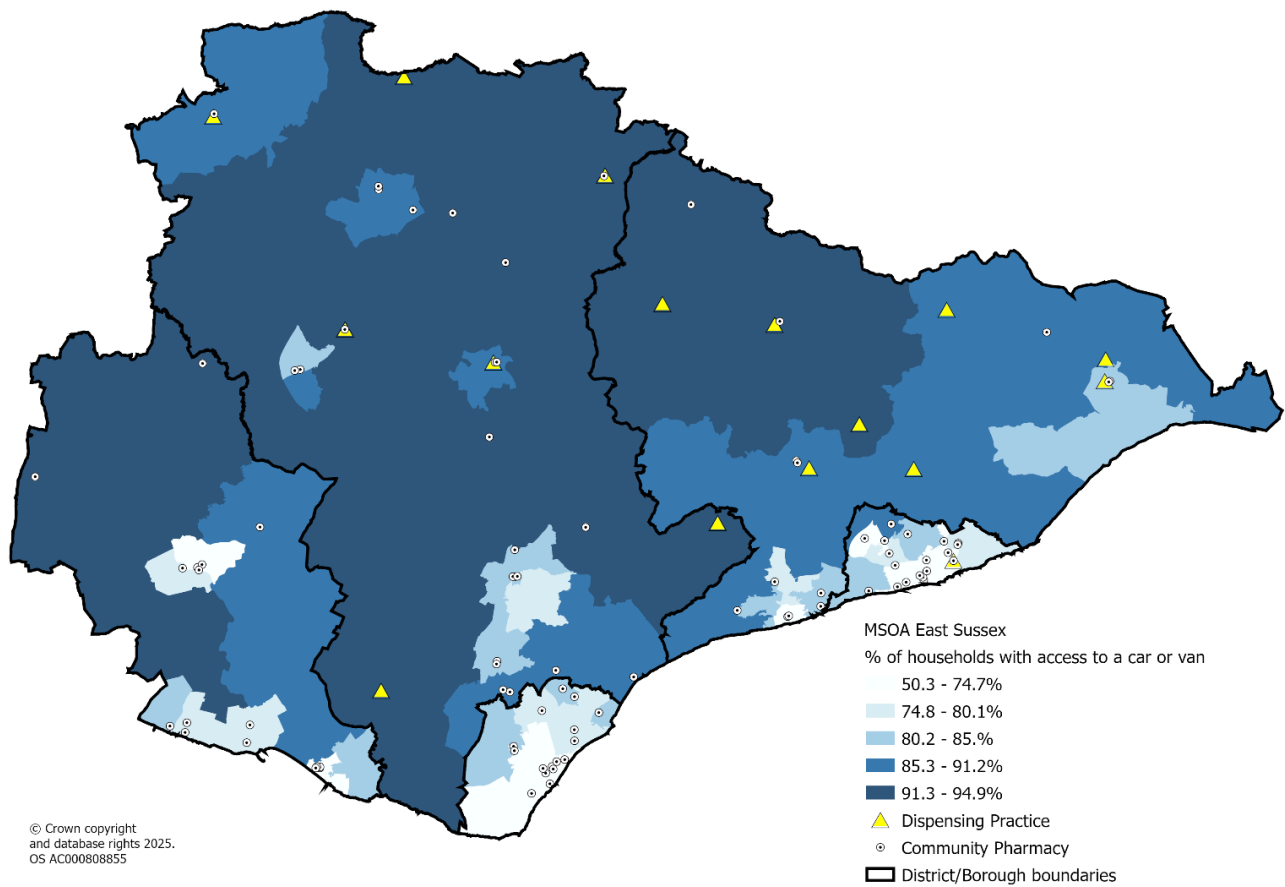
The areas with low percentages of households with access to a car/van are all in the more densely populated urban areas of East Sussex.

**Table: Access to car/van across East Sussex, 2021**

District	1 or more cars or vans in household	No cars or vans in household	Total households	% of households with no access to a car or van
Eastbourne	33,512	12,096	45,608	26.5
Hastings	28,658	11,801	40,459	29.2
Lewes	35,478	8,212	43,690	18.8
Rother	35,360	6,742	42,102	16.0
Wealden	61,044	7,222	68,266	10.6
<b>East Sussex</b>	<b>194,052</b>	<b>46,073</b>	<b>240,125</b>	<b>19.2</b>

Source: 2021 Census, Office for National Statistics

Map: Access to car/van across East Sussex, 2021



Source: 2021 Census, Office for National Statistics

## 4.7 Deprivation (IMD 2019)

The Index of Multiple Deprivation 2019 (IMD 2019) describes relative deprivation nationally at Lower Super Output Area (LSOA) level. The table below shows that 43% of LSOAs in Hastings are amongst the most deprived 20% of areas in England. This makes Hastings the most deprived local authority in the South East and amongst the most deprived nationally.

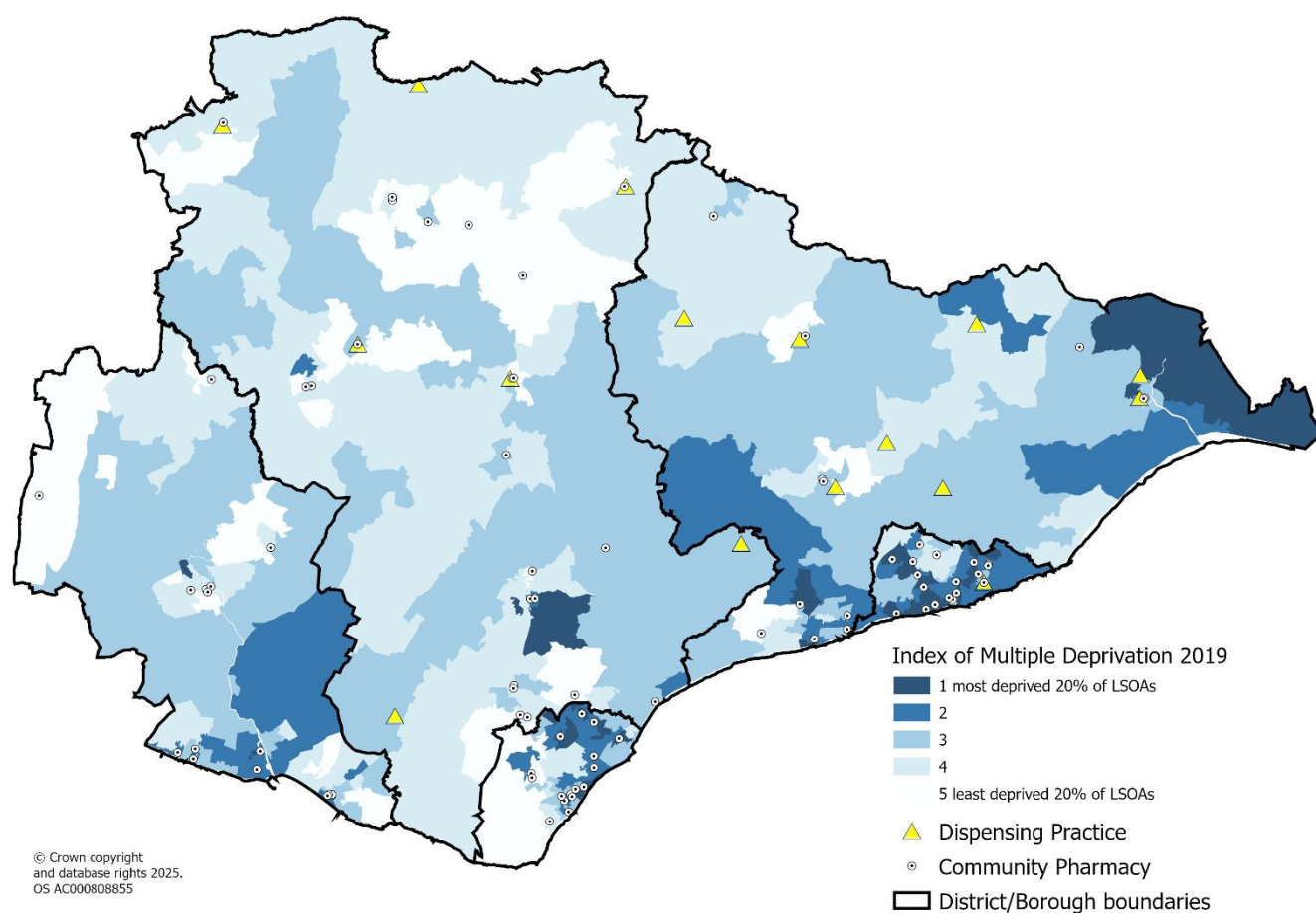
**Table: Percentage of East Sussex LSOAs in each national deprivation quintile, IMD 2019**

National deprivation quintile	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
1 = most deprived 20% of areas	20%	43%	3%	10%	4%	14%
2	30%	30%	19%	21%	3%	19%
3	26%	15%	24%	34%	26%	26%
4	13%	11%	37%	26%	35%	26%
5 = least deprived 20% of areas	11%	0%	16%	9%	32%	16%

Source: Ministry of Housing, Communities & Local Government, 2019

The map below shows levels of deprivation for Lower Super Output areas (LSOAs) in East Sussex. They are presented as national quintiles so that quintile 1 represents areas that are amongst the most deprived 20% of LSOAs in England. The most deprived areas are mainly in urban coastal areas. This is also the case for Income Deprivation affecting both children and older people.

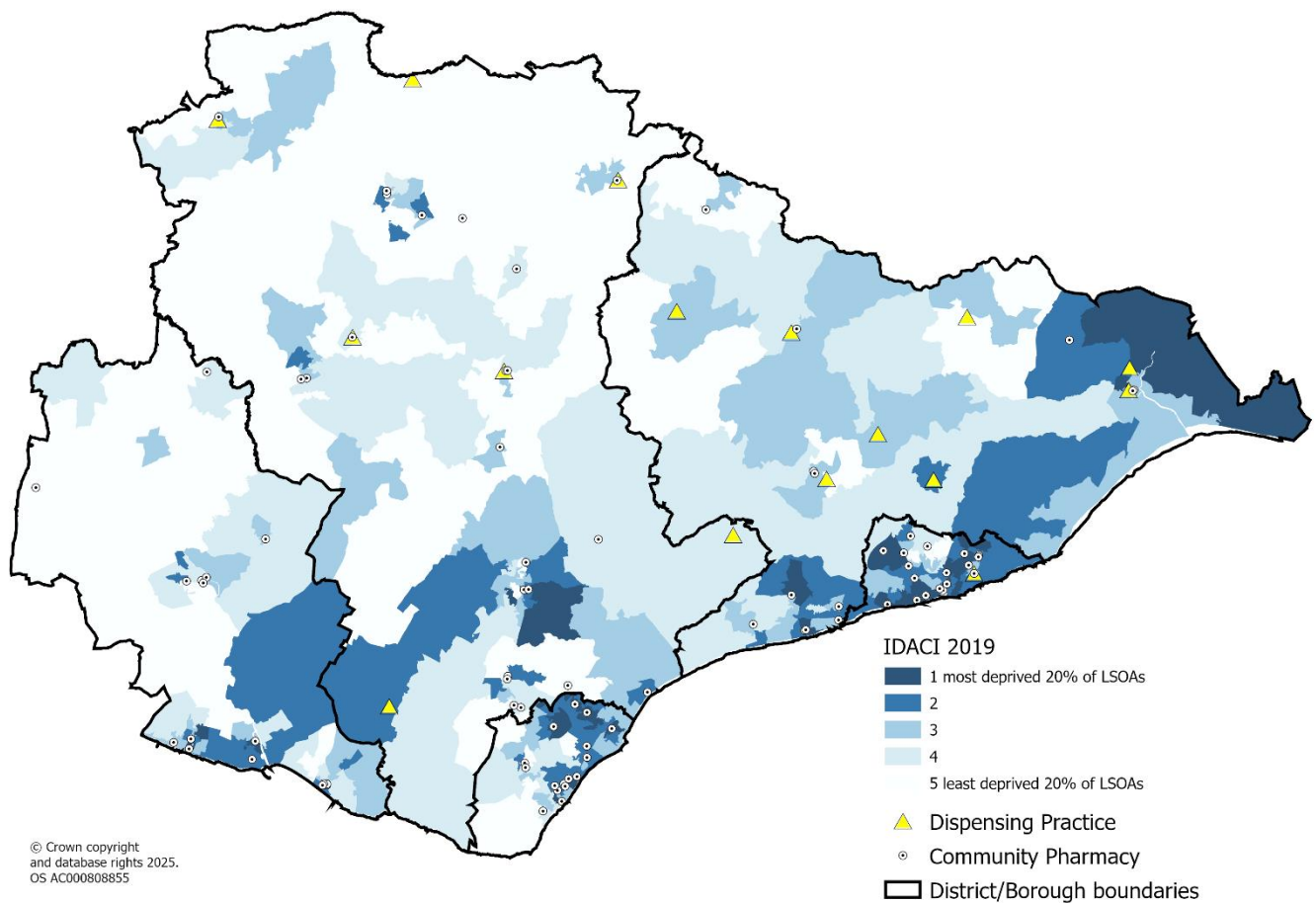
**Map: Areas of deprivation in East Sussex showing the LSOAs ranking according to their national deprivation quintile, 2019**



Source: Ministry of Housing, Communities & Local Government, 2019



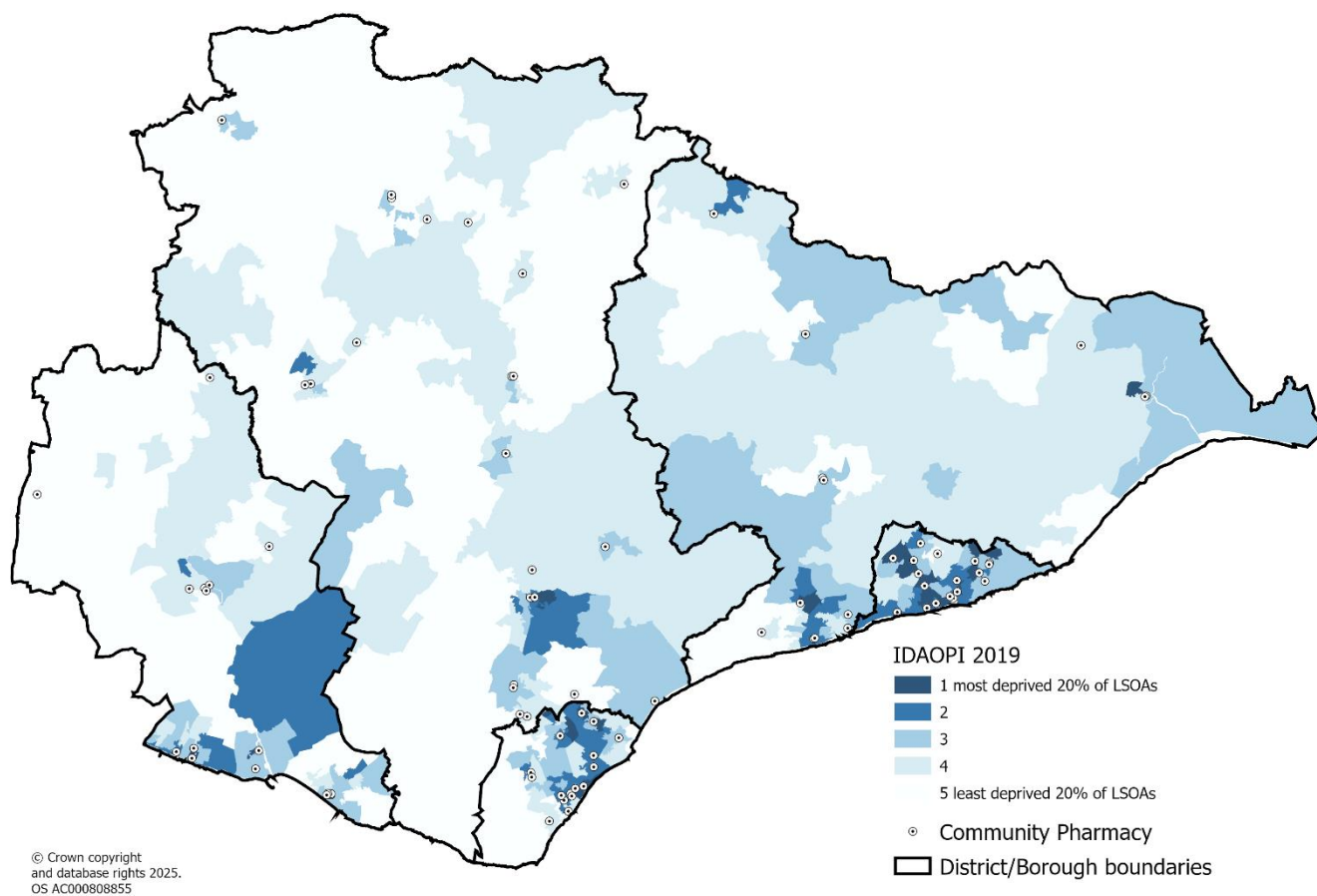
**Map: Income Deprivation Affecting Children Index (IDACI), 2019**



Source: Ministry of Housing, Communities & Local Government, 2019



**Map: Income Deprivation Affecting Older people Index (IDAOPi), 2019**



Source: Ministry of Housing, Communities & Local Government, 2019

## 5. Health and care needs

### 5.1 Life expectancy

Life Expectancy (LE) at birth is higher at an East Sussex level compared to England for both males and females. LE was increasing in East Sussex up to around 2012-2014 when it began to plateau. It then dropped slightly during the years affected by the COVID-19 pandemic. Recent data (2021-2023) estimates that life expectancy in East Sussex for males is 79.1 years and for females is 83.1 years.

At a district and borough level, male LE for 2021-2023 ranges from 76.7 years in Hastings to 81.9 years in Wealden. For females LE ranges from 80.9 in Hastings to 84.5 in Wealden.

For both males and females, LE is lower than England in Hastings and Eastbourne, and higher in Wealden, Lewes and Rother.

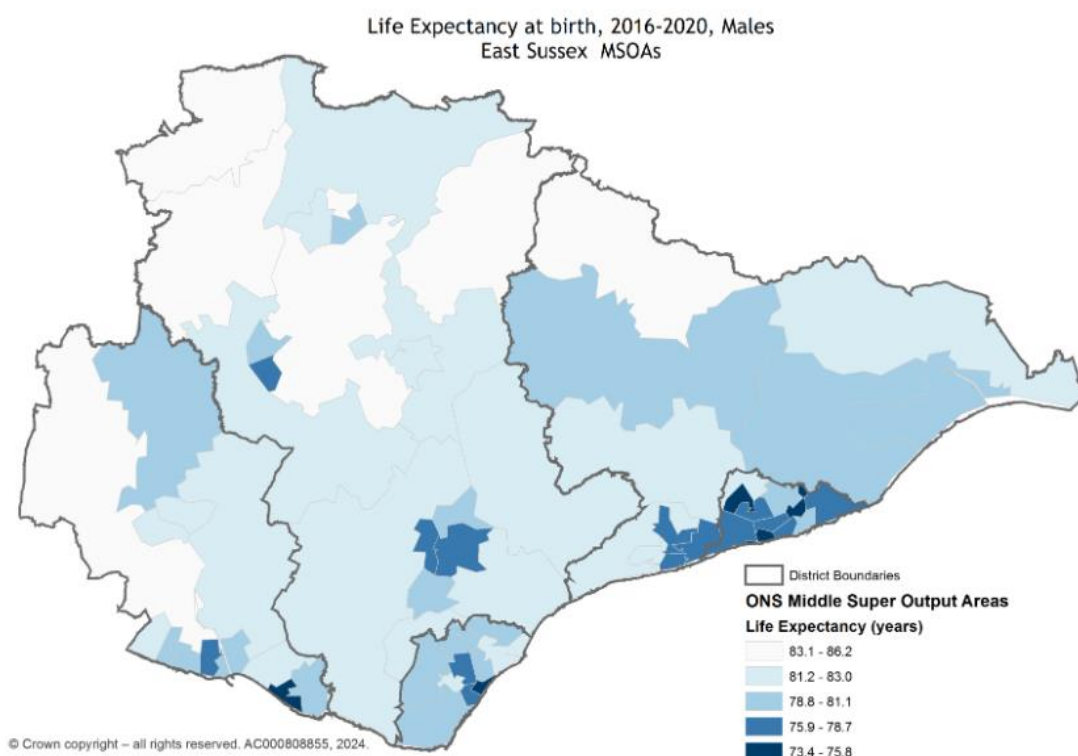
At a small area level (MSOA, latest data 2016-2020) Crowborough North East has the highest LE for males (86.2 years) and Frant and Groombridge for females (88.7 years). For males it is lowest in Pier in Eastbourne (73.4 years) and for females it is lowest in Central St Leonards (78.5 years). At an MSOA level that means that the gap is 12.7 years for males and 10.1 for females.

**Table: Life expectancy at birth by district and borough in East Sussex, 2021-2023**

Area	Males	Females
Eastbourne	78.8	82.6
Hastings	76.7	80.9
Lewes	80.4	84.9
Rother	80.3	83.2
Wealden	81.9	84.5
<b>East Sussex</b>	<b>79.9</b>	<b>83.4</b>
<b>England</b>	<b>79.1</b>	<b>83.1</b>

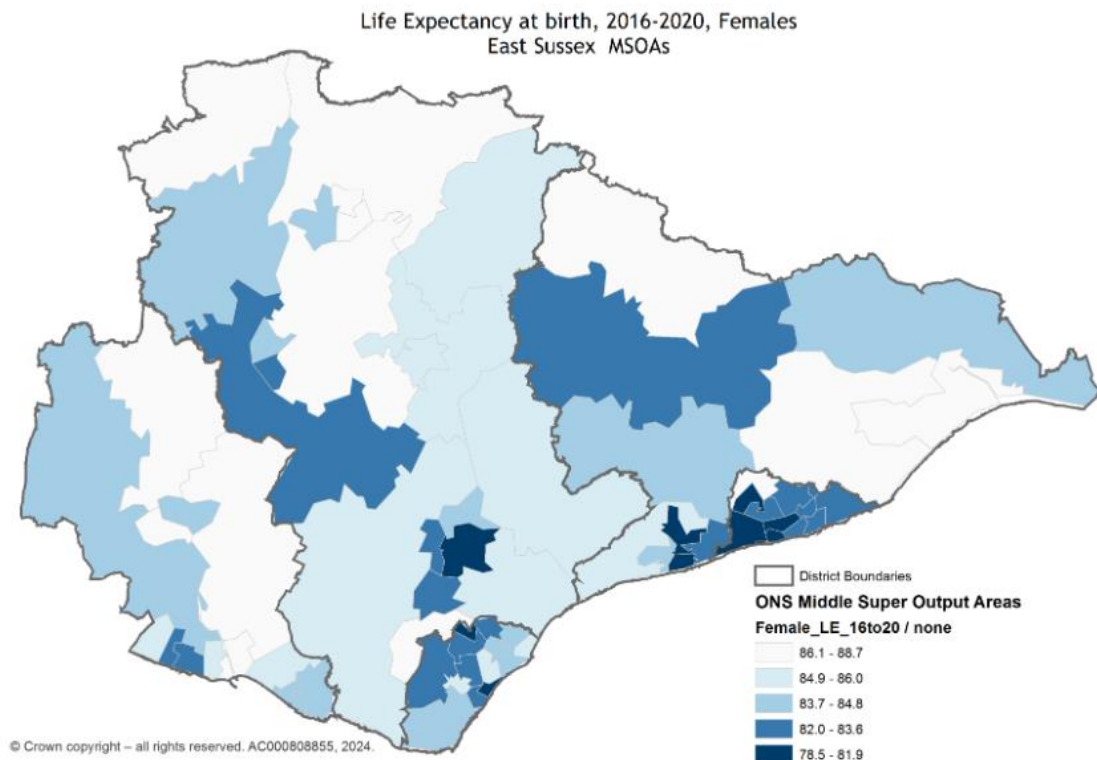
Source: [Public Health Outcomes Framework | Fingertips | Department of Health and Social Care](#)

**Map: Life expectancy at birth for males by Middle Layer Super Output Area (MSOA) in East Sussex, 2016-2020**



Source: [Local health, public health data for small geographic areas | Fingertips | Department of Health and Social Care](#)

**Map: Life expectancy at birth for females by Middle Layer Super Output Area (MSOA) in East Sussex, 2016-2020**



Source: [Local health, public health data for small geographic areas | Fingertips | Department of Health and Social Care](#)

## 5.2 Disease and poor health

### Bad health

The 2021 Census asked residents “How is your health in general?”. 31,149 residents in East Sussex responded that their health was bad or very bad, which represents 5.7% of the population. This was higher than for England (5.2%). Higher percentages were seen in Hastings (7.3%), Eastbourne (6.3%) and Rother (6.0%).

**Table: Self-reported health status, 2021**

Area	Bad or very bad health		Fair health		Very good or good health		Total
	Number	%	Number	%	Number	%	Number
Eastbourne	6,383	6.3%	15,503	15%	79,800	78%	101,686
Hastings	6,613	7.3%	14,122	16%	70,260	77%	90,995
Lewes	5,484	5.5%	14,156	14%	80,265	80%	99,905
Rother	5,580	6.0%	14,561	16%	72,969	78%	93,110
Wealden	7,089	4.4%	20,209	13%	132,853	83%	160,151
<b>East Sussex</b>	<b>31,149</b>	<b>5.7%</b>	<b>78,551</b>	<b>14%</b>	<b>436,147</b>	<b>80%</b>	<b>545,847</b>
<b>England</b>		<b>5.2%</b>		<b>13%</b>		<b>82%</b>	

Source: 2021 Census, office for National Statistics

### Disability

The 2021 Census included a two-part question on disability. Firstly, respondents were asked if they had any long-term physical or mental health conditions or illnesses lasting or expected to last 12 months or more. Those who answered “Yes” were then asked if these conditions limited their ability to carry out day-to-day activities. People whose activities were limited “a little” or “a lot” were considered disabled.

In East Sussex there were 110,553 residents who self-reported to be disabled, representing 20.3% of the population. This was higher than for England (17.3%). Higher percentages were seen in Hastings (22.6%), Eastbourne (21.6%) and Rother (21.6%).

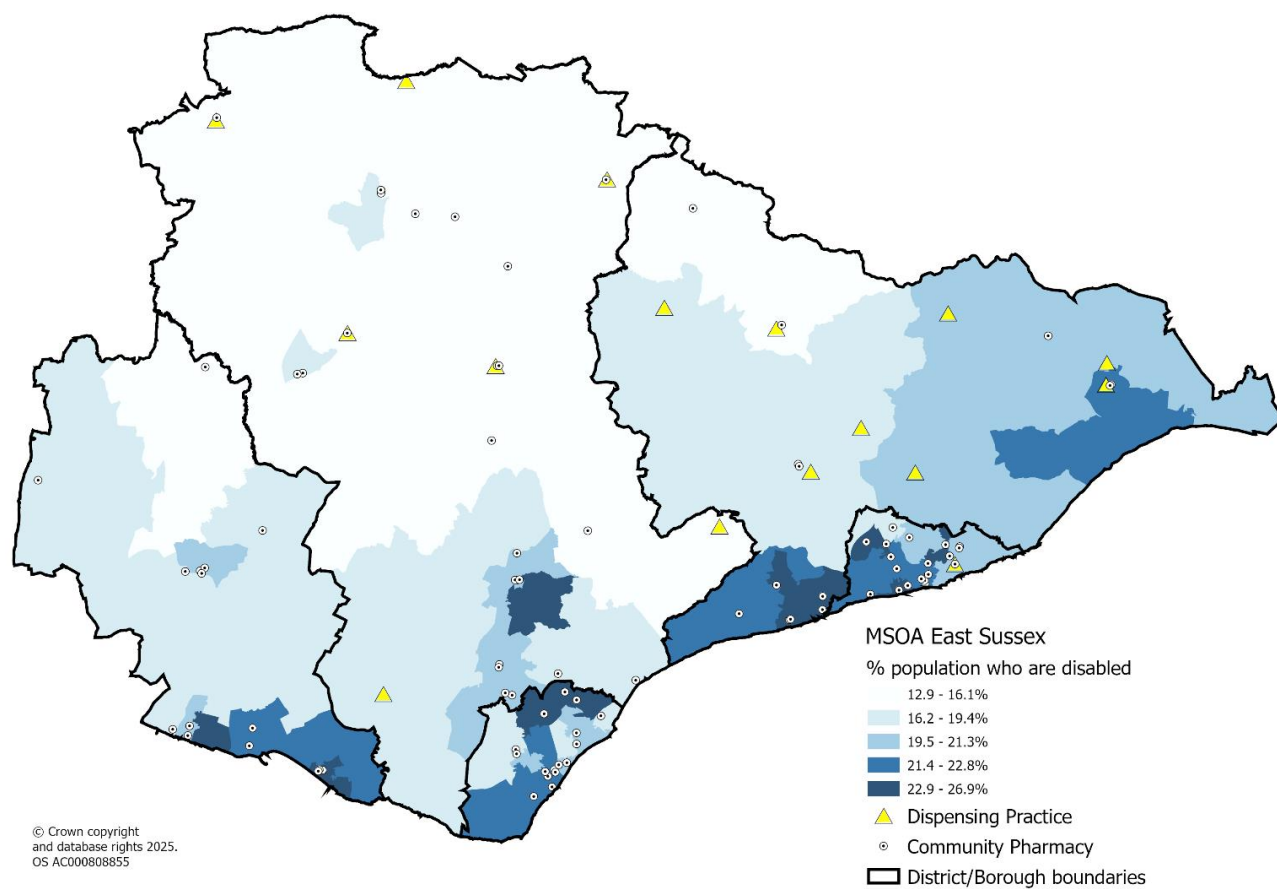
**Table: Population who are disabled, 2021**

Area	Number	%
Eastbourne	21,919	21.6%
Hastings	20,525	22.6%
Lewes	20,342	20.4%
Rother	20,138	21.6%
Wealden	27,629	17.3%
<b>East Sussex</b>	<b>110,553</b>	<b>20.3%</b>
<b>England</b>		<b>17.3%</b>

Source: 2021 Census, Office for National Statistics

Looking at a more local level, the higher percentages of disabled people are in the coastal areas of East Sussex and also Hailsham.

**Map: Population who are disabled, 2021**



Source: 2021 Census, Office for National Statistics

## Chronic disease

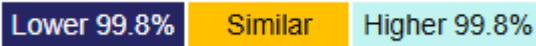
Data are published on the number of patients on specific chronic disease registers in GP practices as part of the Quality Outcomes Framework (QOF). This data has been summarised by district and borough area in the figure below.









Prevalences are higher in East Sussex compared to England. This may be due to the older age profile in East Sussex and the fact that many chronic conditions are age-related.

Rother has the highest prevalence rates with the exception of depression, where Hastings is highest.

**Figure: Chronic disease prevalence, 2023/24**

Quintiles 

Compared to England 

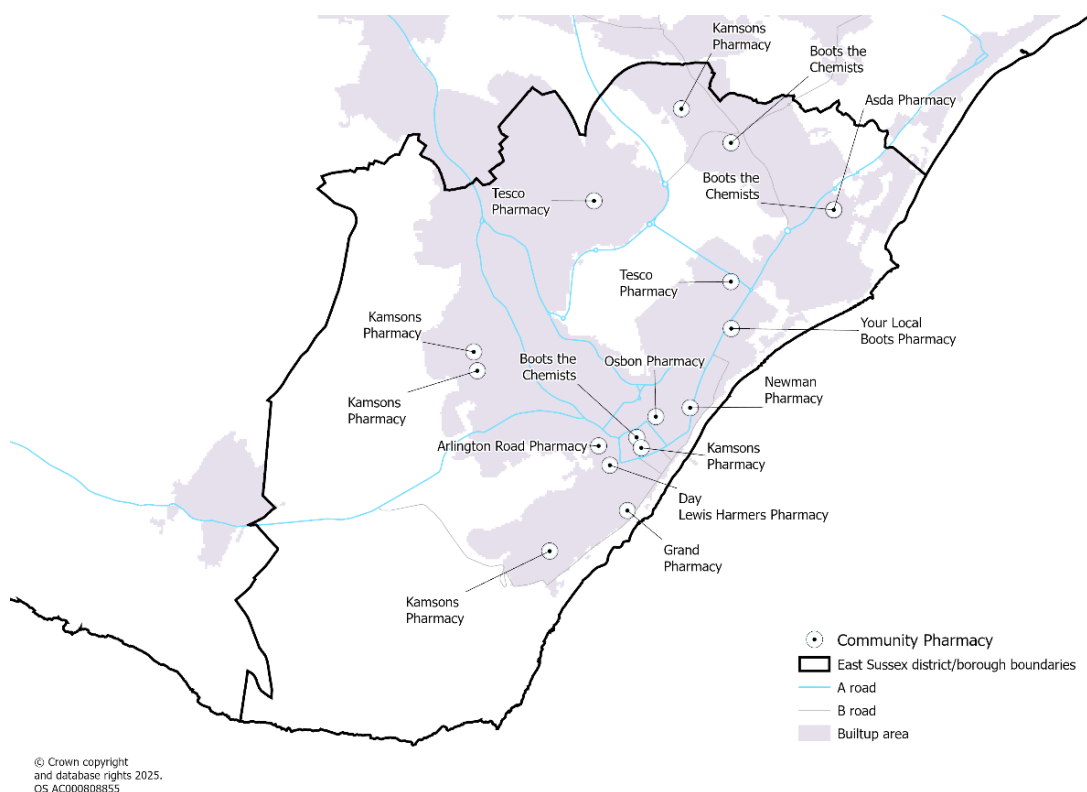
Indicator	Period		England	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
Stroke: QOF prevalence	2023/24		1.9	2.6	2.5	2.4	2.7	3.2	2.4
Hypertension: QOF prevalence	2023/24		14.8	17.9	17.0	16.8	17.7	21.7	17.2
COPD: QOF prevalence	2023/24		1.9	2.4	2.2	3.0	2.2	2.8	1.9
CHD: QOF prevalence	2023/24		3.0	3.6	3.4	3.5	3.8	4.6	3.3
Depression: QOF prevalence - retired after 2022/23	2022/23		13.2	16.0	17.2	18.1	14.8	15.5	15.0
Osteoporosis: QOF prevalence (50+ yrs)	2023/24		1.1	1.5	2.4	1.1	1.1	2.4	0.8
Asthma: QOF prevalence (6+ yrs)	2023/24		6.5	7.1	7.1	6.7	7.5	7.3	7.2
Rheumatoid Arthritis: QOF prevalence	2023/24		0.8	0.9	1.0	0.9	0.9	0.9	1.0

Source: [Fingertips](#) | [Department of Health and Social Care](#)

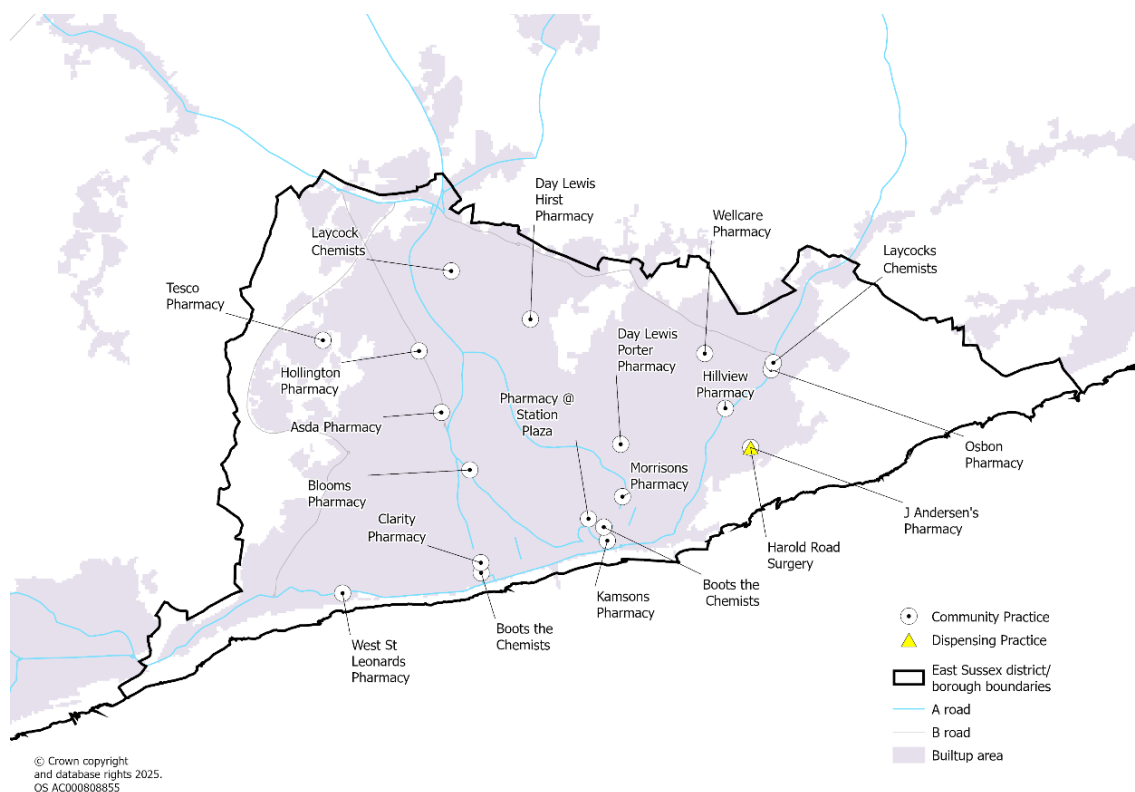




## Map: Location of community pharmacies and dispensing practices in Eastbourne



## Map: Location of community pharmacies and dispensing practices in Hastings



## Pharmacy changes since the last PNA

There has been a gradual reduction in provision of pharmacies at a local, regional and national level. Since the last PNA in 2022 there are seven fewer community pharmacies, which is a 6% reduction, whilst the number of distance selling pharmacies and dispensing practices have remained the same. The greatest decrease has been in Eastbourne where there are 3 fewer pharmacies.

**Table: Pharmacy service changes since the last PNA**

Area	Provision type	Jan 2022	April 2025	Net change
Eastbourne	Community pharmacy	20	17	-3
	Distance selling pharmacy	0	0	0
	Dispensing practice	0	0	0
	<b>Total</b>	<b>20</b>	<b>17</b>	<b>-3</b>
Hastings	Community pharmacy	20	19	-1
	Distance selling pharmacy	0	0	0
	Dispensing practice	1	1	0
	<b>Total</b>	<b>21</b>	<b>20</b>	<b>-1</b>
Lewes	Community pharmacy	17	16	-1
	Distance selling pharmacy	1	1	0
	Dispensing practice	0	0	0
	<b>Total</b>	<b>18</b>	<b>17</b>	<b>-1</b>
Rother	Community pharmacy	15	14	-1
	Distance selling pharmacy	1	1	0
	Dispensing practice	8	8	0
	<b>Total</b>	<b>24</b>	<b>23</b>	<b>-1</b>
Wealden	Community pharmacy	27	26	-1

Area	Provision type	Jan 2022	April 2025	Net change
	Distance selling pharmacy	1	1	0
	Dispensing practice	7	7	0
	<b>Total</b>	<b>35</b>	<b>35</b>	<b>0</b>
<b>East Sussex Total</b>	Community pharmacy	99	92	-7
	Distance selling pharmacy	3	3	0
	Dispensing practice	16	16	0
	<b>Total</b>	<b>118</b>	<b>111</b>	<b>-7</b>

## Provision compared to neighbouring areas

There are no recommended rates for provision of community pharmacy services.

The rate of pharmacies in East Sussex is 17.1 per 100,000 population which is lower than the England rate of 18.1. Looking at neighbouring areas to East Sussex both Brighton and Hove (18.2) and Medway (17.8), which are both more urban densely populated areas, have higher rates than East Sussex. However, compared to similar neighbouring counties, East Sussex has the highest rate of provision. It's not possible to add GP dispensaries to the analysis which would increase the rates in areas more rural in nature.

**Table: Community pharmacy comparisons, Quarter 2 2024/25**

Local Authority	Community Pharmacies 2024/25 Q2	Population (Mid-2023)	Rate per 100,000	Rank (out of 153, 1 =highest rate)
East Sussex	95	555,484	17.1	99
Brighton & Hove	51	279,637	18.2	82
Kent	254	1,610,251	15.8	120
Medway	51	286,800	17.8	95
Surrey	181	1,228,671	14.7	136
West Sussex	146	900,862	16.2	114
England	10,439	57,690,323	18.1	

*Note: Distance selling Pharmacies are included in above table as unable to remove them from the national data easily. GP dispensaries are not included.*

Source: NHS Business Services Authority and Population data from ONS

## Provision across East Sussex boroughs and districts

Looking at pharmacy provision across the districts and boroughs in East Sussex we can include the dispensing practices. This shows highest provision per 100,000 population in Rother (24.2), which has the oldest population profile, followed by Hastings (22.0) which has the most population living in areas of deprivation. The lowest rates are in Eastbourne (16.4) and Lewes (16.8).

**Table: Community pharmacy provision in East Sussex, Quarter 2 2024/25**

Area	Community Pharmacies	Distance selling pharmacies	Dispensing practices	Total	Population (Mid-2023)	Rate per 100,000
Eastbourne	17			17	103,796	16.4
Hastings	19		1	20	90,817	22.0
Lewes	16	1		17	101,356	16.8
Rother	14	1	8	23	94,862	24.2
Wealden	26	1	7	35	164,653	20.6
<b>East Sussex</b>	<b>92</b>	<b>3</b>	<b>16</b>	<b>112</b>	<b>555,484</b>	<b>20.0</b>

Source: NHS Business Services Authority and Population data from ONS

## Pharmacy Access Scheme (PhAS)

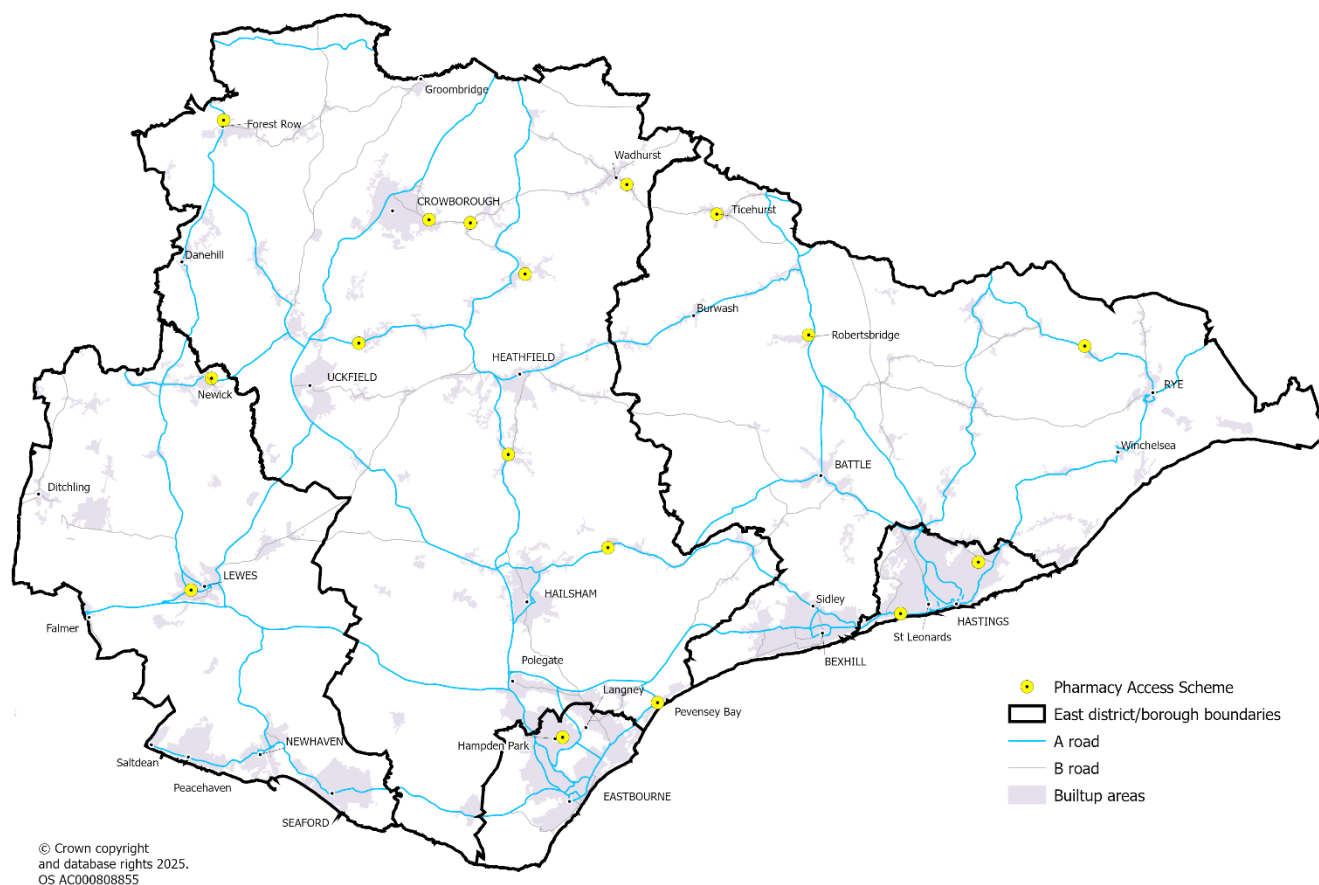
The aim of the Pharmacy Access Scheme (PhAS) is a national scheme to support patient access to NHS community pharmaceutical services in England. Qualifying pharmacies will receive an additional payment.

The PhAS has been designed to capture isolated and eligible pharmacies to support patient access.

Eligibility for PhAS is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. [Pharmacy Access Scheme \(PhAS\) - Community Pharmacy England](#)

17 community pharmacies in East Sussex receive payments as part of the PhAS.

## Map: Community Pharmacies who receive PhAS payments



Source: NHS Sussex ICB

## 6.2 Opening Hours

**Core hours:** Those hours a pharmacy is formally contracted to provide NHS pharmaceutical services. Core hours are usually 40 hours but there are some contracted for 100 hours. See details in next section.

**Supplementary hours:** Additional hours a pharmacy opens beyond their core hours. Decreases in hours can be modified with five weeks' notice to NHS Sussex ICB, and no notice period is required to increase them.

### 100-hour contract changes

100-hour pharmacies became a new provision under amendments to The National Health Service (Pharmaceutical Services) Regulations 1992, which came into force on 1 April 2005.

In an attempt to increase pharmacy provision and competition, the legislation introduced four exemptions to earlier NHS regulations that prohibited new contractors from entering

the pharmaceutical list unless it was “necessary or expedient” to securing the adequate provision of pharmaceutical services locally.

These exemptions included pharmacies where the applicant committed to providing pharmaceutical services for at least 100 hours each week, as well as those located in large shopping centres, and those that would provide pharmacy services online.

However, the exemption was removed in a 2012 update to the NHS regulations, after a government white paper found in 2008 that Primary Care Trusts (commissioners at the time) were not able to control where 100-hour pharmacies opened, which meant there was “no match between the better access that a 100 hours per week pharmacy delivers and the need for such an improvement locally”. Additionally, the government found that there was a “clustering of 100 hours per week pharmacies close to each other”.

The updated regulations meant that no new 100-hour pharmacies could open but stated that existing 100-hour pharmacies must maintain their opening hours. However, in May 2023, further amendments were made to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013; one of which allowed existing 100-hour pharmacies to reduce their minimum opening hours to 72 hours per week.

Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays, if previously open these hours, to maintain out-of-hours pharmacy provision.

## Contracted hours in East Sussex

Of the 92 community pharmacies in East Sussex, four are on 100 hours (amended) contracts. This is a reduction of four from the eight that were in place at the last PNA. Pharmacies with 40-hour contracts can choose to open for longer under supplementary hours arrangements.

**Table: Community pharmacies in East Sussex by contract type**

Area	40 hours	100 Hours (Amended)	Grand Total
Eastbourne	15	2	17
Hastings	17	2	19
Lewes	16		16
Rother	14		14
Wealden	26		26



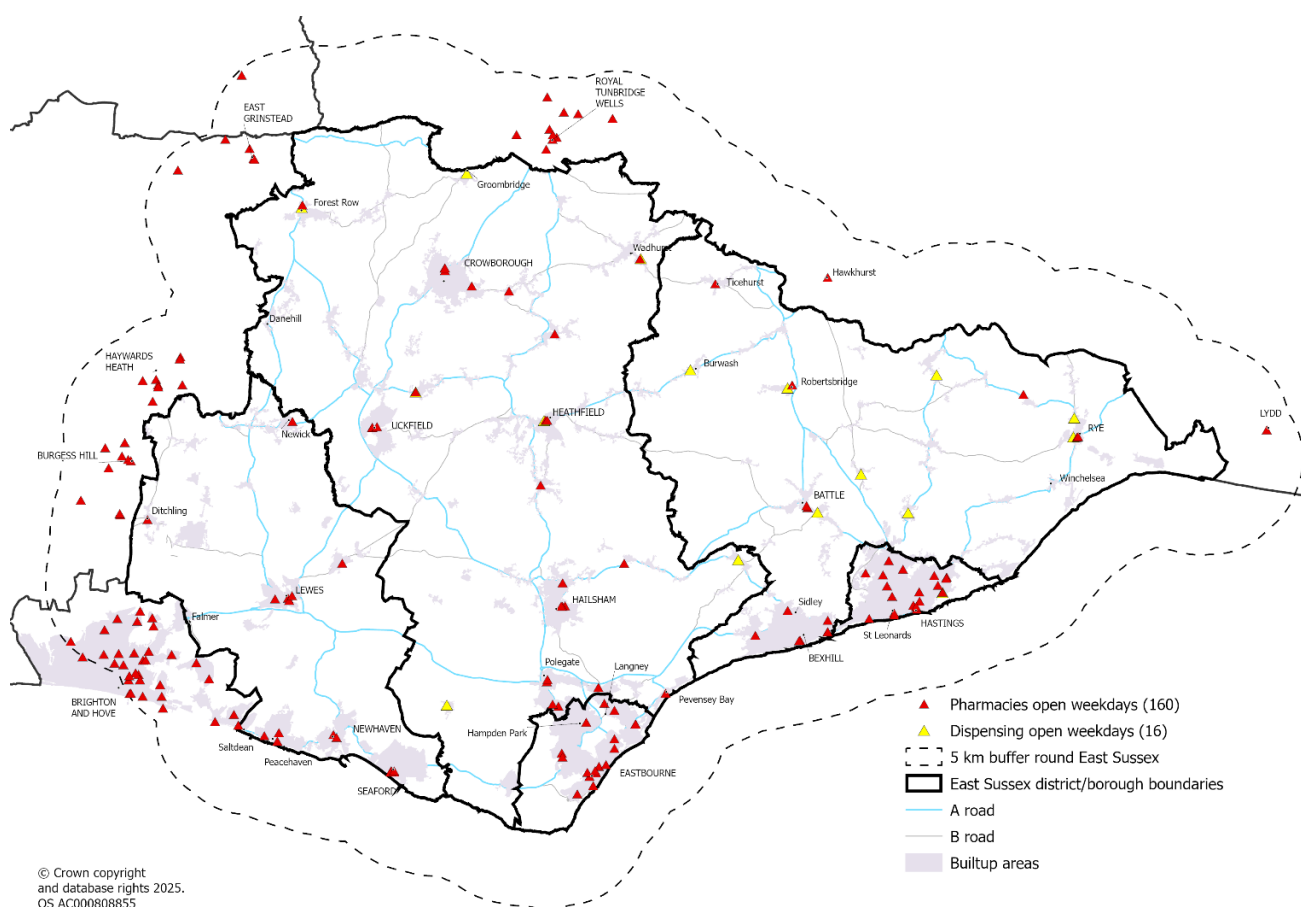
Area	40 hours	100 Hours (Amended)	Grand Total
East Sussex	88	4	92

Source: NHS Sussex Integrated Care Board

## Opening times

All 92 community pharmacies and 16 dispensing practices are open weekdays.

**Map: Pharmacies and dispensing practices open weekdays i.e. all locations**



For this PNA, and as agreed by the Steering Group, we have defined evening opening hours as being open for at least one day beyond 6pm Monday to Friday. Weekend opening is defined as being open for any period of time on Saturday/Sunday.

Across East Sussex 39% of pharmacies and GP dispensaries are open evenings and this ranges from 48% in Wealden to 31% in Lewes.

77% of pharmacies and GP dispensaries are open on a Saturday and this ranges from 88% in Eastbourne to 64% in Rother.



15% of pharmacies and GP dispensaries are open on a Sunday and this ranges from 35% in Eastbourne to 3% in Wealden.

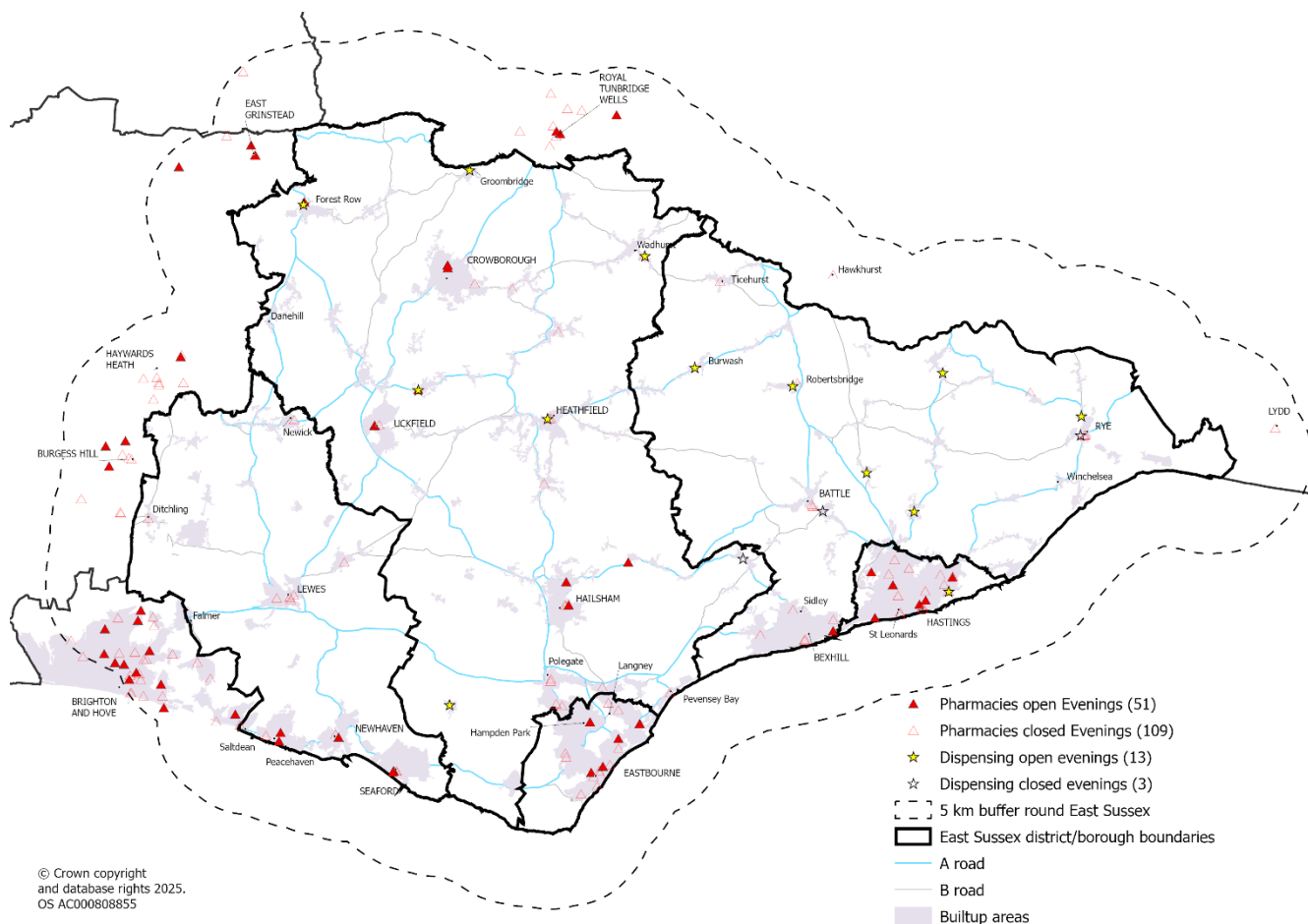
The maps in this section also display pharmacy services within 5km of the East Sussex border that are open at specific times. As well as the city of Brighton and Hove, the towns of Burgess-Hill, Haywards Heath, East Grinstead and Royal Tunbridge Wells all boost access to pharmacies for East Sussex residents, including in the evenings and weekends.

**Table: Community Pharmacies and Dispensing practices open evenings and weekends**

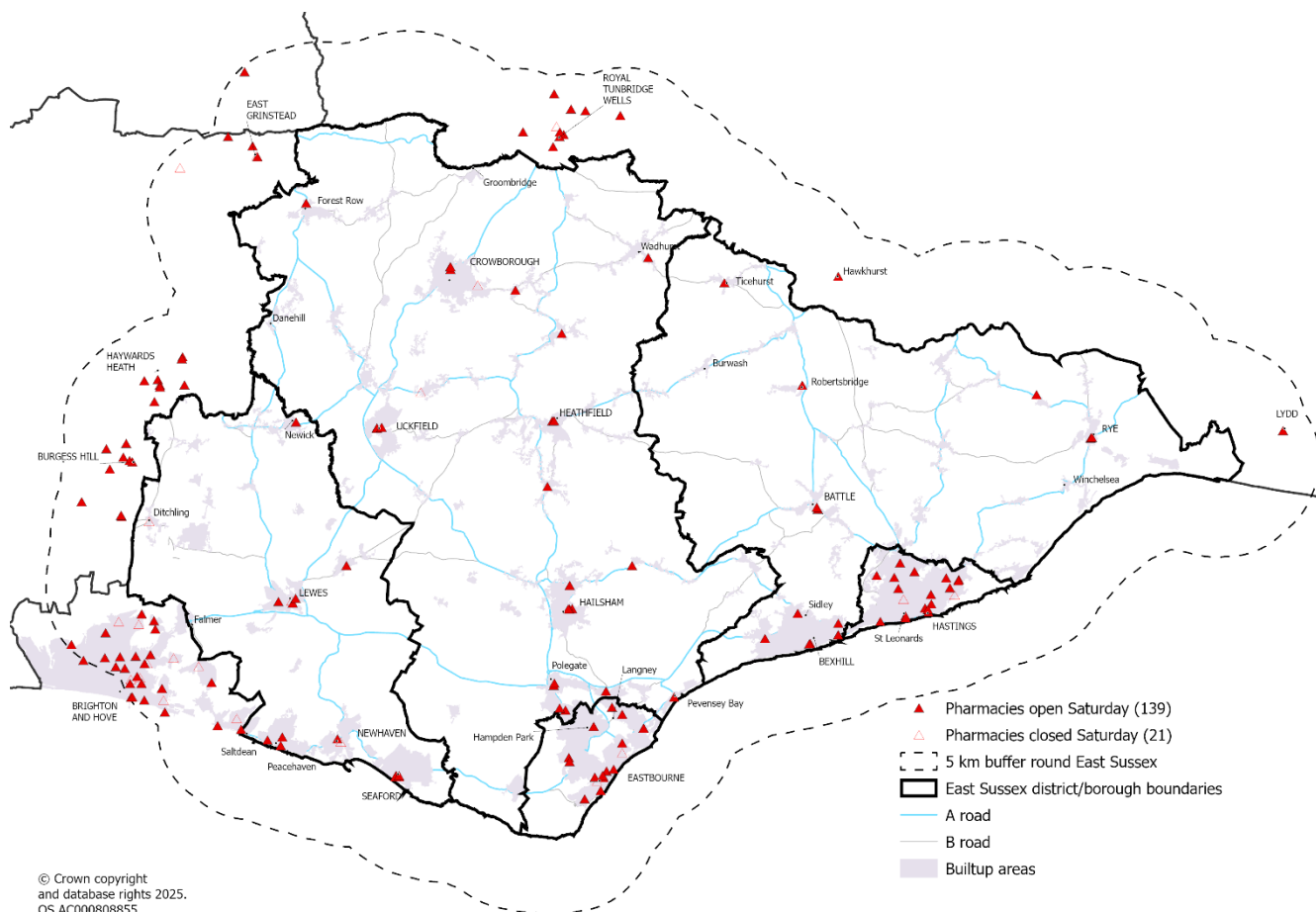
Area	Total	Open evenings		Open Saturdays		Open Sundays	
		Number	%	Number	%	Number	%
Eastbourne	17	6	35%	15	88%	6	35%
Hastings	20	7	35%	17	85%	6	30%
Lewes	16	5	31%	13	81%	1	6%
Rother	22	8	36%	14	64%	2	9%
Wealden	33	16	48%	24	73%	1	3%
<b>East Sussex</b>	<b>108</b>	<b>42</b>	<b>39%</b>	<b>83</b>	<b>77%</b>	<b>16</b>	<b>15%</b>

Source: NHS Sussex Integrated Care Board

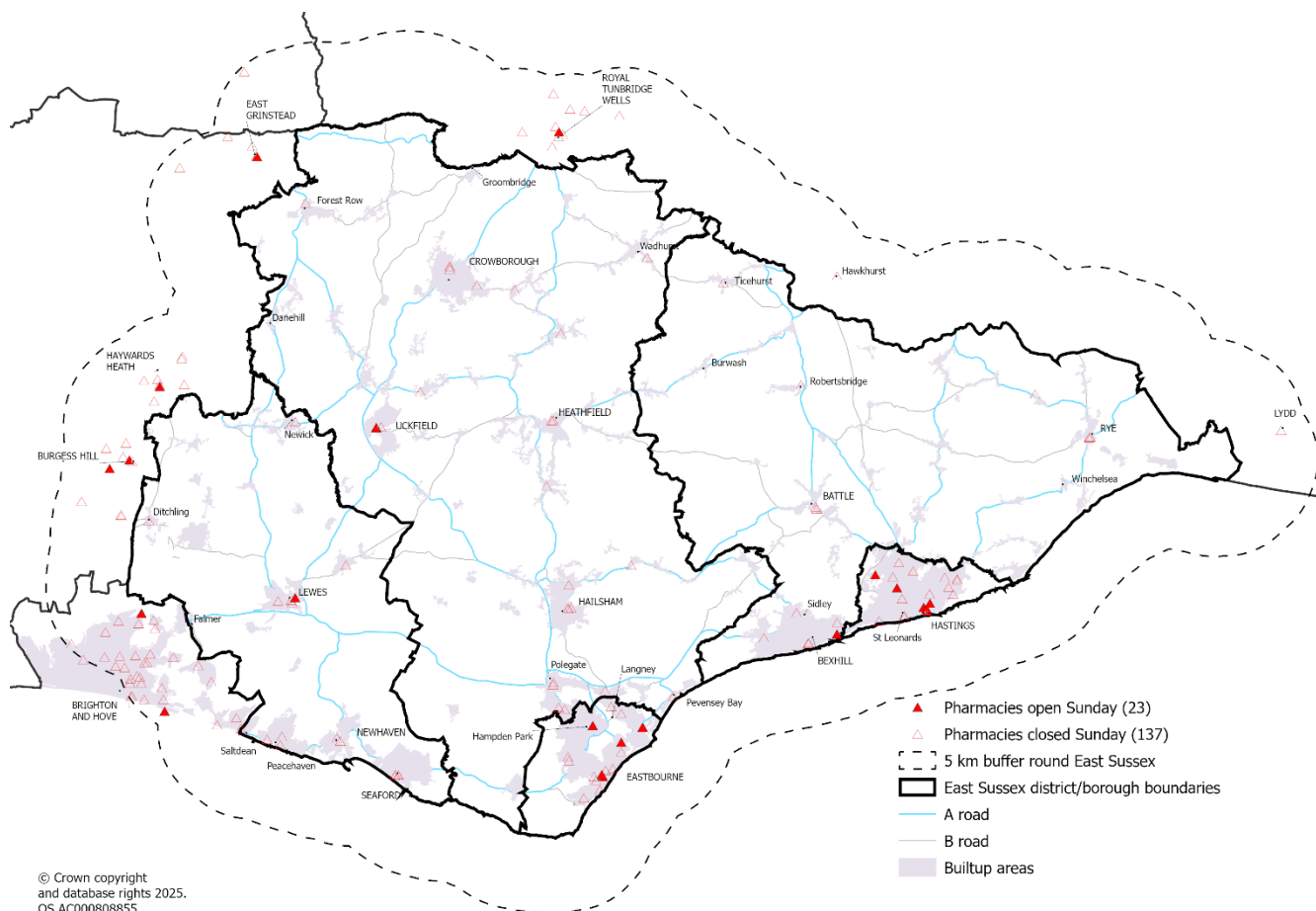
### Map: Pharmacies and dispensing practices open on a weekday evening



## Map: Pharmacies open on a Saturday



## Map: Pharmacies open on a Sunday



## 6.3 Travel times to access pharmacies

### Method

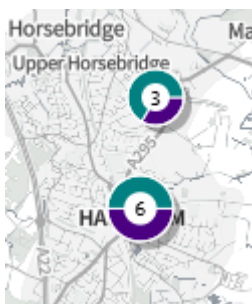
This analysis utilised the [SHAPE tool](#) which is an online, interactive, data mapping, analysis and insight tool that supports service planning and estates strategy development. Its supported by the Department of Health and Social Care and allows users to plot pharmacies and then calculate travel times. Travel methods used were car by time and public transport by time. The travel catchment areas come from a third party provider called Targomo [Location-Based Analytics for Decision Makers - Targomo](#). Based on the pharmacy/dispensing practice locations selected in SHAPE, that location data is sent to Targomo based on the selected travel time and type and will return an area which is accessible. Once this information is returned, SHAPE use that to calculate the population within that area. This population is called “Included population” in the analysis here.

The steering group agreed to use the 30 minutes travel time for a one-way journey for the analysis, which was the same as for the previous PNA.

A buffer zone of 5 kilometres was used to include community pharmacies within reasonable distance from East Sussex to take account of residents who’s nearest pharmacy may be outside of the county.



Each blue marker on the maps represents a community pharmacy and where there are pharmacies in close proximity the number on the marker displays how many are close by. The green markers represent dispensing practices. A GPb marker is a branch surgery that hosts the dispensary.



Where there are two or more locations close together on the map, they are replaced with an icon that shows how many locations are plotted in that area.

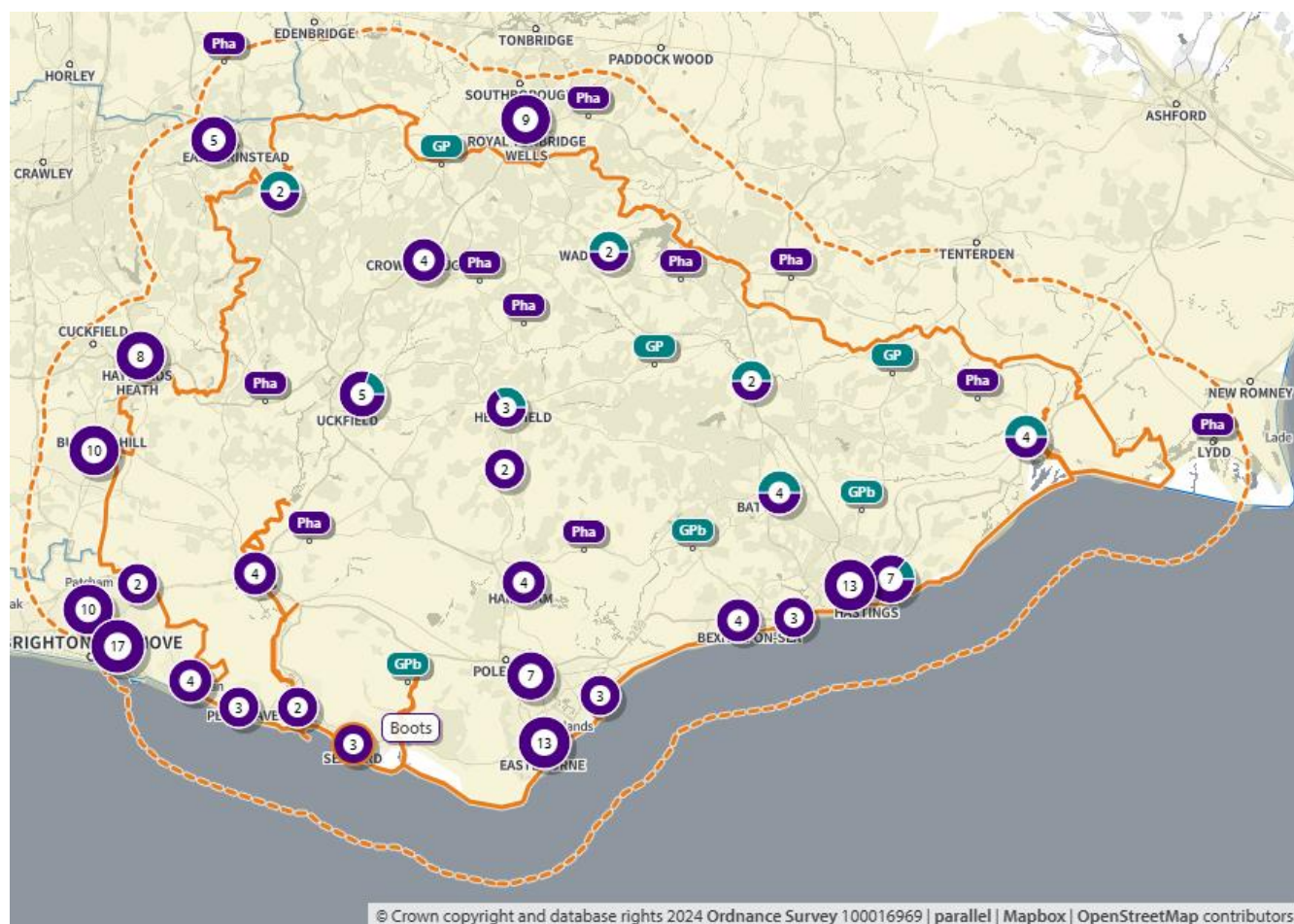
The yellow area mapped shows areas within 30 minutes of an open pharmacy/Dispensing practice.

### Weekday access

There are no populated areas of East Sussex that are not within a 30 minute drive by car, both within and outside rush hour.

## Map: Car travel access weekdays (outside rush hour)

 Included population: 551,007

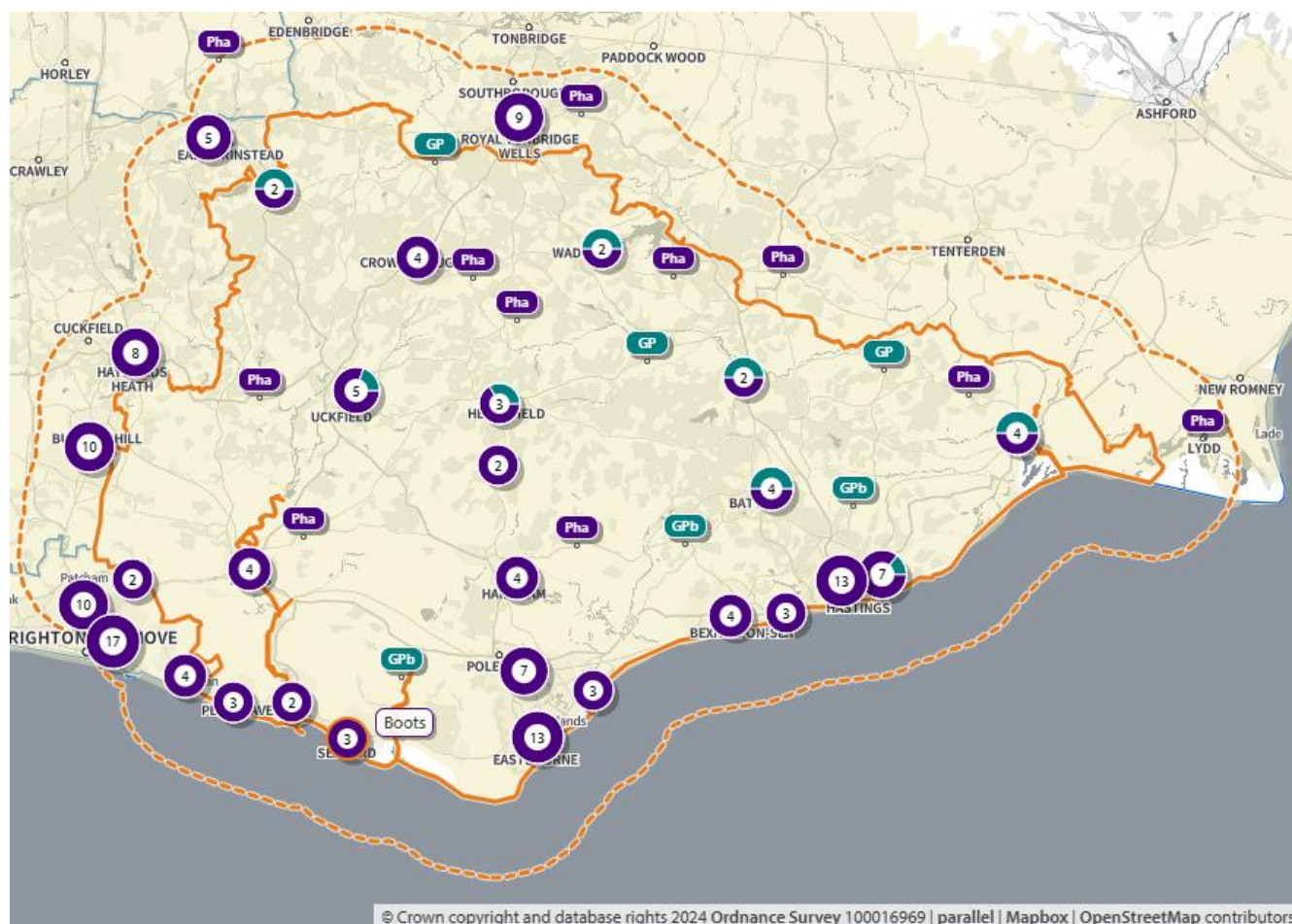


Source: [SHAPE Place • Car: by time • 0 locations • 5 to 30 minutes • 30 minutes visible](#)



**Map: Car travel access weekdays (during rush hour)**

 Included population: 551,007

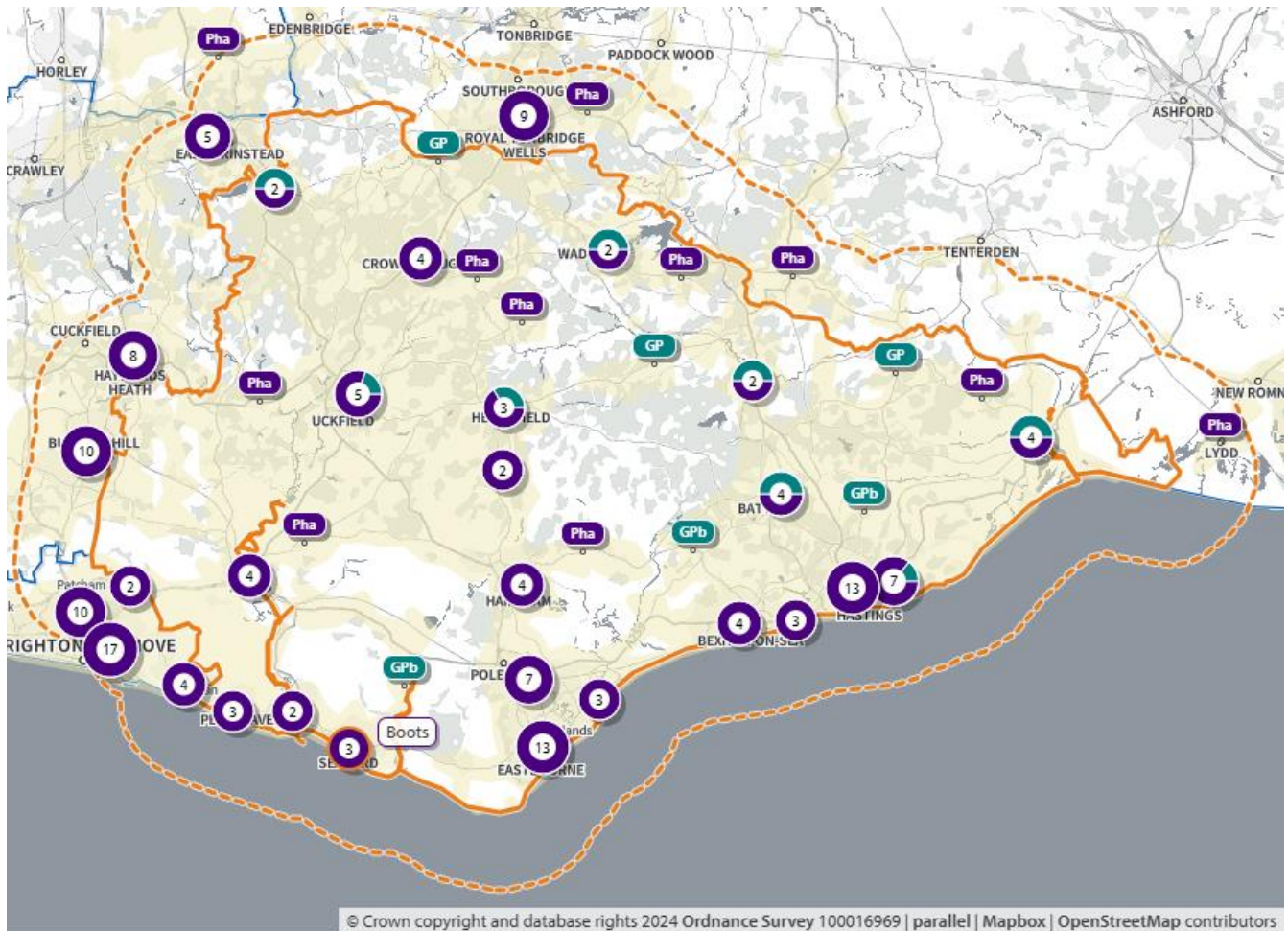


Source: [SHAPE Place • Car: by time • 0 locations • Rush hour • 5 to 30 minutes • 30 minutes visible](#)

When looking at access via public transport on weekdays the analysis showed that 10,738 (1.9%) residents did not have access within 30 minutes.

### Map: Public transport access weekdays

- Included population: 540,269
- Excluded population: 10,738



Source: [SHAPE Place • Public transport • 169 locations • 5 to 30 minutes • 30 minutes visible](#)

### Evening access

The definition used for the PNA is for a location to be open for at least one day beyond 6pm Monday to Friday

There are no populated areas of East Sussex that are not within a 30 minute drive by car of a community pharmacy or dispensing practice after 6pm.

Whilst there are no services open in the evening in Lewes town, the analysis showed that travel times by car and public transport are sufficient to nearby towns such as Uckfield and Brighton.

Whilst rural areas are boosted by dispensing practices, not all are open every evening for long beyond 6pm. This particularly affects areas in rural Rother



When looking at access via public transport on weekday evenings the analysis showed that 32,324 (5.9%) residents did not have access within 30 minutes.

### Map: Car travel access weekday evenings

 Included population: 551,007

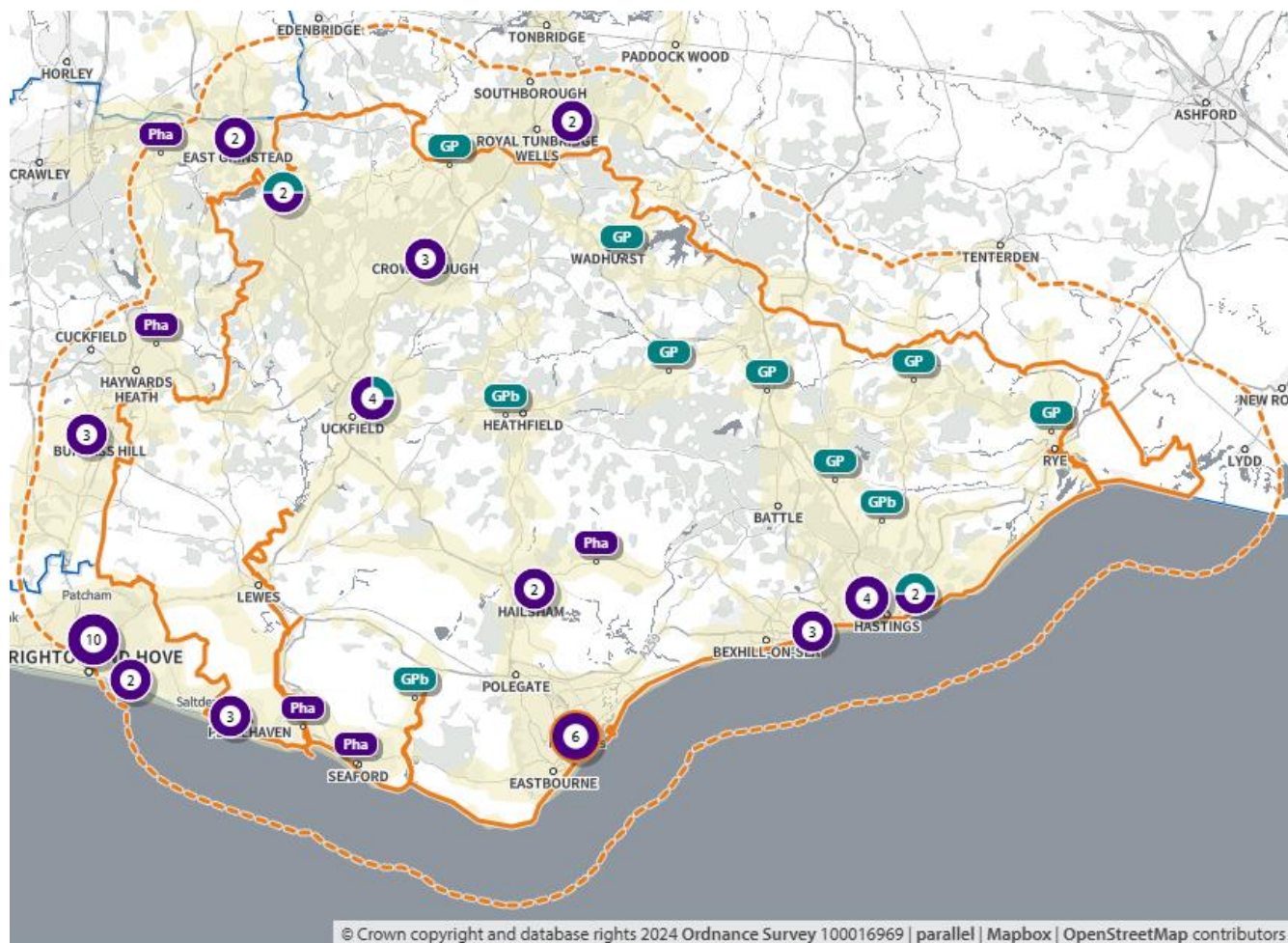


Source: [SHAPE Place • Car: by time • 0 locations • 5 to 30 minutes • 30 minutes visible](#)

### Map: Public transport access weekday evenings

○ Included population: 518,683

○ Excluded population: 32,324



Source: [SHAPE Place • Public transport • 60 locations • 5 to 30 minutes • 30 minutes visible](#)

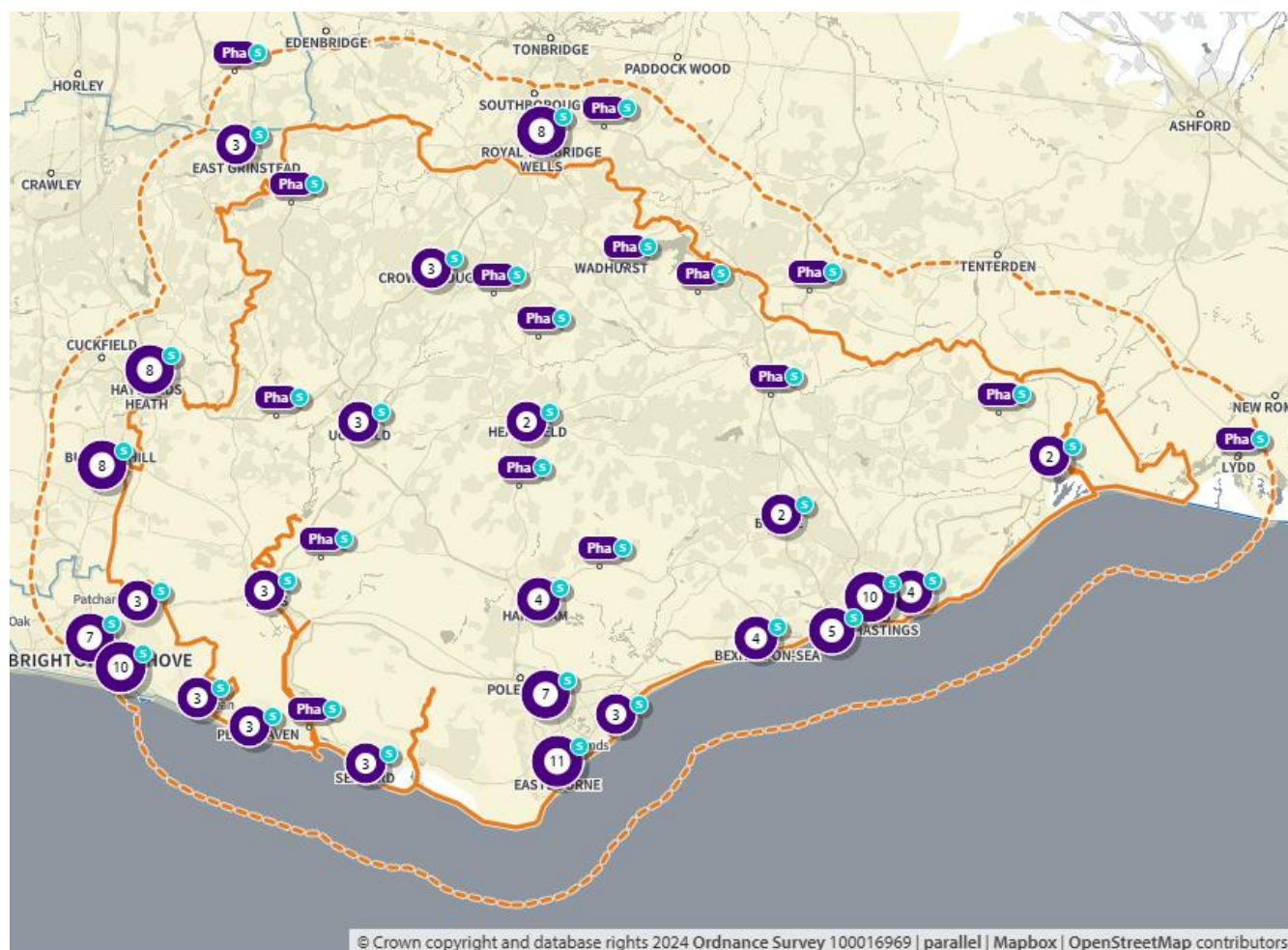
### Weekend access

There are no populated areas of East Sussex that are not within 30 minute drive by car of a community pharmacy or dispensing practice on either a Saturday or Sunday.



When looking at access via public transport on Saturdays the analysis showed that 69,747 (12.7%) of residents did not have access within 30 minutes. This increased to 218,288 (39.6%) on a Sunday.

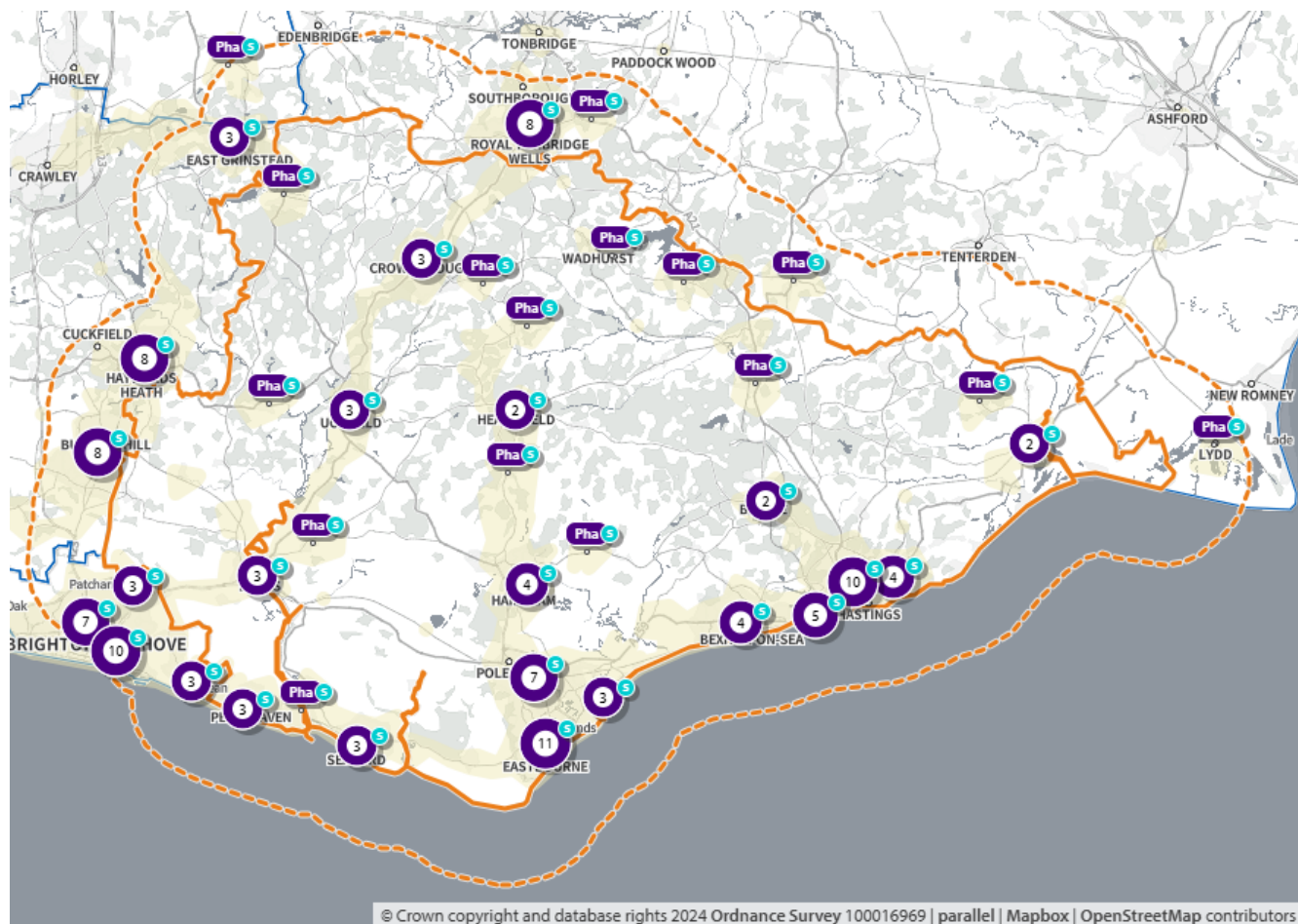


## Map: Saturday access by car

 Included population: 551,007Source: [SHAPE Place](#) • Car: by time • 0 locations • 5 to 30 minutes • 30 minutes visible


### Map: Saturday access by public transport

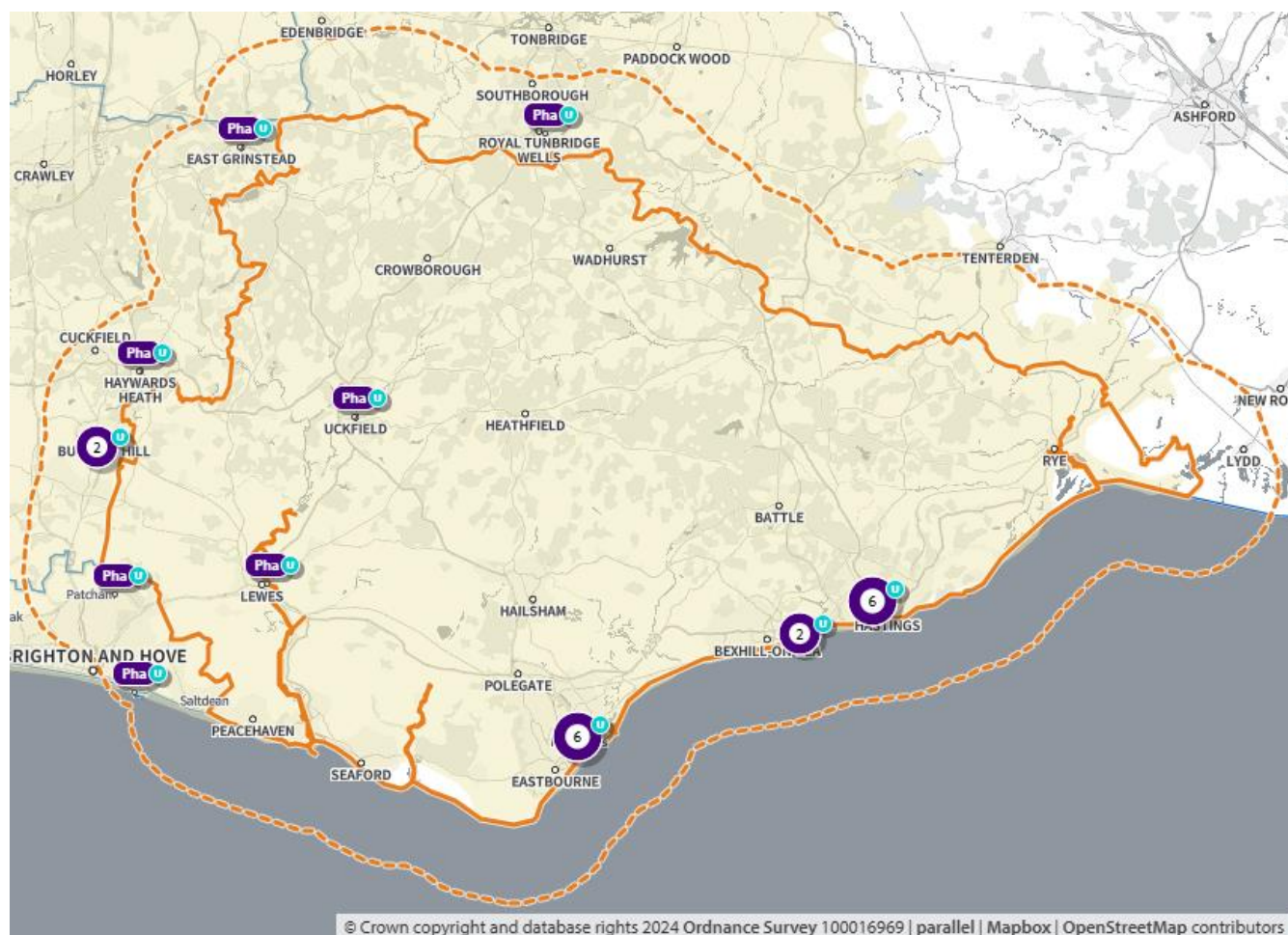
-  Included population: 481,260
-  Excluded population: 69,747



Source: [SHAPE Place • Public transport • 133 locations • 5 to 30 minutes • 30 minutes visible](#)

## Map: Sunday access by car



 Included population: 551,007

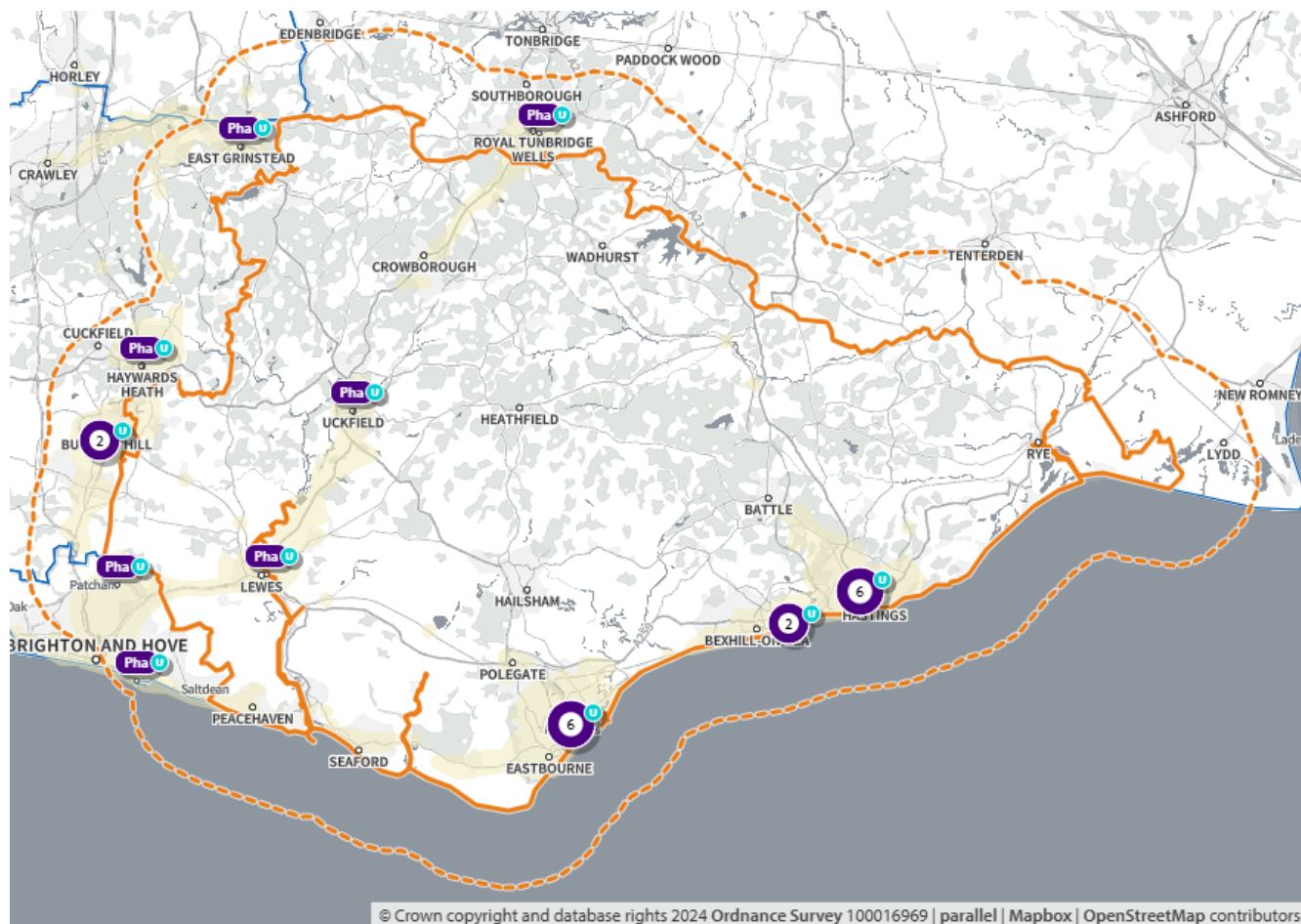


Source: [SHAPE Place • Car: by time • 0 locations • 5 to 30 minutes • 30 minutes visible](#)



## Map: Sunday access by public transport

-  Included population: 332,719
-  Excluded population: 218,288



Source: [SHAPE Place • Public transport • 0 locations • 5 to 30 minutes • 30 minutes visible](#)

## 6.4 Necessary Services

Necessary services for this PNA are described in section 2.5. Not all activity is available for every element of the services, so a summary of what is available is provided below.

### Dispensing activity

There were 10.3 million items dispensed by pharmacies in East Sussex during 2024. Pharmacies in Eastbourne dispensed the greatest number of items per pharmacy (9,857 per month per pharmacy) and Rother the fewest (7,734). On average there were 18.5 items dispensed per head of population per year in East Sussex during 2024. This was highest in Hastings (24.1) and Eastbourne (20.5) and lowest in Rother (14.7) and Lewes (16.1).

It should be noted that activity data is a measure of pharmaceutical demand on a service and not pharmaceutical need.

**Table: Dispensing activity by community pharmacies in East Sussex, 2024 calendar year**

	Number of pharmacies	Total items dispensed	Average items per month	Number of items per month per pharmacy	Population	Number of items per head of population per year
Eastbourne	18	2,129,171	177,431	9,857	103,796	20.5
Hastings	19	2,184,907	182,076	9,583	90,817	24.1
Lewes	16	1,629,789	135,816	8,488	101,356	16.1
Rother	15	1,392,099	116,008	7,734	94,862	14.7
Wealden	27	2,946,853	245,571	9,095	164,653	17.9
<b>East Sussex</b>	<b>95</b>	<b>10,282,819</b>	<b>856,902</b>	<b>9,020</b>	<b>555,484</b>	<b>18.5</b>

*Note: Analysis includes pharmacies open at any point during the calendar year*

Source: [Dispensing contractors' data | NHSBSA](#)

### Distance Selling Pharmacy activity

There were almost 800,000 items dispensed to patients registered with East Sussex GP Practices by distance selling pharmacies (DSPs) in 2024/25. This was almost a doubling of activity compared to 2019/20. Items dispensed by DSPs now represents 6% of all items dispensed in East Sussex, but it ranges from 5% in Wealden to 8% in Rother. Rother has also seen the greatest increase in DSP activity over the same period.

**Table: Items dispensed via distance selling services by district/borough of prescribing GP Practice, 2019/20 to 2024/25**

District	Location of dispensed items	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
<b>Eastbourne</b>	Distance selling	83,876	96,483	120,116	131,316	149,445	154,977
	All pharmacies	2,122,824	2,107,011	2,134,712	2,176,555	2,247,126	2,330,562
	% distance selling	4.0%	4.6%	5.6%	6.0%	6.7%	6.6%
<b>Hastings</b>	Distance selling	38,933	76,567	95,531	108,719	120,965	140,770
	All pharmacies	2,222,372	2,177,075	2,143,451	2,193,611	2,248,904	2,303,337
	% distance selling	1.8%	3.5%	4.5%	5.0%	5.4%	6.1%
<b>Lewes</b>	Distance selling	64,358	102,854	129,715	133,036	125,143	137,075
	All pharmacies	1,828,663	1,782,758	1,792,880	1,847,795	1,796,313	1,790,256
	% distance selling	3.5%	5.8%	7.2%	7.2%	7.0%	7.7%
<b>Rother</b>	Distance selling	32,250	62,401	91,682	138,052	172,139	184,248
	All pharmacies	2,171,658	2,141,911	2,158,443	2,187,892	2,236,292	2,279,173
	% distance selling	1.5%	2.9%	4.2%	6.3%	7.7%	8.1%
<b>Wealden</b>	Distance selling	194,223	158,852	184,523	210,294	207,242	182,072
	All pharmacies	3,309,431	3,217,768	3,281,507	3,365,095	3,529,585	3,675,995
	% distance selling	5.9%	4.9%	5.6%	6.2%	5.9%	5.0%
<b>East Sussex</b>	Distance selling	413,640	497,157	621,567	721,417	774,934	799,142
	All pharmacies	11,654,948	11,426,523	11,510,993	11,770,948	12,058,220	12,379,323
	% distance selling	3.5%	4.4%	5.4%	6.1%	6.4%	6.5%

Source: [ePACT2 | NHSBSA](#), accessed 8/8/2025

The NHS 10 year plan, published at the end of July 2025, acknowledges the pressure the health and care system is currently under. It is proposing three radical shifts to improve services, one of which is moving from analogue to digital where new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online. [10 Year Health Plan for England: fit for the future - GOV.UK](#).

The plan commits to continue current partnerships with libraries and other community organisations to help set people up on the NHS App. They will continue recruiting App Ambassadors across the country to support uptake. The NHS will continue to contribute fully to the cross-government Digital Inclusion Action Plan, led by the Department for Science, Innovation and Technology, to improve access to and skills with technology among socially excluded groups.

Information about online health and prescription services are available from [NHS online services - NHS](#)

## Discharge Medicines Service (DMS)

Since 15th February 2021, NHS Hospital Trusts have been able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety



Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Activity is varied across East Sussex and is reliant on the referral from hospital providers. Rates are highest in Eastbourne (2.3 per 1,000 population) and lowest in both Hastings (0.5) and Rother (0.5). This suggests that referrals are greater from the Eastbourne District General Hospital, compared to the Conquest Hospital in Hastings. NHS Sussex ICB is already working locally to encourage and support hospital services in utilising this service.

**Table: Discharge Medicines Service activity in East Sussex, 2024 calendar year**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Complete Discharge Medicines Services	91	22	137	14	124	388
Part complete Discharge Medicines Services	147	23	22	35	100	327
Total Discharge Medicines Services	238	45	159	49	224	715
Rate per 1,000 population	2.3	0.5	1.6	0.5	1.4	1.3

Source: [Dispensing contractors' data](#) | [NHSBSA](#)

## Pharmacy First service (Advanced service)

The new Pharmacy First service, launched 31 January 2024, replacing the previous Community Pharmacist Consultation Service. It enables community pharmacies to complete episodes of care for seven common conditions following defined clinical pathways and also incorporates the elements of the former Community Pharmacist Consultation Service, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines (and appliances). An electronic patient referral for the service is sent from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers to the community pharmacy. For the seven common conditions patients can also self-refer directly to the pharmacy.

Pharmacy First services are available across all community pharmacies in East Sussex, although some pharmacies experience more activity than others. Urgent medicine supply consultations saw the greatest activity in terms of numbers, followed by the Minor illness referral consultations. Of the seven common condition clinical pathways acute sore throat and uncomplicated UTI both saw the greatest activity.

**Table: Pharmacy First activity, numbers in 2024 calendar year**

Pharmacy First Service	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Urgent Medicine Supply Consultations	2,341	3,634	1,165	1,815	2,076	11,031
Minor Illness Referral Consultations	2,672	1,521	1,156	1,409	2,923	9,681
Consultations - Acute Sore Throat	1,033	925	624	706	1,176	4,464
Consultations - Uncomplicated UTI	992	755	627	551	1,176	4,101
Consultations - Sinusitis	424	333	330	396	504	1,987
Consultations - Acute Otitis Media	394	294	227	375	609	1,899
Consultations - Infected Insect Bites	301	334	286	347	410	1,678
Consultations - Impetigo	116	165	119	127	213	740
Consultations - Shingles	136	124	79	133	219	691

Source: [Dispensing contractors' data | NHSBSA](#)

Looking at the activity as rates per 1,000 resident population, Hastings has double the rate (40.0) for urgent medicine supply consultations compared to the East Sussex average (19.9). Lewes saw the lowest rate (11.5) which was half the East Sussex average (19.9). For the minor illness referral consultations, Eastbourne (25.7) had the highest rate with Lewes having the lowest (11.4).

**Table: Pharmacy First activity, rate per 1,000 population in 2024 calendar year**

Pharmacy First Service	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Urgent Medicine Supply Consultations	22.6	40.0	11.5	19.1	12.6	<b>19.9</b>
Minor Illness Referral Consultations	25.7	16.7	11.4	14.9	17.8	<b>17.4</b>
Consultations - Acute Sore Throat	10.0	10.2	6.2	7.4	7.1	<b>8.0</b>
Consultations - Uncomplicated UTI	9.6	8.3	6.2	5.8	7.1	<b>7.4</b>
Consultations - Sinusitis	4.1	3.7	3.3	4.2	3.1	<b>3.6</b>
Consultations - Acute Otitis Media	3.8	3.2	2.2	4.0	3.7	<b>3.4</b>
Consultations - Infected Insect Bites	2.9	3.7	2.8	3.7	2.5	<b>3.0</b>
Consultations - Impetigo	1.1	1.8	1.2	1.3	1.3	<b>1.3</b>
Consultations - Shingles	1.3	1.4	0.8	1.4	1.3	<b>1.2</b>

Source: [Dispensing contractors' data | NHSBSA](#)

## 6.5 Enhanced services

### Bank holiday provision

There is one local enhanced service commissioned by NHS Sussex ICB in East Sussex which is for selected pharmacies for bank holidays. The pharmacies that open change for each bank holiday and so there is no single list of pharmacies that are signed up to this.

As an example, for Good Friday (18<sup>th</sup> April 2025) there were 15 community pharmacies open across the county. These were in Eastbourne (4), Hailsham (1), Seaford (1), Bexhill-on-Sea (1), Hastings (2), St Leonards (2), Peasmarsh [near Rye] (1), Crowborough (1), Lewes (1) and Uckfield (1).

### COVID-19 Vaccination Service

This is a national enhanced service commissioned by NHS England, and on 30th May 2024, NHS England opened a new Expression of Interest (EOI) process for pharmacy owners that wished to take part in future COVID-19 vaccination service campaigns between September 2024 and March 2026. [COVID-19 Vaccination Service - Community Pharmacy England](#)

The current phase of the vaccination programme is the Spring 2025 campaign and 48 out of 92 community pharmacies are currently commissioned to deliver this service in East Sussex.

**Table: Pharmacies commissioned to deliver the COVID-19 vaccination service for the Spring 2025 campaign**

	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
Pharmacies commissioned	7	13	10	9	9	48
Total pharmacies	17	19	16	14	26	92
%	41%	68%	63%	64%	35%	52%

Source: NHS Sussex ICB

## 6.6 Advanced services

Advanced services relevant to community pharmacies in East Sussex are detailed below. Services undertaken by dispensing appliance contractors (DAC) are not covered as there are currently none of these in the county, residents can access a DAC outside the county. There were no Stoma Customisation or Appliance Use Reviews claimed for during 2024 by any community pharmacies in East Sussex.

### New Medicine Service (NMS)

The NMS, which commenced on 1st October 2011, provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. It is focused on specific patient groups and conditions.

The current conditions eligible for the service are:

- asthma and COPD
- diabetes (Type 2)
- hypertension
- hypercholesterolaemia
- osteoporosis
- gout
- glaucoma
- epilepsy
- Parkinson's disease
- urinary incontinence/retention
- heart failure
- acute coronary syndromes
- atrial fibrillation
- long term risks of venous thromboembolism/embolism
- stroke / transient ischemic attack
- coronary heart disease

All community pharmacies across East Sussex are providing this service with all of them claiming payments during 2024. There is a variation in activity rates across the county with highest activity per 1,000 population in Hastings (110.6) and lowest in Rother (74.1).

**Table: New Medicines Service activity, 2024 calendar year**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
NMS interventions declared	9,301	10,047	8,298	7,025	15,045	<b>49,716</b>
Rate per 1,000 population	89.6	110.6	81.9	74.1	91.4	<b>89.5</b>

Source: [Dispensing contractors' data | NHSBSA](#)

## Flu vaccination

All but five community pharmacies claimed payments for flu vaccinations during 2024. Four (out of 26 in Wealden) of these were in Wealden (Heathfield x 2, Polegate and Horam) and one (out of 17 in Hastings) was in Hastings (St Leonards). There is a variation in activity rates across the county with highest activity per 1,000 population in Hastings (151.2) and lowest in Wealden (54.5).

**Table: Flu vaccination activity, 2024 calendar year**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Influenza Administered Fees	10,419	13,729	9,975	10,115	8,978	<b>53,216</b>
Rate per 1,000 population	100.4	151.2	98.4	106.6	54.5	<b>95.8</b>

Source: [Dispensing contractors' data | NHSBSA](#)

## Hypertension Case-Finding service

The Hypertension Case-Finding Service was commissioned as an Advanced service from 1st October 2021. In public-facing communications, the service is described as the NHS Blood Pressure Check Service.

The service aims to:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.

- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension.
- Provide another opportunity to promote healthy behaviours to patients.

All but eight community pharmacies claimed payments for blood pressure checks during 2024. Six (out of 26 in Wealden) of these were in Wealden (Crowborough x 2, Heathfield x 2, Horam and Rotherfield). One (out of 17 in Hastings) was in Hastings (St Leonards) and another one was in Eastbourne (out of 17 in Eastbourne). There is a variation in activity rates across the county with highest activity per 1,000 population in Eastbourne (54.7) and lowest in Wealden (19.3).

**Table: Hypertension case-finding activity, 2024 calendar year**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Clinic Blood Pressure checks	5,428	2,414	2,423	2,725	2,903	15,893
Ambulatory Blood Pressure Monitoring (ABPM)	250	241	184	106	270	1,051
Total activity	5,678	2,655	2,607	2,831	3,173	16,944
Rate per 1,000 population	54.7	29.2	25.7	29.8	19.3	30.5

Source: [Dispensing contractors' data | NHSBSA](#)

## Smoking Cessation Service (SCS)

The SCS was commissioned as an Advanced service from 10th March 2022. This service has been designed to enable NHS hospital trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

There are only two pharmacies in East Sussex who have claimed activity on this service during 2024. One pharmacy in Eastbourne has claimed 29 consultations and one pharmacy in Hastings has claimed for 1.

The reason the activity was so low in East Sussex is because the in-patient tobacco dependency treatment service within East Sussex Healthcare NHS Trust was not fully live in

2024. The service will be up and running in 2025 which in turn will lead to increased referrals for this service to community pharmacies.

## Pharmacy Contraception Service (PCS)

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025, subject to the introduction of IT updates to community pharmacy clinical services IT systems, the service will be expanded to include Emergency Hormonal Contraception (EHC).

All but 35 community pharmacies claimed payments for PCS during 2024. There is a variation in activity rates across the county with highest activity per 1,000 population in Hastings (3.6), Rother (3.4) and Eastbourne (3.3), and lowest in Lewes (1.4).

**Table: Pharmacy contraception service activity, 2024 calendar year**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Initiation consultations	60	41	23	33	62	219
Ongoing consultations	278	290	119	290	419	1,396
Total activity	338	331	142	323	481	1,615
Rate per 1,000 population	3.3	3.6	1.4	3.4	2.9	2.9

Source: [Dispensing contractors' data | NHSBSA](#)

## Lateral Flow Device (LFD) tests supply service

The LFD tests supply service for patients potentially eligible for COVID-19 treatments was commissioned as an Advanced service from 6th November 2023. In March 2024 it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service. In late May 2024, the service specification was updated to make the eligibility criteria section clearer to understand, as well as emphasising that patients eligible for the service do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits under the service.

All but 14 community pharmacies claimed payments for LFD service during 2024. There is a variation in activity rates across the county with highest activity per 1,000 population in Hastings (7.7) and lowest in Eastbourne (3.5).

**Table: Pharmacy contraception service activity, 2024 calendar year**



Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
LFD Test Supply Service Fees	360	702	467	580	696	2,805
Rate per 1,000 population	3.5	7.7	4.6	6.1	4.2	5.0

Source: [Dispensing contractors' data | NHSBSA](#)

## 6.7 Locally commissioned services

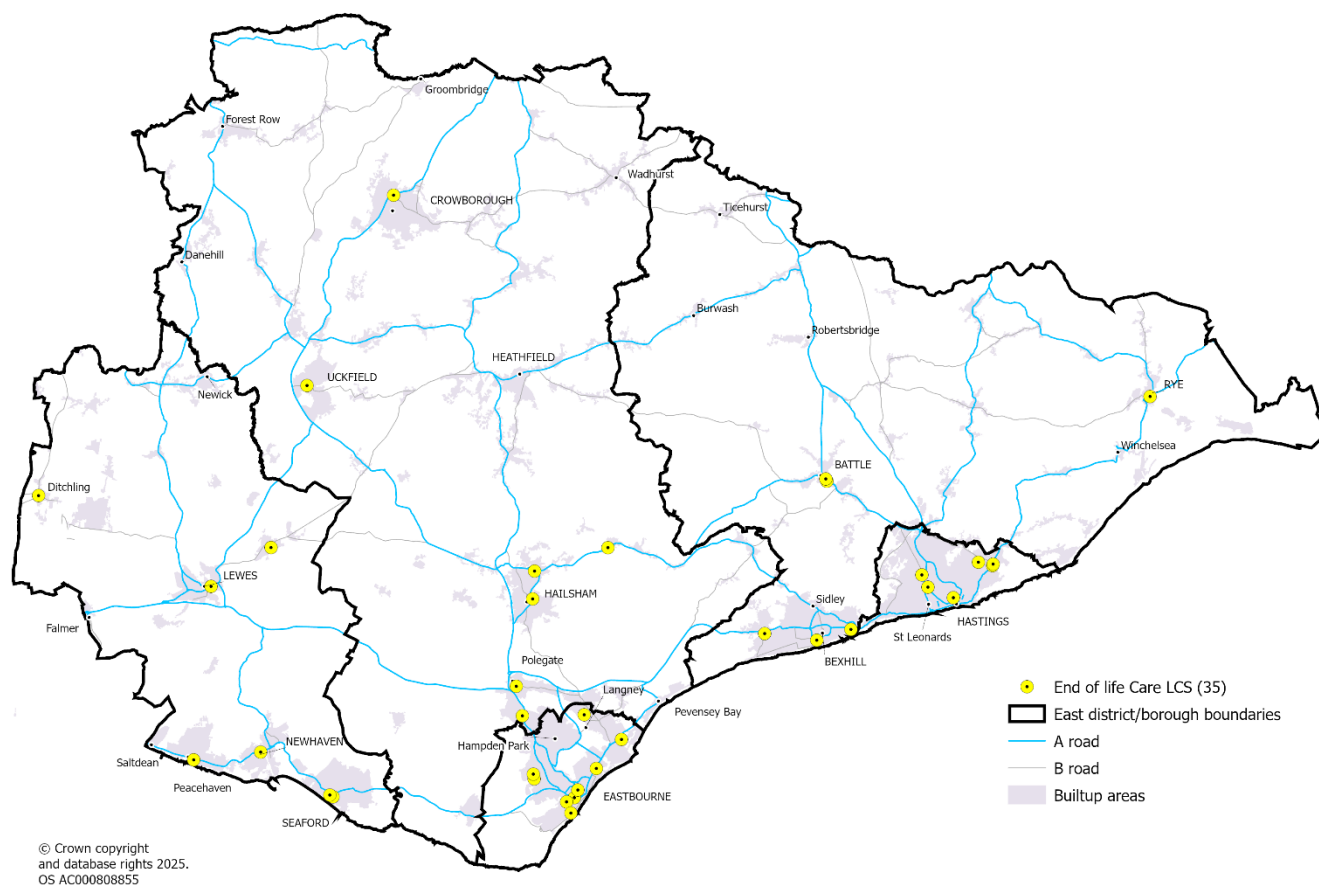
There are two services locally commissioned by NHS Sussex ICB, three commissioned by East Sussex County Council (ESCC), and three commissioned via Change Grow Live (CGL) who provide substance misuse treatment services as commissioned by ESCC.

### End of life care / palliative care drugs - NHS Sussex ICB

This service has been commissioned so that patients or their representatives can always have access to essential Palliative Care drugs. This is particularly important for staff working in the community to be aware of to be able to sign-post to. For pharmacies providing the service they will need to stock minimum quantities of a specific set of items.

25 out of 92 community pharmacies across East Sussex are commissioned to provide this LCS and they are shown in the map below and offer a good number of locations across the county.

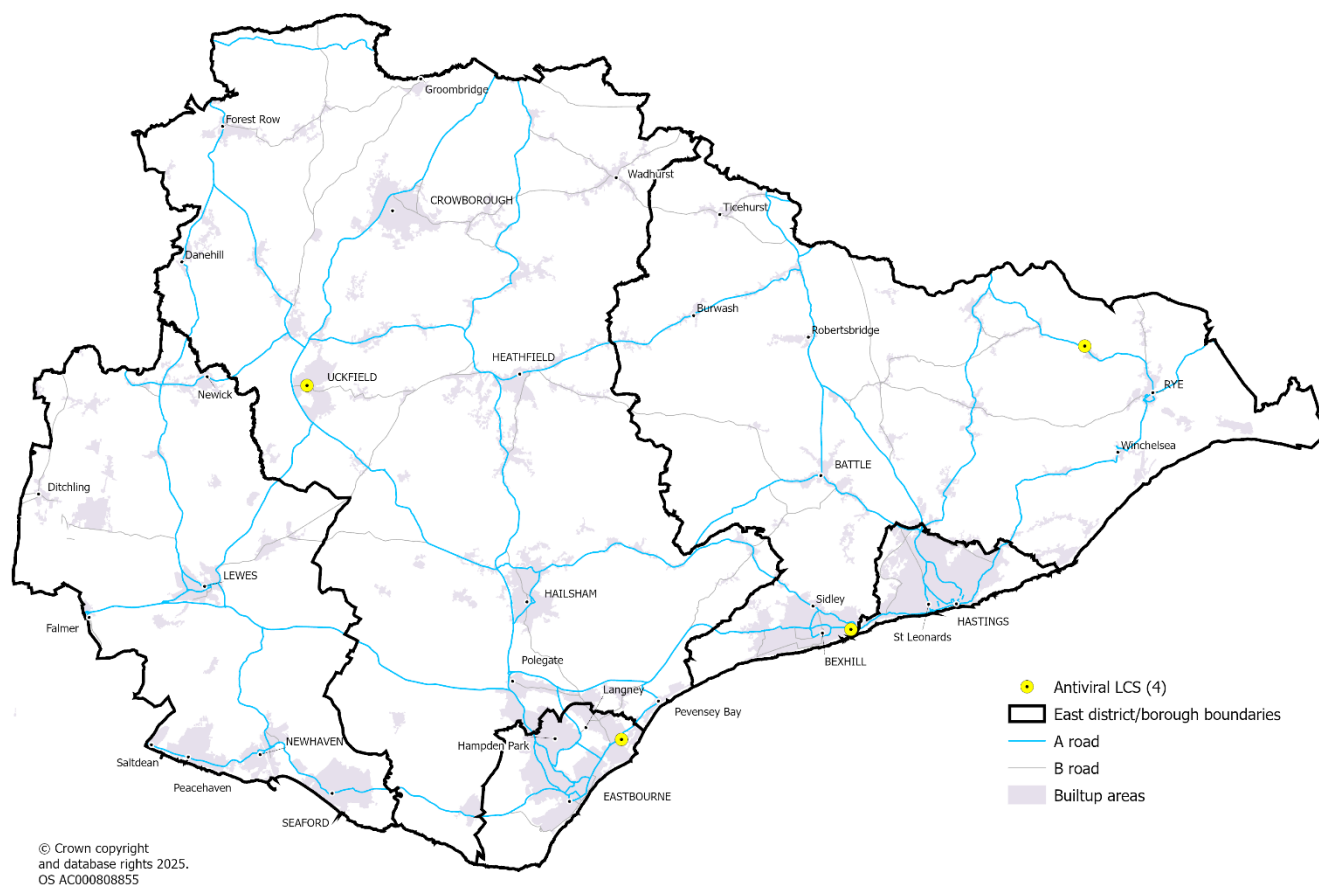
### Map: Pharmacies signed up to the End-of-Life Care / Palliative Care Drugs LCS



## Supply of oral antiviral medication for the treatment of COVID-19 and management of Influenza - NHS Sussex ICB

There are four out of 92 pharmacies commissioned to provide this LCS, and they are shown in the map below. For both of these services a selected number of pharmacies are commissioned to provide geographical coverage and service provision is not open to all pharmacies.

## Map: Pharmacies signed up to the Antiviral LCS



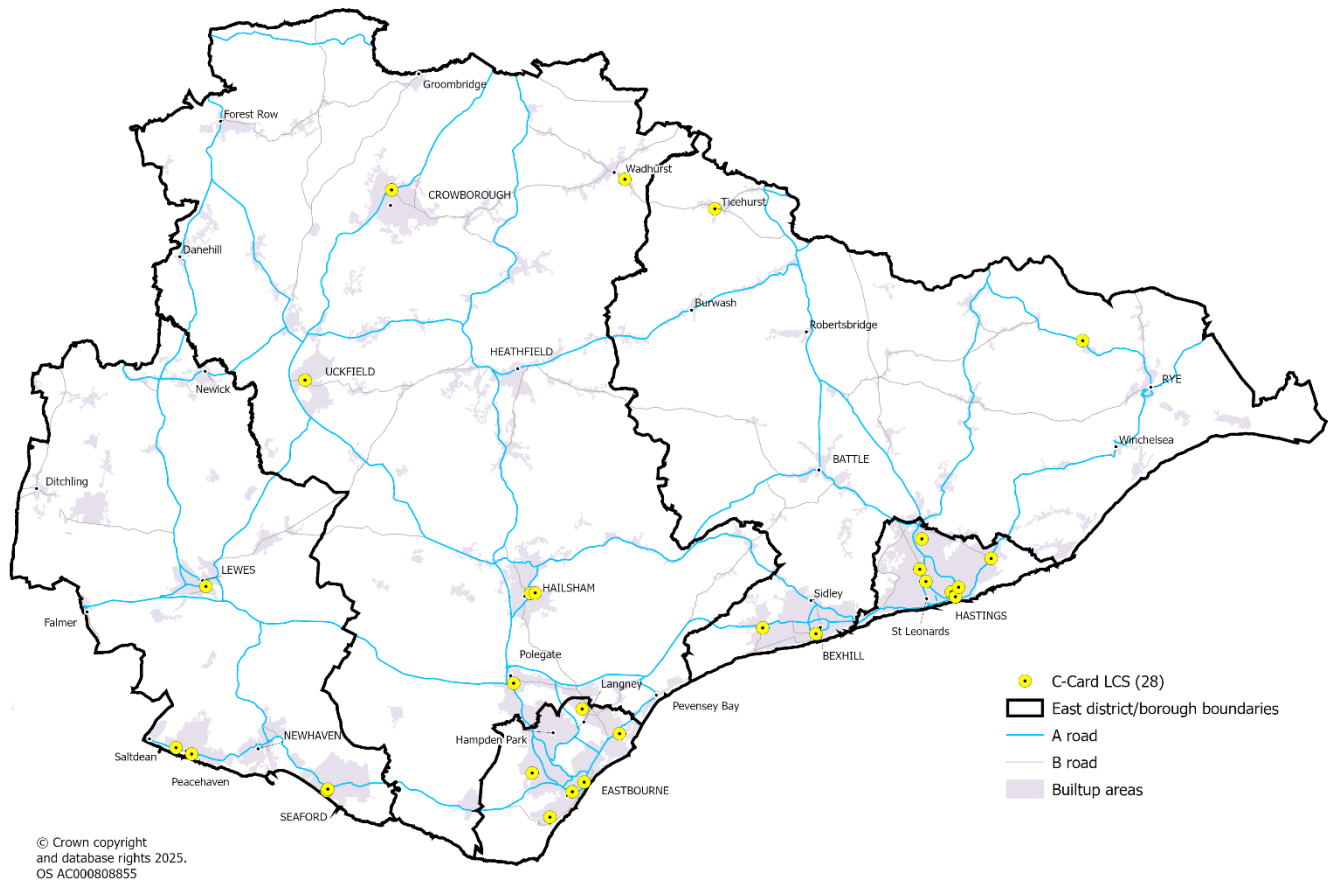
## C-Card for under 25s - ESCC

This service is for the distribution of condoms only as part of The East Sussex C-Card Condom Distribution Scheme. The scheme is a free and confidential co-ordinated condom distribution network for young people aged 13-24 years old in East Sussex. It aims to provide quick and confidential access to condoms, supported by evidence based, accurate contraceptive and sexual health information, and signposting to comprehensive contraceptive and sexual health services.

### [Community Pharmacy PHLSA Services | East Sussex County Council](#)

There are 28 out of 92 pharmacies signed up for this service across the county with at least four locations in each district/borough area.

### Map: Pharmacies signed up to the C-card LCS



## Emergency Hormonal Contraception (EHC) to under 25s - ESCC

This service is for the provision of free Emergency Hormonal Contraception (EHC). The contractor must be able to provide the EHC service for 90% of their opening times in order to maintain trust in the East Sussex sexual health website service finder

[www.eastsussexsexualhealth.co.uk](http://www.eastsussexsexualhealth.co.uk)

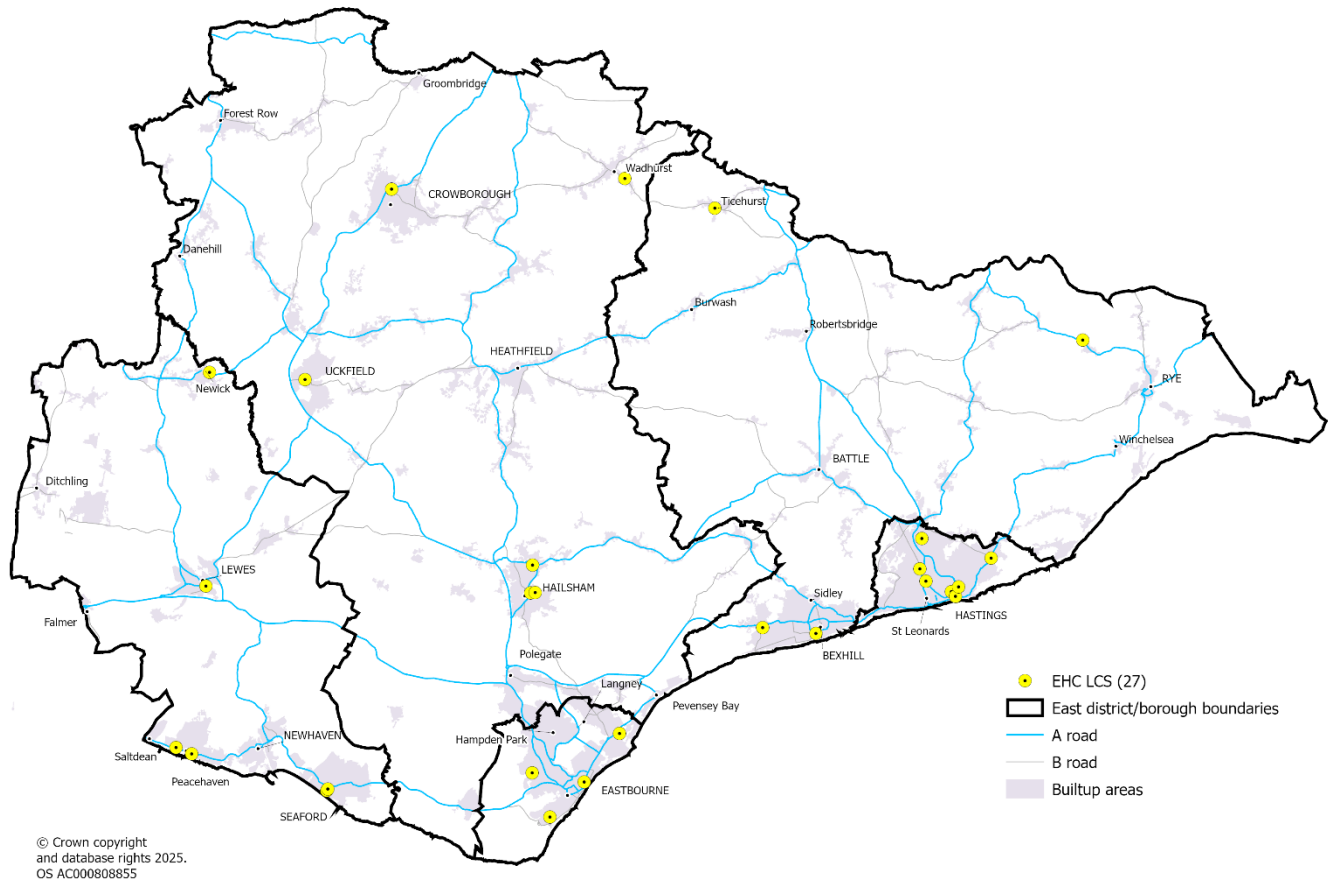
This service covers:

- Assessing and dispensing, under local Patient Group Direction (PGD), free emergency hormonal contraception to East Sussex residents aged 25 or under, and those aged over 25 who are unable to access the alternative free at point of delivery services such as GP practices, online (SH.UK) and specialist sexual health services.
- Provision of free pregnancy testing when appropriate to East Sussex residents aged 25 and under who are requesting EHC.
- Provision of free STI home sampling kits to all ages.

[Community Pharmacy PHLA Services | East Sussex County Council](#)

There are 27 out of 92 pharmacies signed up for this service across East Sussex with four or more locations available in each district/borough.

### Map: Pharmacies signed up to the ECH LCS



## Smoking Cessation - ESCC

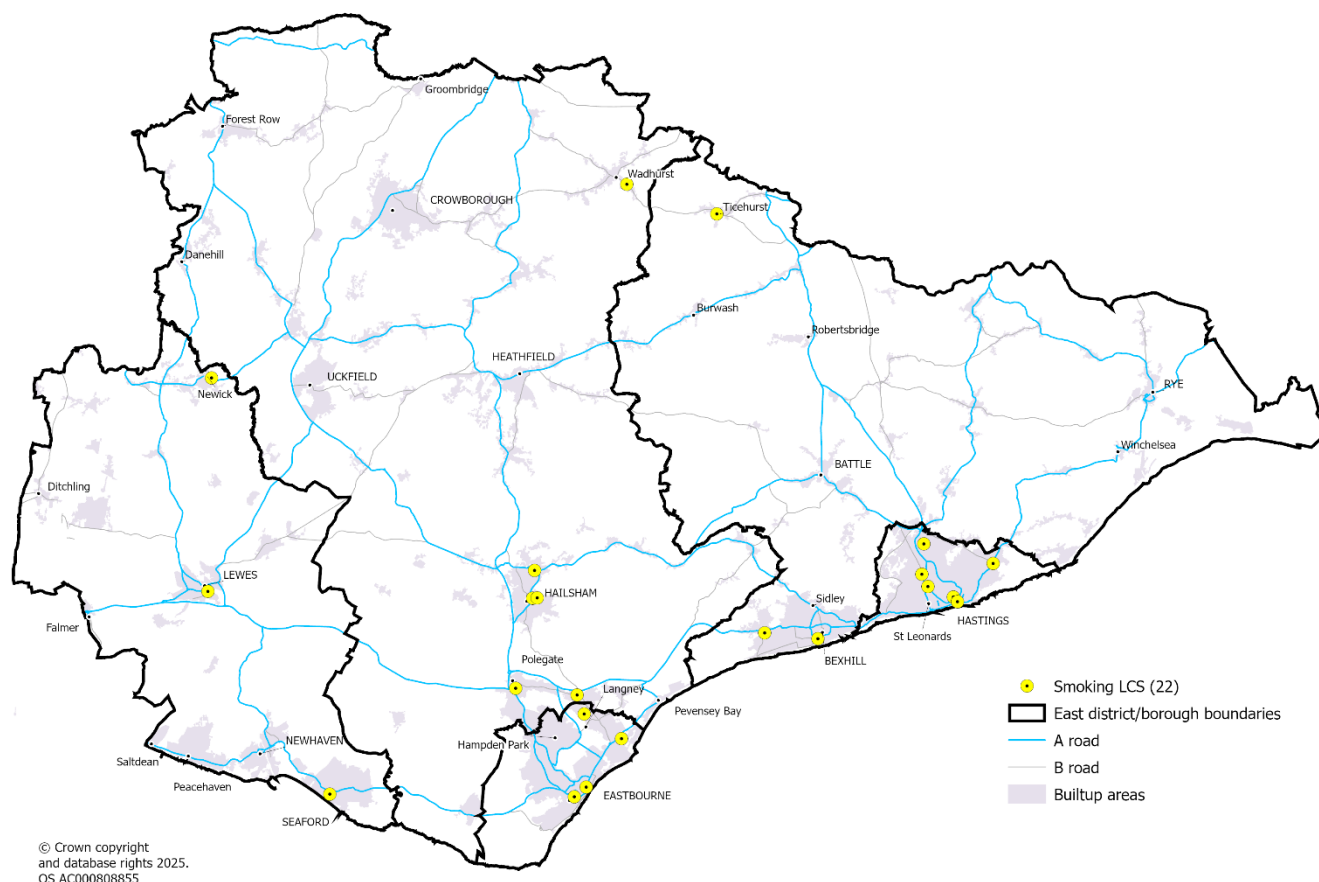
This service enables Community Pharmacies to provide Stop Smoking Services to their clients which:

- Offer choice of treatment options appropriate to clients
- Offer or support clients to use the most effective evidence-based treatments available
- Support people to successfully quit smoking
- Achieve high levels of client satisfaction

[Community Pharmacy PHLSA Services | East Sussex County Council](#)

There are 22 out of 92 pharmacies signed up for this service in East Sussex with three or more locations available in each district/borough.

### Map: Pharmacies signed up to the smoking cessation LCS



### Opiate reversers (naloxone) - CGL

Naloxone is an emergency antidote for overdoses caused by opiates such as heroin, methadone, morphine, codeine and fentanyl. Community pharmacies dispense naloxone to anyone who is likely to provide support for an opiate overdose.

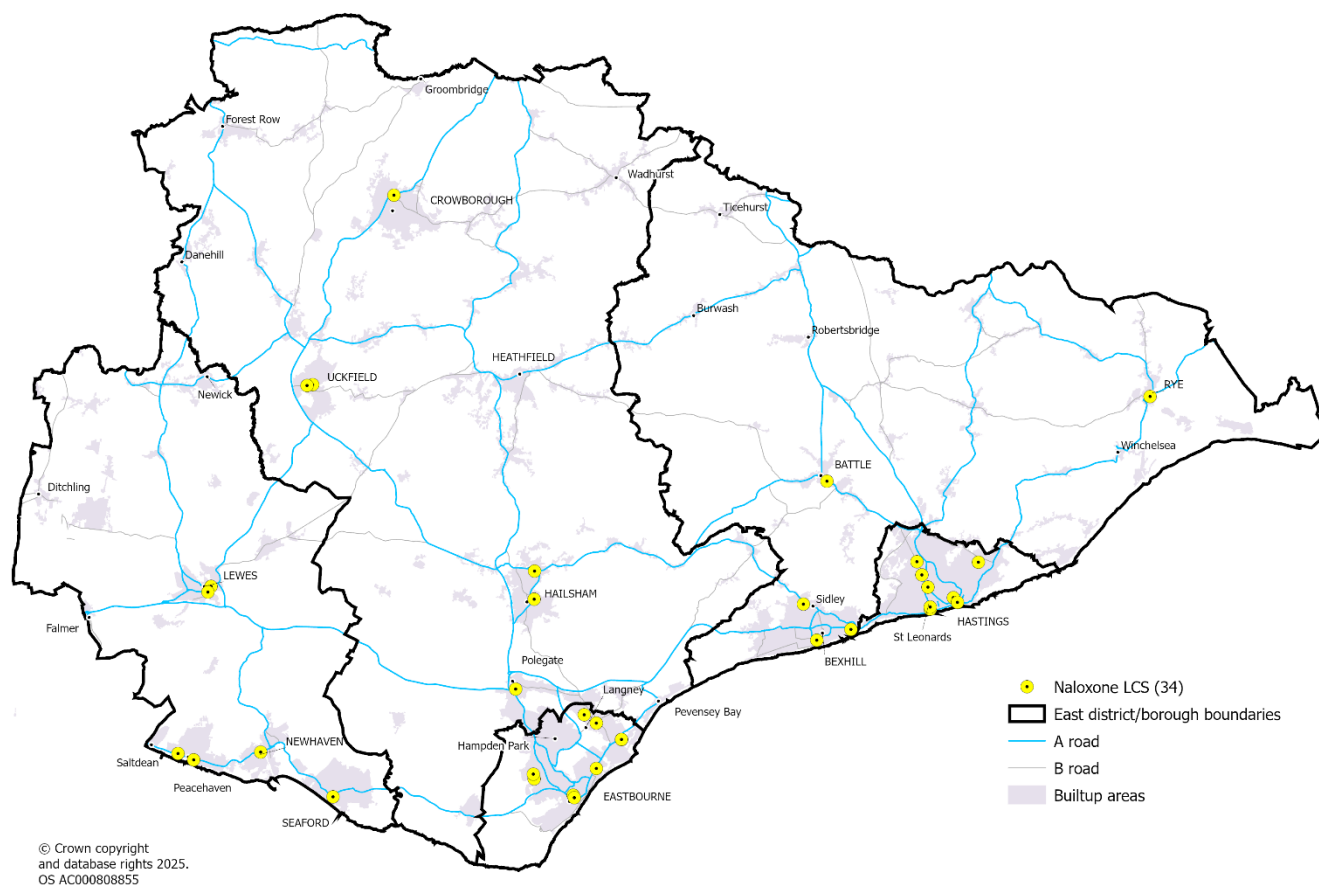
34 out of 92 community pharmacies are signed up to the service with good coverage across the main built-up areas.

**Table: Naloxone activity, 1st April 2024 to 17th March 2025**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Naloxone activity	9	146	6	13	0	174
Rate per 1,000 population	0.1	1.6	0.1	0.1	0.0	0.3

Source: CGL

### Map: Pharmacies signed up to the Naloxone LCS



### Needle and syringe exchange programme (NSP) - CGL

The aim of this service is to reduce the transmission of blood-borne viruses associated with injecting drug use by providing free, sterile injecting equipment and advice in line with [NICE public health guideline PH52](#)

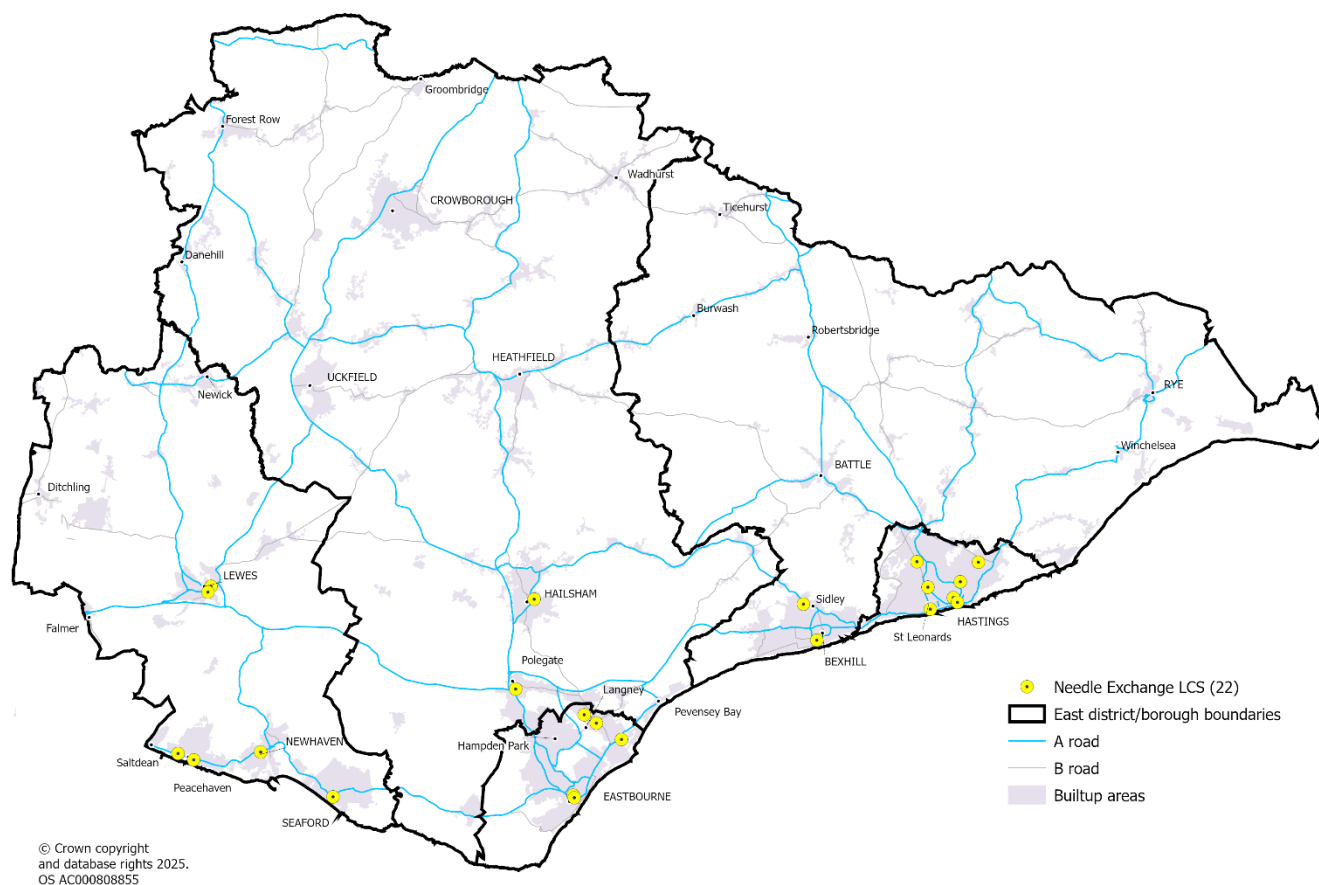
22 out of 92 community pharmacies are signed up to the service, mainly concentrated in coastal areas plus Lewes town and Hailsham.

**Table: Needle exchange activity, 1st April 2024 to 17th March 2025**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Needle Exchange interactions	1,382	4,905	755	25	239	7,306
Rate per 1,000 population	13.3	54.0	7.4	0.3	1.5	13.2



### Map: Pharmacies signed up to the Needle and syringe exchange LCS



## Distribution of oral substitution therapy and supervised consumption - CGL

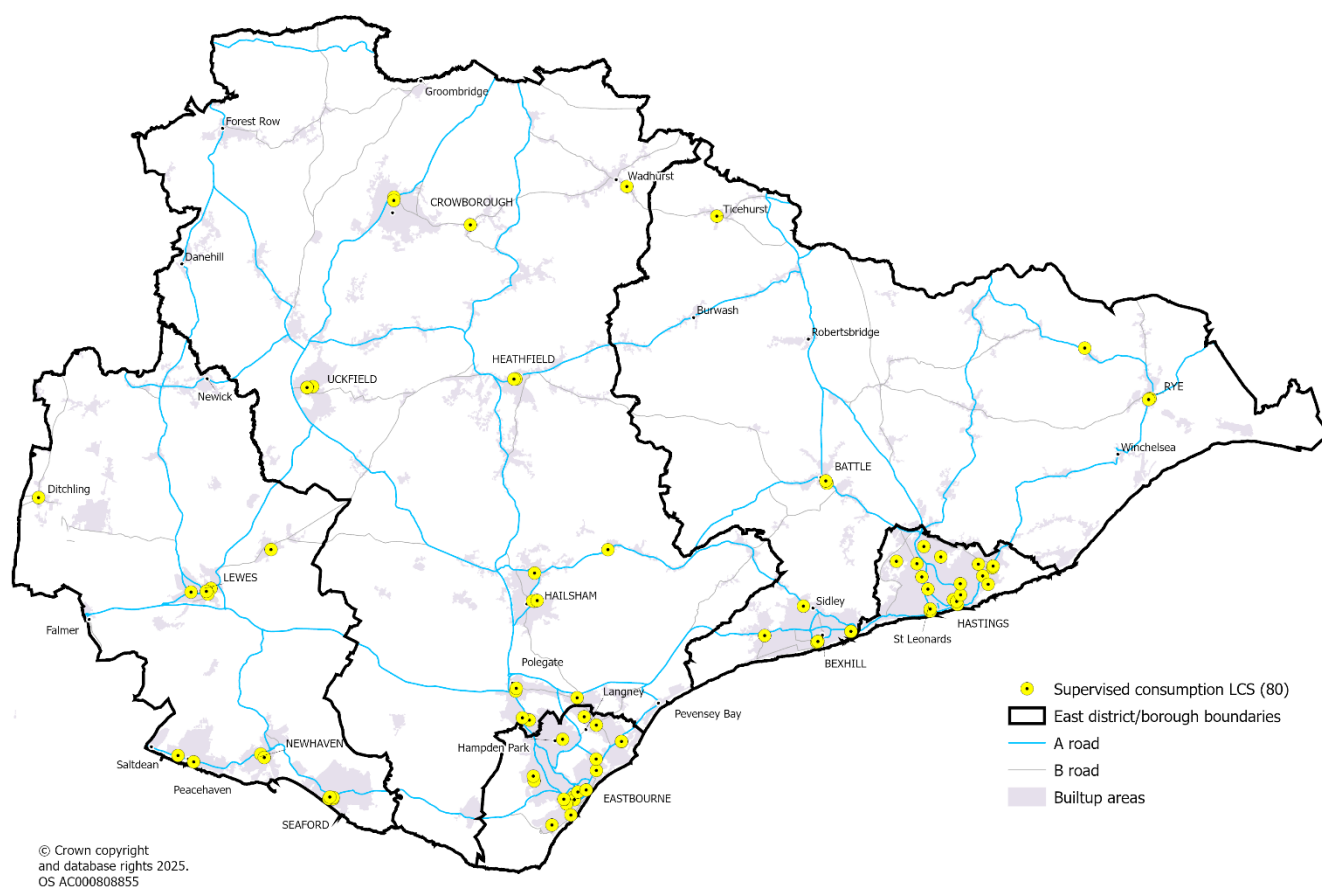
The supervised consumption scheme through community pharmacy aims to reduce mortality and morbidity among high-risk opiate users by improving consistency and quality of care. This service supports individuals in complying with their prescribed regime therefore reducing incidents of accidental deaths through overdose, and pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community

80 out of 92 community pharmacies are signed up to the service with excellent coverage across the county.



**Table: Supervised consumption activity, 1st April 2024 to 17th March 2025**

Activity	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Supervised consumption interactions	2,678	3,140	525	522	317	7,182
Rate per 1,000 population	25.8	34.6	5.2	5.5	1.9	12.9

**Map: Pharmacies signed up to the supervised consumption LCS**

## 6.8 Other services affecting demand for and which supply pharmaceutical services

### NHS Acute Trust Hospitals

East Sussex NHS Trust (ESHT) is the main trust providing both acute hospital and outpatient services to East Sussex residents in the East of the county. Acute hospital services are provided over two sites at Eastbourne District General Hospital, and The Conquest Hospital in Hastings. The hospital pharmacy service operates from both acute sites with a single Chief Pharmacist overseeing both.

Although based outside of East Sussex, University Hospitals Sussex (UHSx) (hospitals in Brighton and Haywards Heath) and Maidstone and Tunbridge Wells (MTW) (hospital in Pembury) also provide extensive acute inpatient and outpatient services to many East Sussex residents.

The table below shows that for emergency admissions to hospital, 70% of residents attended ESHT, 15% at UHSx and 10% at MTW. This distribution differs between districts and borough in East Sussex.

**Table: Emergency admissions for East Sussex residents by hospital trust admitted to, 2022/23**

NHS Trust	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
East Sussex Healthcare Trust (ESHT)	93%	94%	26%	87%	52%	70%
University Hospitals Sussex (UHSx)	3%	2%	69%	2%	13%	15%
Maidstone and Tunbridge Wells (MTW)	0%	1%	0%	7%	29%	10%
Elsewhere	4%	3%	4%	4%	6%	4%
Percent Total	100%	100%	100%	100%	100%	100%

Source: [East Sussex Joint Strategic Needs Assessment |](#)

## NHS Community Hospitals

Sussex Community NHS Foundation Trust (SCFT) runs three community hospitals across the county in Crowborough, Lewes, and Uckfield. Rye and Bexhill Hospitals are run by ESHT. Community hospital services in East Sussex are summarised below, Table 26

**Table: Community Hospital Services in East Sussex**

Community Hospital	Services provided (Trust)
Crowborough War Memorial	Urgent care centre, minor injuries unit, intermediate care unit; community nursing; therapies; diagnostic imaging. ( <a href="#">SCFT</a> ) Crowborough birthing centre. ( <a href="#">MTW</a> )
Lewes Victoria	Urgent Treatment Centre (UTC); Intermediate care unit; community nursing; therapies; diagnostic imaging. ( <a href="#">SCFT</a> )
Uckfield Community	Minor injuries unit, intermediate care beds; community nursing; therapies; Diagnostic imaging. ( <a href="#">SCFT</a> )
Rye, Winchelsea and District Memorial	Intermediate care unit, Palliative and end of life of care, outpatient services. ( <a href="#">ESHT</a> )
Bexhill	Ophthalmic Day Surgery, Outpatient clinics, Physiotherapy, Radiology, Wet Age-related Macular Degeneration (AMD) follow-up; Diabetic Retinal Screening, intermediate care unit. ( <a href="#">ESHT</a> )

Source: SCFT; ESHT; MTW

## Mental health services

Sussex Partnership NHS Foundation Trust provides mental health services across East Sussex. They provide services in a variety of different locations including hospitals, health centres, rehabilitation and recovery centres and smaller clinic spaces all over East Sussex.

[Hospitals and locations :: Sussex Partnership NHS Foundation Trust](#)

## Residential and Nursing Care homes

In East Sussex there were 282 care homes. See map in section 3.2 There are three hospices (one in Hastings, Eastbourne and Chailey respectively) registered in East Sussex.

Apart from Lewes District, the District and Boroughs in East Sussex have more care home beds per 100 people aged 75 and over than the England average.

The number of nursing home beds per 100 people aged 75 and over is lower than the England average for Lewes and Rother and higher for Eastbourne, Hastings and Wealden.

**Table: Rates of care home bed provision, 2021**

	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex	England
Care home beds per 100 people 75 and over	13.9	17.2	8.2	12.2	9.8	11.7	9.4
Nursing home beds per 100 people 75+	6.3	7.0	3.5	3.9	5.4	5.1	4.6

Source: [Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care](#)

## Other services

### Dentists

Dentists may issue NHS prescriptions which are dispensed as part of pharmaceutical services. However the level of activity is unknown.

### Cross border NHS services

East Sussex is bounded to the west by Brighton & Hove and West Sussex, to the north and East by Kent. Patients who live toward the borders of the county may choose to access pharmaceutical services from pharmacies located in the major towns close to these borders, namely Brighton & Hove, Burgess Hill, Haywards Heath, East Grinstead and Royal Tunbridge Wells, all of which are found within five kilometres of the East Sussex border.

### Private hospitals

There are three private healthcare sites within East Sussex: the Esperance (BMI Healthcare) in Eastbourne, the Horder Centre (Horder Healthcare) in Crowborough, and the Spire Hospital Sussex (Spire Healthcare) in Hastings. These provide several specialties, including surgical and non-surgical services. All have in-house pharmacy departments.

## 7. East Sussex Residents' Survey 2025

### Methodology

A key aspect of the PNA is capturing the views of people who use community pharmacy services in the county. To do this a resident survey was designed, building on previous surveys undertaken in previous PNAs. The steering group helped to ensure the survey was focussed on the key areas where we required evidence from the public. The survey was designed and tested by a member of the public unfamiliar with a PNA to ensure the questions were clear.

The survey was hosted on the East Sussex County Council's Survey and consultation portal, Citizen Space. [Have your say on pharmacy services in East Sussex - East Sussex - Citizen Space](#) and ran during the 6 weeks between 6th February and 20th March 2025.

A poster was designed to promote the survey which was posted out to all community pharmacies, GP Practices (and branch surgeries), all 17 public libraries and all 11 family hubs with a letter asking if they would display the poster in their premises.

Hard copy surveys were also available in public libraries and sent out to anyone requesting one.

The survey was promoted through the GP Practice Patient Participation Group Network, who encouraged their members to complete the survey and promote within their practices. Partners, such as Healthwatch and NHS Sussex, promoted the survey through their newsletters.

Social media advertising was purchased to promote the survey on Facebook and Instagram, whilst there were also posts from ESCC accounts on Facebook, Instagram and X.



**Pharmacy Survey**

**Have your say?**

**We would like to hear how you access and use pharmacy services in East Sussex**

Your feedback will help us to understand if there are any gaps in pharmacy services around the county.

- The survey will only take 5 to 10 minutes to complete.
- The survey is open until 20th March

 **Scan the QR Code to take the survey**

Or visit [eastsussex.gov.uk/pharmacy](https://eastsussex.gov.uk/pharmacy)

For a paper copy of the survey please call: 07701 395075

Further information is available from [communitysurvey@eastsussex.gov.uk](mailto:communitysurvey@eastsussex.gov.uk)

East Sussex County Council

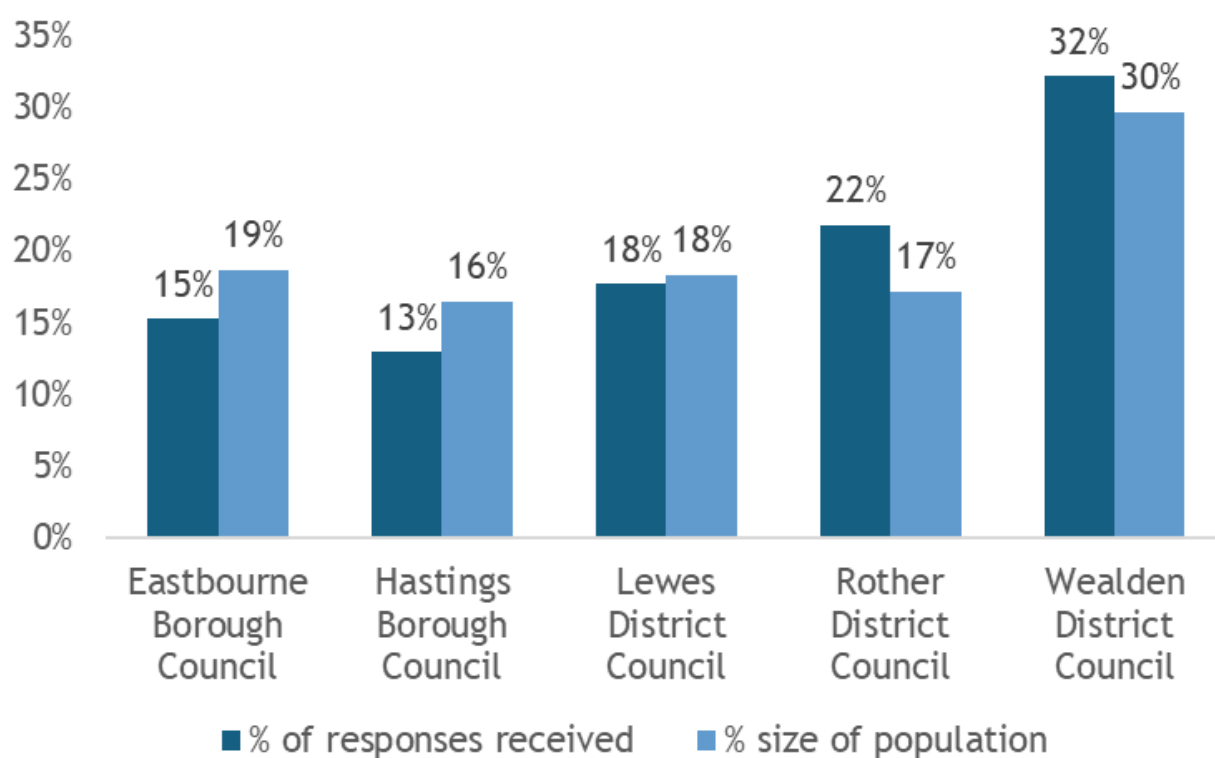
## 7.1 Findings

### Area of residence

Of the 947 who responded to the survey, 943 provided the district/borough where they live. Comparing the distribution to the general population we can see that Rother and Wealden are slightly over represented and Eastbourne and Hastings slightly under-represented. However the sample size is big enough to provide useful results.

Where data are split by district/borough some numbers and percentages may be slightly different in tables and charts when comparing to East Sussex, as some people did not provide their district/borough of residence.

**Chart: District/borough of residence**



**Table: Responses by area of residence**

Area	Responses
Eastbourne	144
Hastings	122
Lewes	167

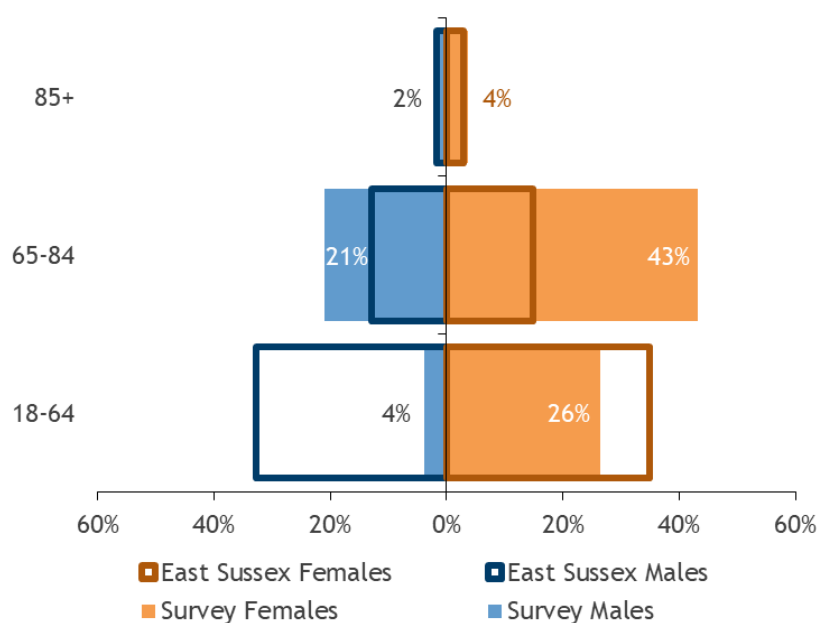
Area	Responses
Rother	206
Wealden	304
Don't know	2
Not Answered	2
<b>Total</b>	<b>947</b>

## Equalities questions

### Age and sex

27% of responses were from men compared to 73% from women. The chart below compares the age and sex distribution of respondents to the survey (coloured bars) to the general resident population in East Sussex (outlines). This shows that a greater percentage of respondents were in the 65-84 age category compared to the general population. A lower proportion were in the 18-64 age group, although this was more pronounced for males. A similar percentage were aged 85+ compared to the population. This tells us that older females responded most to the survey. This will reflect population groups who are generally more likely to respond to a survey, plus the population who will be utilising pharmacy services the most.

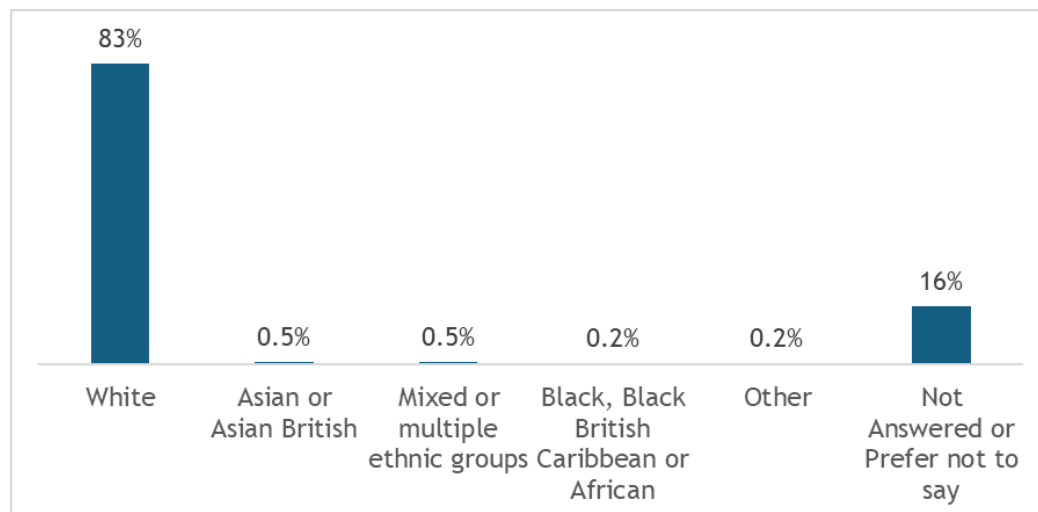
**Chart: Responses by age and sex**



## Ethnic group

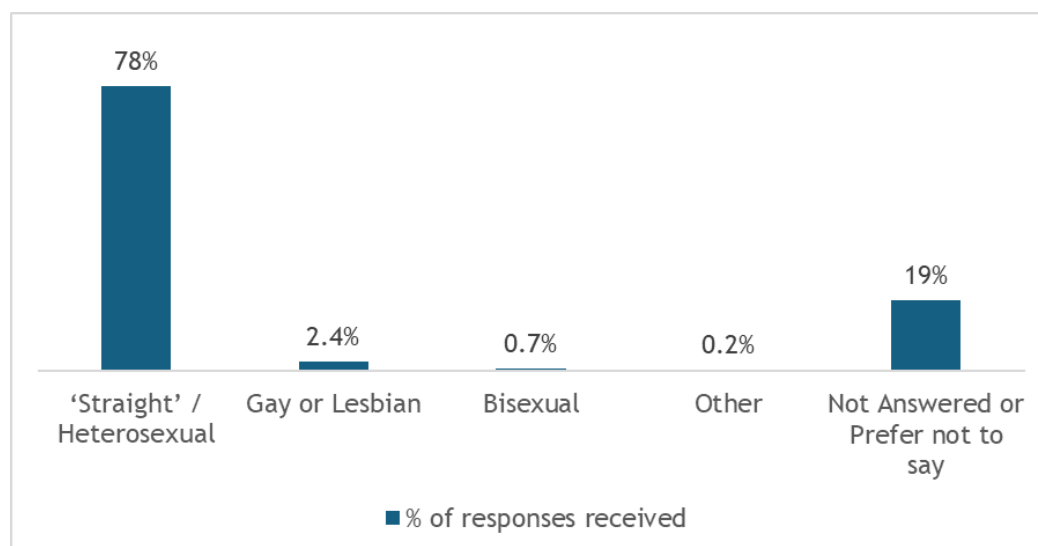
83% of respondents were white ethnicity, with 1.5% other ethnic groups and 16% who did not answer or preferred not to say.

**Chart: Responses by ethnic group**



78% of respondents were straight/heterosexual, with 3.4% other orientations and 19% who did not answer or preferred not to say.

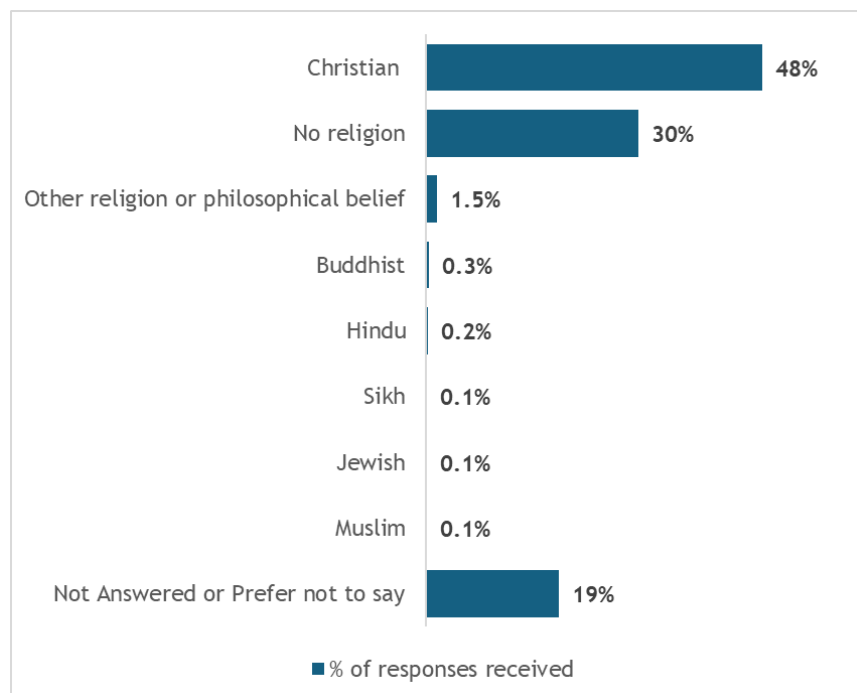
**Chart: Responses by sexual orientation**



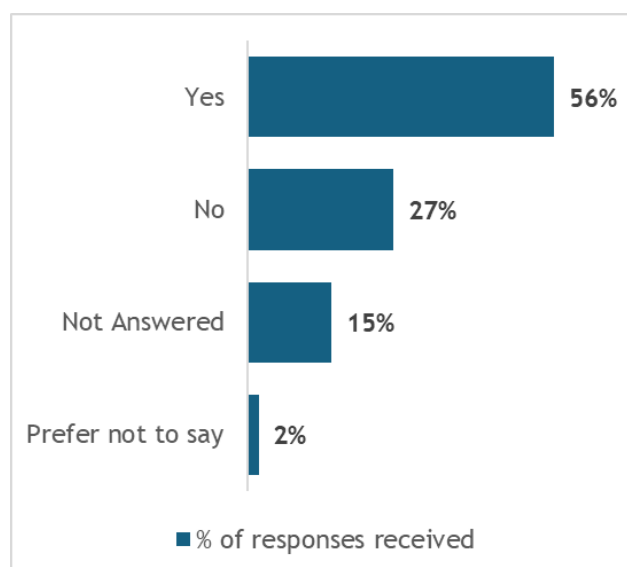
## Religion or belief

48% of respondents were Christian, 30% had no religion and 2.3% were other religions/beliefs. 19% did not answer or preferred not to say.

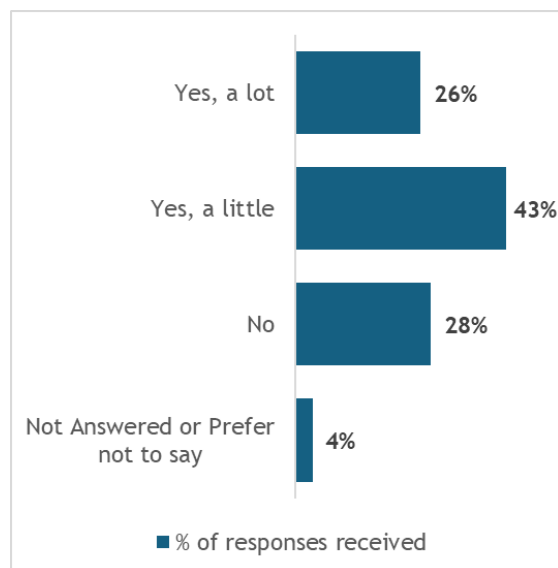


**Chart: Responses by religion or belief****Long-term limiting illness**

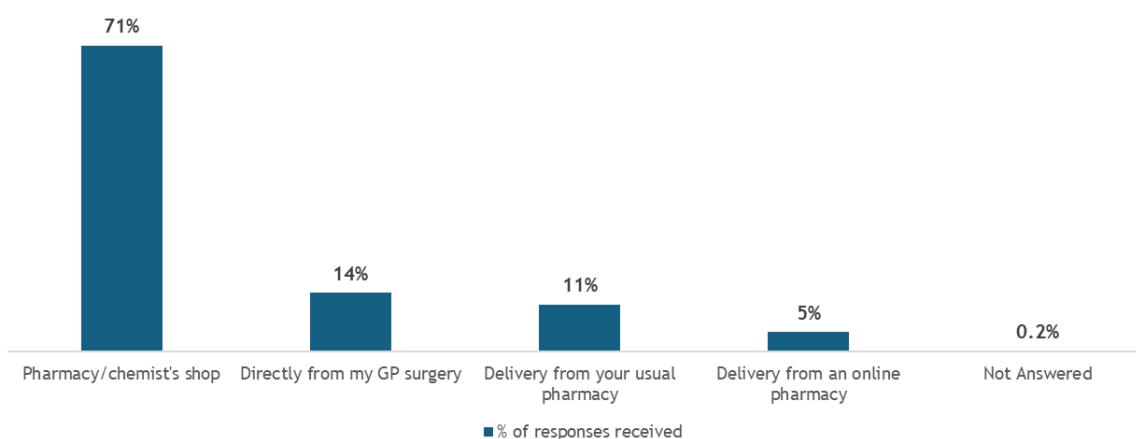
56% (531 people) responded that they did have a physical or mental health conditions or illnesses lasting or expected to last 12 months.

**Chart: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?**

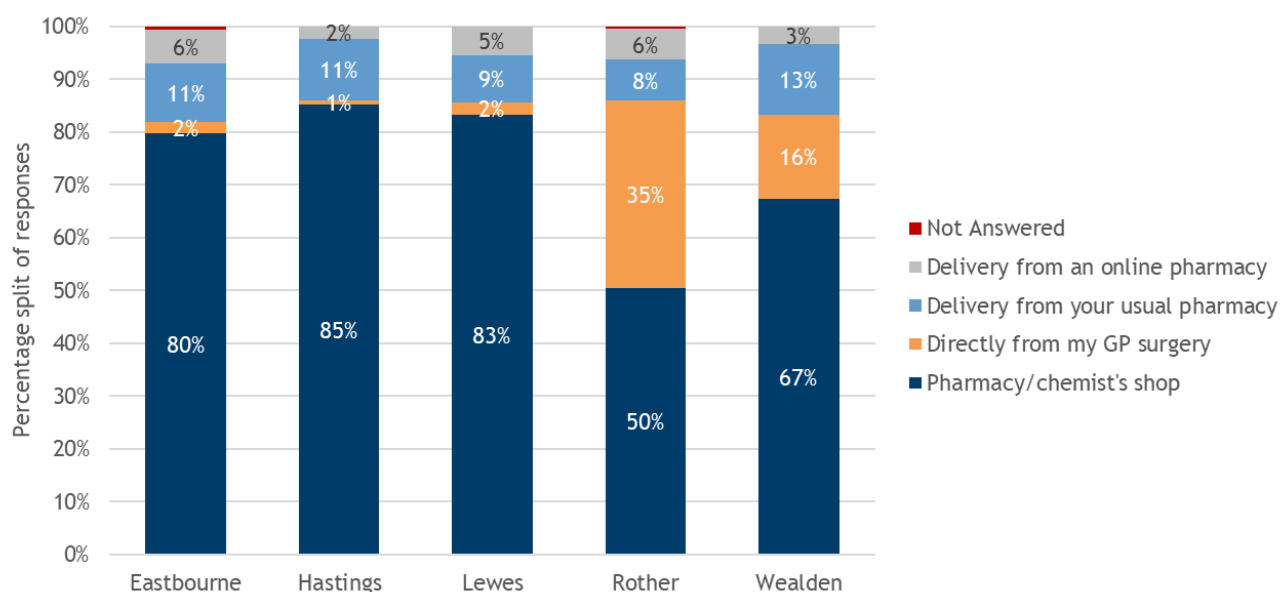
Of those 531 people 69% responded that their condition or illnesses reduced their ability to carry out day-to-day-activities.

**Chart: Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?****Where do you usually get your prescription from?**

71% of respondents reported they got their prescription from a pharmacy/chemist shop, with 14% getting it directly from a GP Surgery. Of those who got their prescription from a GP, 57% lived in Rother and 37% lived in Wealden which reflects the availability of dispensing practices for more rural patients.

**Chart: Where do you get your prescription from?**

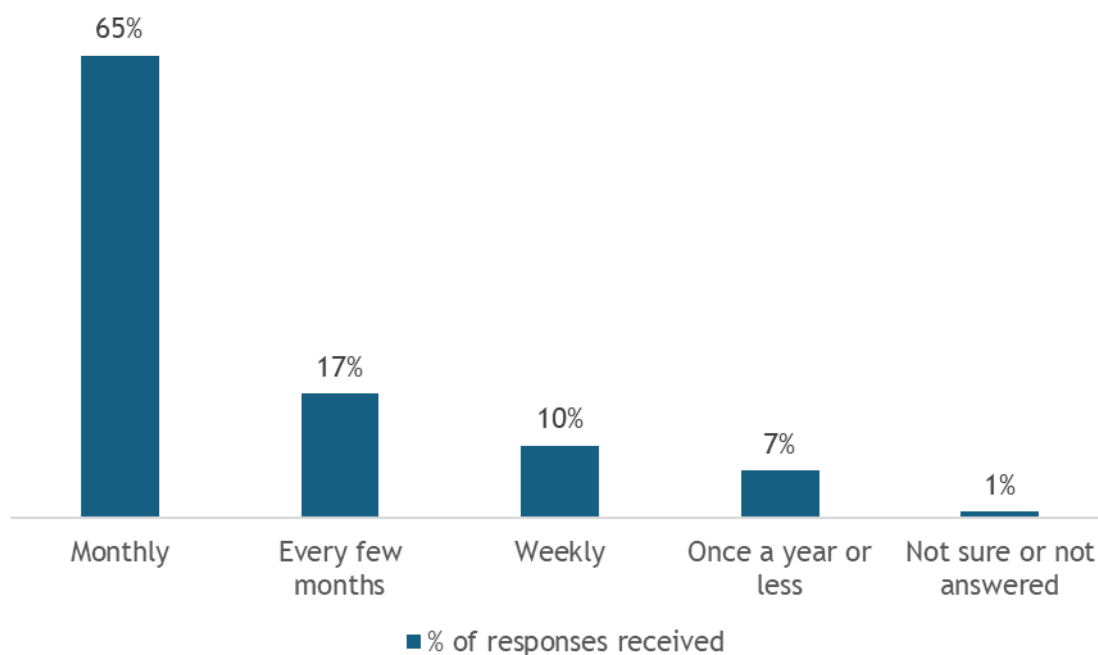
**Chart: The percentage split for each district/borough showing where people usually get their prescriptions**



## How often do you use a pharmacy for health reasons?

The vast majority of respondents visited their pharmacy monthly (65%), with 17% every few months, 10% weekly and 7% once a year or less.

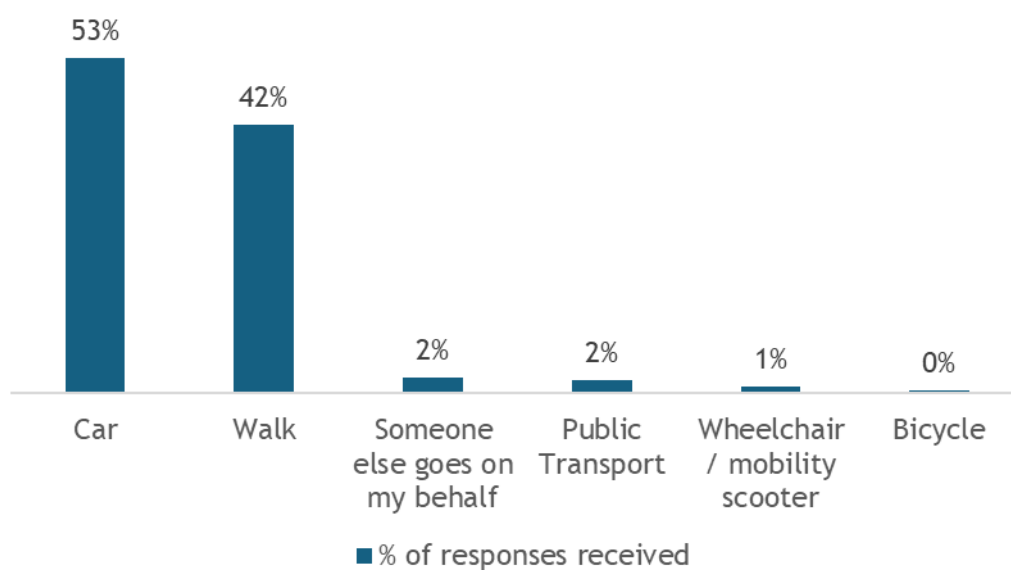
**Chart: How often do you use a pharmacy for health reasons?**



## How do you usually travel to the pharmacy?

For those who visited a pharmacy in person, 53% travelled by car and 42% walked. Only 2% travelled by public transport. Use of public transport is highest in Eastbourne (6%) and lowest in Rother (2%) and Wealden (0%). This reflects the access to car statistics in section 4.6.

**Chart: How do you usually travel to the pharmacy?**



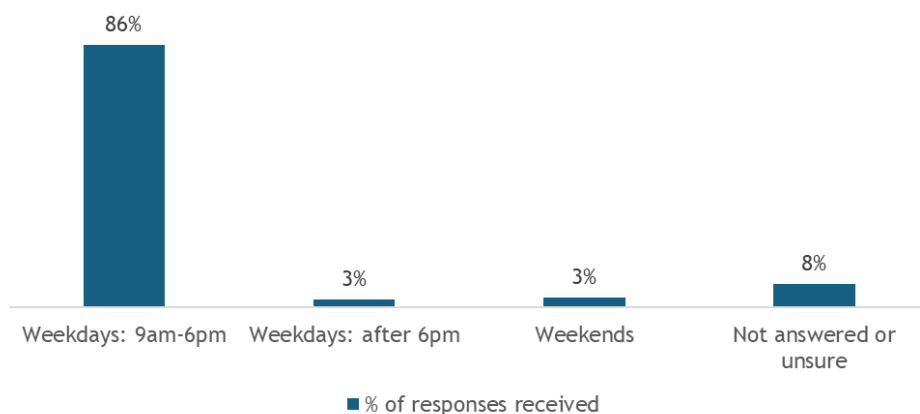
**Table: How do you usually travel to the pharmacy?**

Method of travel	Eastbourne	Hastings	Lewes	Rother	Wealden	East Sussex
Car	49%	43%	42%	60%	59%	52%
Walk	42%	50%	52%	35%	38%	42%
Someone else goes on my behalf	2%	4%	3%	2%	2%	2%
Public Transport	6%	3%	3%	2%	0%	2%
Wheelchair / mobility scooter	0%	1%	1%	2%	1%	1%
Bicycle	1%	0%	0%	0%	0%	0%

## What time do you usually go to the pharmacy?

The vast majority of respondents (86%) go to their pharmacy on weekdays between 9am and 6pm. 3% usually go on a weekday evening and another 3% on the weekend (8% did not answer or were unsure).

**Chart: What time do you usually go to the pharmacy?**

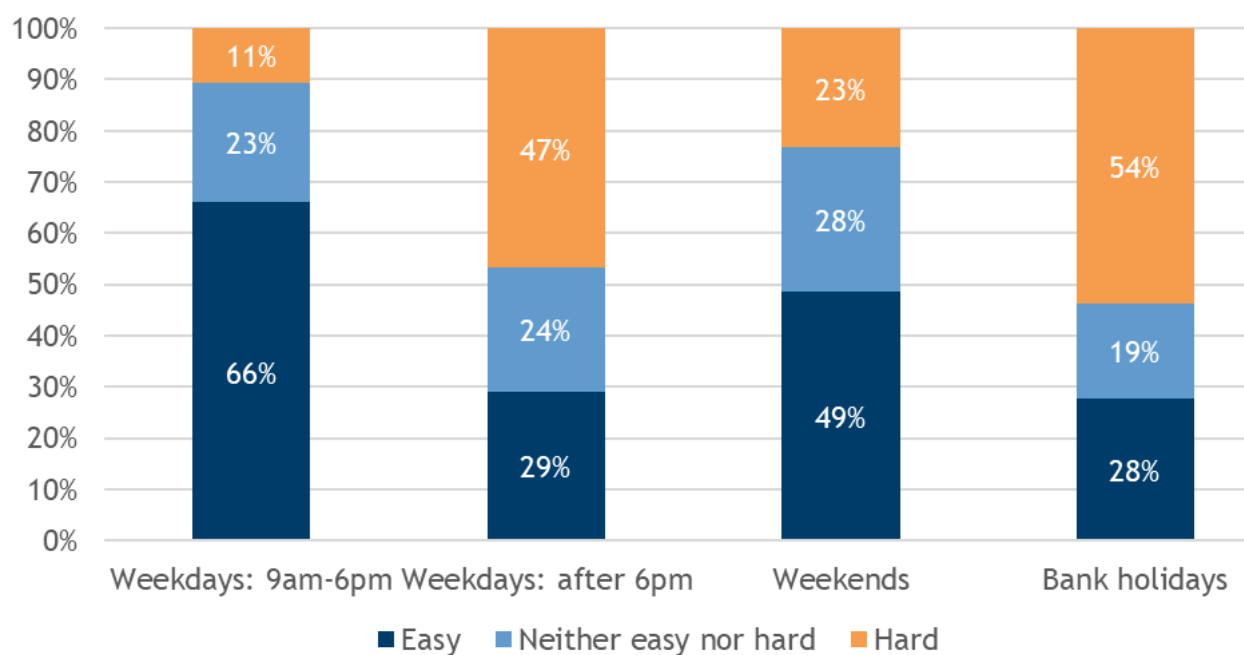


## How easy was it to access a pharmacy at different times

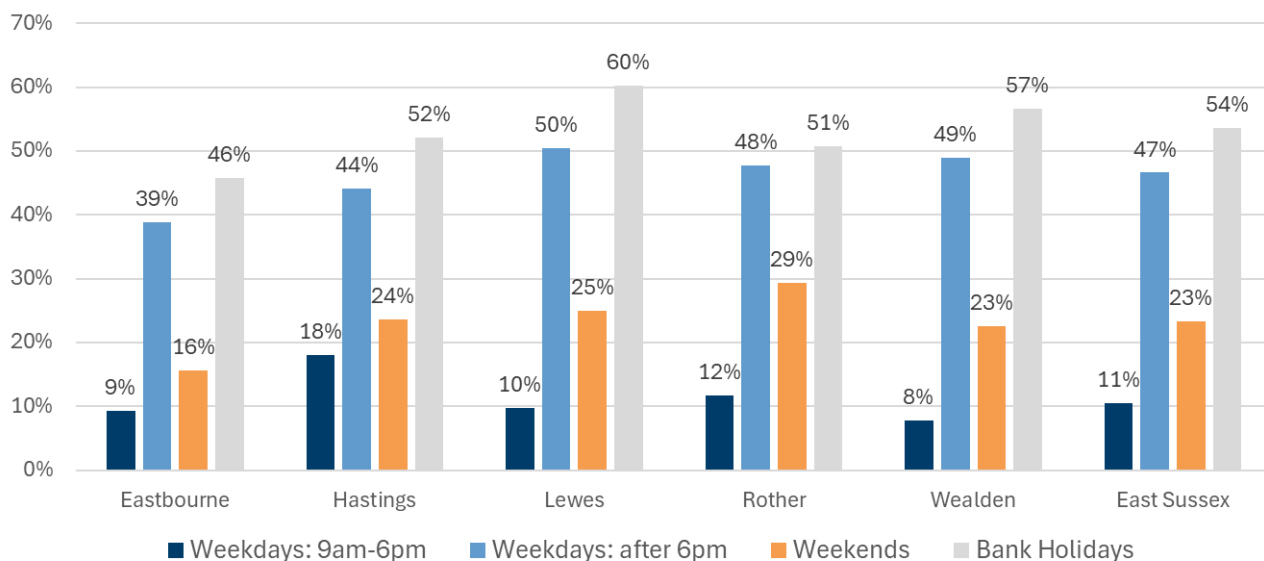
Most respondents found it easier to access the pharmacy weekdays between 9am and 6pm (66% found it easy) and at weekends (49% found it easy), whilst only 29% found it easy weekdays after 6pm and 28% on bank holidays.

Looking at the responses by district/borough and which area scored poorest on access for each time option, Hastings respondents found it hardest to access weekdays, Lewes respondents found it hardest in the evenings and bank holidays, and Rother respondents found it hardest on the weekends.

**Chart: How easy was it to access a pharmacy at these different times?**



**Chart: % of respondents from each district/borough who found it "hard" to access a pharmacy at these different times**

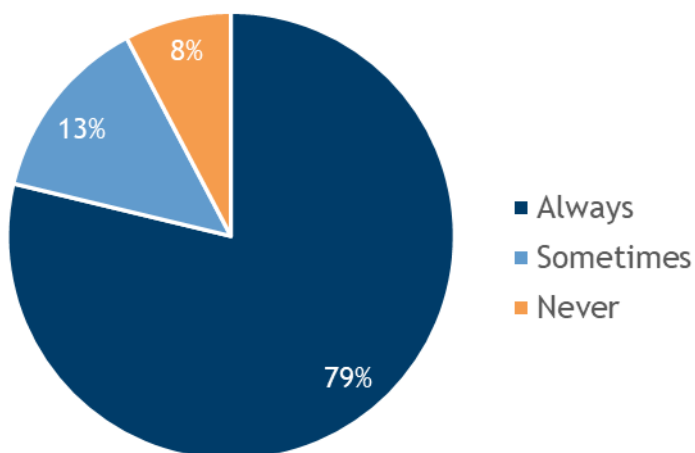


## Access for people with physical disabilities

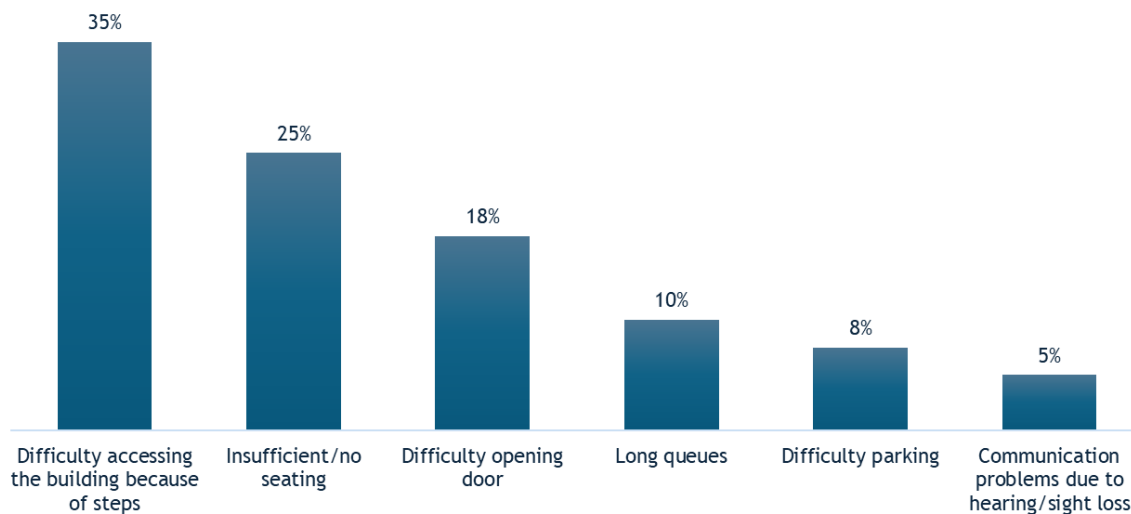
27% (259) of people responded to this question with 79% (204 people) of those reporting that the pharmacy always met their needs.

For those that said their needs were sometimes or never met, 35% stated difficulties accessing the building because of steps, 25% insufficient/no seating, 18% difficulty opening the door and 10% long queues.

**Chart: If you have a physical disability, does your pharmacy meet your needs for you to access the building?**



**Chart: The reasons given by people with a physical disability need as to why the pharmacy only sometimes or never meets their needs**



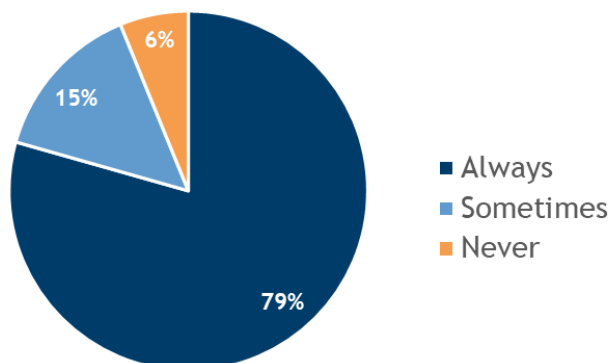
## Experience for people with communication needs

Communication needs might include needing written information in another format e.g. large print, audio or in another language.

21% (194) of people responded to this question, and of those 79% (154 people) reported that the pharmacy always met their needs.

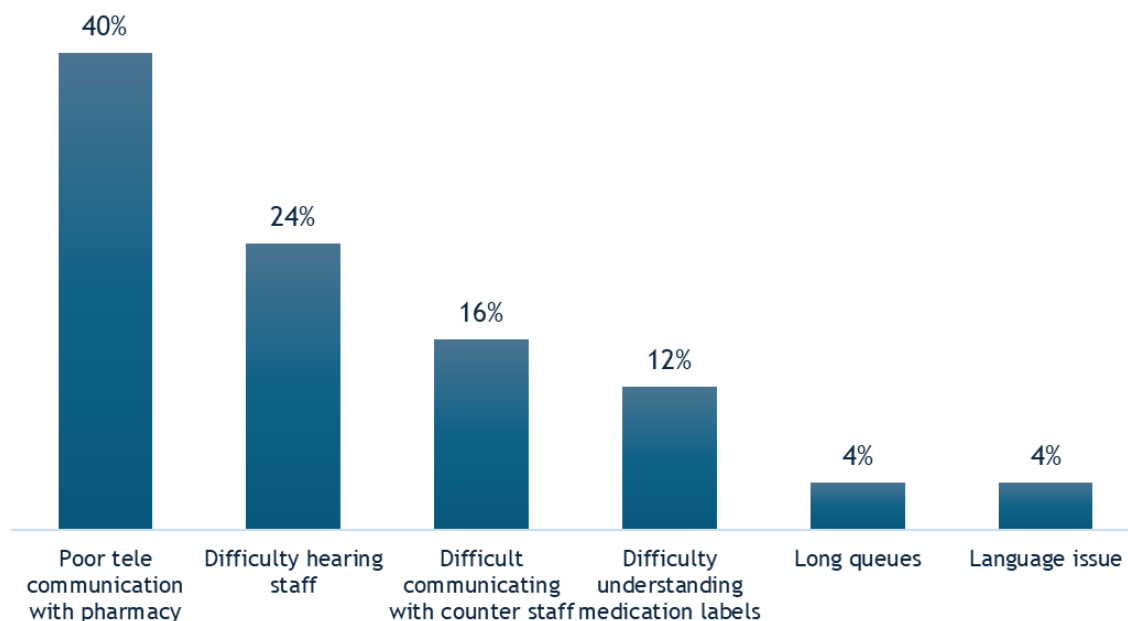
The most common reason for why the pharmacy did not meet their needs related to some form of telecommunication need not being met. This might include the pharmacy not calling/messaging to update/respond to customers, no longer being able to call the pharmacy, or the pharmacy being slow at responding to emails/calls.

**Chart: If you have a communication need, does your pharmacy communicate information with you in the way you need?**





**Chart: The reasons given by people (25 individuals) with a communication need as to why the pharmacy does not always meet their needs**

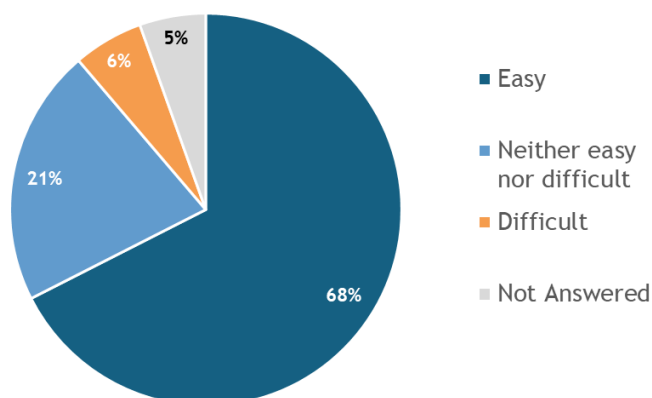


## Helping others access pharmacies

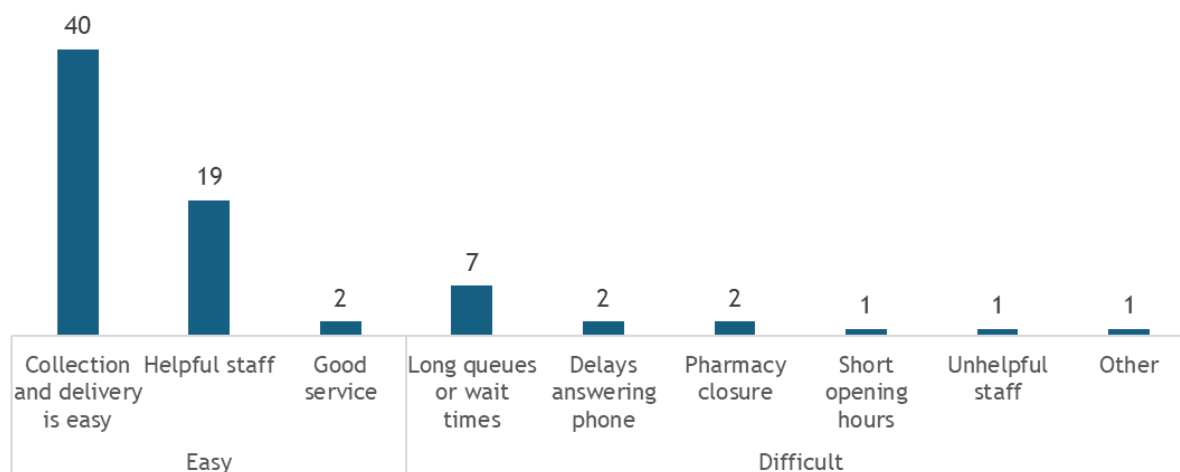
33% (311) of people help someone to use pharmacy services, and of those 6% (18 people) reported they found it difficult to meet that person's needs.

When respondents were asked what makes it easy or difficult to collect on behalf of someone else, there were four times more positive responses to negative ones.

**Chart: If you help someone else to use pharmacy services, does the pharmacy make it easy or difficult for you to meet that person's needs**



**Chart: What makes it easy or difficult to collect on behalf of someone else?**



## Any other comments about pharmacy services in East Sussex

The final question was an open question inviting any other comments to which we received 683 responses. We completed a qualitative analysis, and these were the numbers of responses against some key themes:

1. **Convenience and Accessibility:** There were 49 responses mentioning the convenience of local pharmacies, with 15 responses highlighting issues with limited opening hours and closures.
2. **Service Quality:** There were 38 responses praising the helpful and friendly staff, while 12 responses criticise long wait times and poor customer service.
3. **Delivery Services:** Delivery services were mentioned in 27 responses, with 8 responses expressing concerns about unpredictability and delays. Note that delivery services are not an NHS funded service, or a pharmacy commissioned service.
4. **Pharmacy Closures:** There were 22 responses expressing strong sentiment against the closure of local pharmacies.
5. **Role of Pharmacists:** Pharmacists were valued in 31 responses for their advice and handling minor health issues, but 9 responses mention concerns about overburdened pharmacists and lack of continuity in care.
6. **Out-of-Hours Services:** There were 18 responses indicating a need for the existing pharmacies to be open longer during evenings, weekends, and bank holidays.
7. **Integration with GP Services:** Better integration between pharmacies and GP services was desired in 14 responses, with issues such as delays in prescription processing and lack of communication highlighted.

8. **Environmental Concerns:** Environmental impact of pharmacy practices was mentioned in 5 responses. This was mainly related to plastic packaging.

## 10. Gap analysis

[Guidance from the Department of Health and Social Care](#) suggests there are three types of gaps in provision that can be articulated in the PNA:

- Geographical gaps in the location of premises.
- Geographical gaps in the provision of services.
- Gaps in the times at which, or days on which, services are provided.

This section summarises the analysis in East Sussex.

### 10.1 Geographical gaps in the location of pharmacies

Section 6.1 contains analysis of provision (pharmacies and dispensing practices) per 100,000 population across the districts and boroughs in East Sussex. This shows highest provision per 100,000 population in Rother (24.2), which has the oldest population profile, followed by Hastings (22.0) which has the most population living in areas of deprivation. The lowest rates are in Eastbourne (16.4) and Lewes district (16.8).

Section 4.5 shows a map of all pharmacy locations overlaid onto population density. This shows that all highly populated areas of the county have sufficient pharmacy locations nearby. Access in more rural areas, such as rural Rother and the northern areas of Wealden, is boosted with dispensing practices.

Access for residents is boosted by provision in towns outside East Sussex but within 5km of the county border (section 6.2).

Current planned housing developments will not create a gap during the lifetime of the PNA (section 4.4).

**Conclusion: No gaps in the location of pharmacies.**

### 10.2 Geographical gaps in the provision of services

- Section 6.4 has shown that there are no gaps in the provision of necessary services which included all essential services, and the Pharmacy First advanced service provided from the majority of premises to give good geographical coverage.
- In terms of advanced services (section 6.6) and locally commissioned services (section 6.7), existing pharmacies should be further supported by commissioners to enhance provision and uptake of services for residents in East Sussex.

**Conclusion: No gaps in provision of necessary services and no identified needs for additional pharmaceutical services**

## 10.3 Gaps in the times at which, or days on which, services are provided

- Section 7.1 shows that the vast majority of survey respondents (86%) go to their pharmacy on weekdays between 9am and 6pm. 3% usually go on a weekday evening and another 3% on the weekend (8% did not answer or were unsure).
- Section 6.2 shows opening times for pharmacies across East Sussex. Coverage is best on weekdays when the vast majority of residents access services.

### Evenings (open after 6pm at least one weekday)

- Across East Sussex 39% of pharmacies and GP dispensaries are open evenings and this ranges from 48% in Wealden to 31% in Lewes. Access for residents is boosted by provision in towns outside East Sussex but within 5km of the county border (section 6.2).
- The travel analysis in section 6.3 showed no areas were more than 30 minute drive from an open location and only 5.9% of the population did not have access via public transport within 30 minutes.
- The resident survey analysis in section 7.1 showed that 47% found it hard to access a pharmacy in the evening. This ranged from 39% in Eastbourne to 50% in Lewes district.

### Weekends

- 77% of pharmacies and GP dispensaries are open on a Saturday and this ranges from 88% in Eastbourne to 64% in Rother. 15% of pharmacies and GP dispensaries are open on a Sunday and this ranges from 35% in Eastbourne to 3% in Wealden (section 6.2).
- Access for residents is boosted by provision in towns outside East Sussex but within 5km of the county border. This is far better on a Saturday than a Sunday.
- The travel analysis in section 6.3 showed no areas were more than 30 minute drive from an open location on a Saturday or Sunday.
- When looking at access via public transport on Saturdays the analysis showed that 69,747 (12.7%) of residents did not have access within 30 minutes. This increased to 218,288 (39.6%) on a Sunday.
- The resident survey analysis in section 7.1 showed that 23% found it hard to access a pharmacy on the weekends. This ranged from 16% in Eastbourne to 29% in Rother.

### Bank holidays

- There is an enhanced service commissioned by NHS Sussex ICB to ensure suitable access is available across East Sussex.

- The resident survey analysis in section 7.1 showed that 54% found it hard to access a pharmacy on a bank holiday. This ranged from 46% in Eastbourne to 60% in Lewes district.

#### Access to car/van

- Section 4.6 shows that the areas with low percentages households with access to a car/van are all in the more densely populated urban areas of East Sussex which have better access to pharmacies during the evenings and weekends.

**Conclusion: No gaps in the times at which, or days on which, services are provided.**

## 11. Stakeholders' consultation

The Regulations (2013) require the HWB to consult on their draft PNA for a minimum 60-day period. This consultation ran for twelve weeks between 9 May 2025 and 1 August 2025.

The questionnaire was available on East Sussex Citizen Space at [Share your views on the Pharmaceutical Needs Assessment 2025 - East Sussex - Citizen Space](#)

On the consultation site the full PNA was provided as well as an executive summary of the PNA. The invitations went to the following organisations via an emailed letter from the Director of Public Health for East Sussex.

#### Distribution of PNA Draft for Consultation

##### Organisation

---

Sussex Local Pharmaceutical Committee

---

Surrey and Sussex Local Medical Committee

---

Healthwatch East Sussex

---

East Sussex Healthcare NHS Trust

---

Sussex Community NHS Foundation Trust

---

Sussex Partnership NHS Foundation Trust

---

Brighton & Hove Health and Wellbeing Board

---

West Sussex Health and Wellbeing Board

Kent Health and Wellbeing Board

---

Surrey Health and Wellbeing Board

The LPC extended the invitation to all pharmacies in East Sussex and the LMC extended the invite to all GP Practices in East Sussex. It was also publicised by Healthwatch, on the council's social media pages and newsletters as well as NHS Sussex Health and Care newsletter to the public.

## 11.1 Consultation responses

There were 17 responses, 16 as an individual and one as an organisation (neighbouring local authority). The 16 responses were made up of a GP, a local government employee, 13 members of the public and two 'Other'.

The following tables provide the results for the specific questions asked in the consultation.

The first three questions relate to the 7 responses that were just based on the Summary document, and the rest are the combined answers of all respondents.

**Table: Do you think that the summary explains the following things well: - What a PNA is**

Option	Total	Percent
Yes	7	100%
No	0	0%
Not sure	0	0%

**Table: Do you think that the summary explains the following things well: - How we created our PNA**

Option	Total	Percent
Yes	7	100%
No	0	0%
Not sure	0	0%

**Table: Do you think that the summary explains the following things well: - The gaps we assessed**

Option	Total	Percent
Yes	7	100%
No	0	0%
Not sure	0	0%

**Table: Do you agree or disagree with the final recommendations made in the PNA?**

Option	Total	Percent
Strongly agree	1	6%
Agree	3	18%
Neither agree nor disagree	2	12%
Disagree	1	6%
Strongly disagree	0	0%
Not Answered	10	59%

**Table: Do you think that the PNA shows a good understanding of the health and wellbeing needs of the people of East Sussex?**

Option	Total	Percent
Yes	6	35%
No	3	18%
Not Answered	8	47%

**Table: Do you think the PNA accurately describes the pharmaceutical services on offer in East Sussex?**

Option	Total	Percent
Yes	4	24%
No	5	29%

Not Answered    8            47%

**Table: Do you think the PNA accurately describes any gaps in services that exist now or might in future?**

Option	Total	Percent
Yes	5	29%
No	4	24%
Not Answered	8	47%

**Table: Do you think the PNA properly highlights the challenges people in East Sussex might face in using a pharmacy?**

Option	Total	Percent
Yes	4	24%
No	5	29%
Not Answered	8	47%

**Table: Do you think the PNA gives NHS England the information it needs to make 'market entry' decisions about new pharmacies for East Sussex?**

Option	Total	Percent
Yes	4	24%
No	5	29%
Not Answered	8	47%

**Table: Do you agree or disagree with the final recommendations made in the PNA?**

Option	Total	Percent
Strongly agree	1	6%
Agree	3	18%
Neither agree nor disagree	4	23%



Disagree	1	6%
Strongly disagree	0	0%
Not Answered	8	47%

## 11.2 Detailed comments and responses

Table: Comments made by respondents in the consultation

No.	Consultation question	Comment	PNA steering group response	Actions taken
1	Do you think that the PNA shows a good understanding of the health and wellbeing needs of the people of East Sussex? - If you said no, please tell us why:	As a Disabled woman who needs medication for a range of issues I have seen pharmacy after pharmacy close in the past few years. My nearest is Bohemia Road but as there is no Parking nearby and I have issues with my Mobility I have to use Asda Pharmacy which has now started opening 1 hour later than it used to because it has no regular pharmacist and relies on Locums who live miles away. This means I have to make a special visit to collect my prescription each month rather than collect it like I used to when doing my weekly shop. They are very busy, and this often means I am waiting with others for at least an hour at a time. The one on Bohemia Road never has any medication in stock and the wait there is even longer	<p>We acknowledge there are sometimes difficulties for people with disabilities accessing pharmacy and other healthcare services in East Sussex.</p> <p>79% of persons who had a disability in our residents survey reported that the pharmacy always met their needs.</p> <p>Parking facilities are not within the direct control of a community pharmacy.</p> <p>Some pharmacies may be able to deliver medicines. This is not within the community pharmacy contractual framework as a funded NHS commissioned service. Some pharmacies may provide a private delivery service.</p>	

## Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
		than at Asda. The Pharmacy in Sainsbury's has closed as has the one opposite Asda. So there is really only one choice of Pharmacy to select when you need a prescription.		
2	Do you think that the PNA shows a good understanding of the health and wellbeing needs of the people of East Sussex? - If you said no, please tell us why:	Too complex	<p>The regulations and guidance require a PNA to include some of this information for market entry decisions.</p> <p>We've tried to be comprehensive in our assessment of health needs and acknowledge that there is a lot of data to read through.</p> <p>The executive summary pulls out the key points from the health and care needs sections.</p>	
3	Do you think that the PNA shows a good understanding of the health and wellbeing needs of the people of East Sussex? - If you	Neurodivergent patients often are dismissed at pharmacies. Often having to wait almost 10 days to collect a repeat prescription, which was prescribed in time by the GP. This results in patients missing medication because their 28 day	<p>It is disappointing to hear about a bad experience by this respondent.</p> <p>To give feedback about a pharmacy, start by attempting to resolve the issue directly with the pharmacy, either by speaking with the person in</p>	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
	said no, please tell us why:	supply has run out. This is detrimental to their health and well-being.  Discriminatory and prejudicial attitudes from staff towards patients who are prescribed controlled drugs for whatever reason. Staff often rude to patients in full view of other customers.	charge or by utilising their formal complaints procedure.  If you don't feel able to discuss any issues raised with your pharmacy, you can contact NHS Sussex here: <a href="https://www.sussex.ics.nhs.uk/nhs-sussex/comments-and-complaints/">https://www.sussex.ics.nhs.uk/nhs-sussex/comments-and-complaints/</a>	
4	Do you think the PNA accurately describes the pharmaceutical services on offer in East Sussex? - If you said no, please tell us why:	People who live in rural areas have either little or no public transport and it's not easy to access a pharmacy. Also a certain older age group can't re-order their drugs on line as they don't know how too.	One of the recommendations is: <ul style="list-style-type: none"> <li>East Sussex County Council to maintain and improve, where possible, access to public transport, particularly for villages and towns in more rural areas of East Sussex.</li> </ul> GP Practices have to ensure that all patients can order their medication and if a person cannot order online will have alternative ways of ordering.	Section 6.4 updated to include details of distance selling pharmacy activity to reflect the increase of items dispensed on-line, and reference to the government's plans to shift from analogue to digital services.
5	Do you think the PNA accurately describes	I do not think they understand the amount of people who need regular	Hastings has the second highest rate of pharmacies per 100,000 population	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
	the pharmaceutical services on offer in East Sussex? - If you said no, please tell us why:	prescriptions and the impact this has on the limited amount of choice available. I have controlled medication as well as others and not all pharmacies keep these in stock. The problems I see is that the amount of people trying to gain access to a pharmacy far outweighs the amount there are in Hastings and surrounding areas. I cannot drive for long, and suffering from severe anxiety as well I cannot drive around unfamiliar surroundings as this just causes me more stress and anxiety.	out of the five districts and boroughs in East Sussex.  Medication shortages are a recognised national issue and outside the control of the pharmacy.	
6	Do you think the PNA accurately describes the pharmaceutical services on offer in East Sussex? - If you said no, please tell us why:	I didn't have time to read it all too detailed.	The regulations and guidance require a PNA to include some of this information for market entry decisions.  We've tried to be comprehensive in our assessment of health needs and acknowledge that there is a lot of data to read through.	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
			The executive summary pulls out the key points from the health and care needs sections.	
7	Do you think the PNA accurately describes the pharmaceutical services on offer in East Sussex? - If you said no, please tell us why:	It fails to cover online pharmaceutical services which are a growing trend now and certainly in the future.	<p>The PNA references the distance selling pharmacies (DSPs) located in East Sussex but doesn't include any data on items dispensed on-line from any DSP.</p> <p>The PNA only covers NHS commissioned services and not any non-NHS funded services provided by DSPs.</p>	Section 6.4 updated to include details of distance selling pharmacy activity to reflect the increase of items dispensed on-line, and reference to the government's plans to shift from analogue to digital services.
8	Do you think the PNA accurately describes any gaps in services that exist now or might in future? - If you said no, please tell us why:	There is a growing elderly population, focus needs to be on better health access support away from medication if possible.	<p>The PNA includes population projections for older people in East Sussex in section 4.3.</p> <p>The NHS 10 year plan, published at the end of July 2025, acknowledges the pressure the health and care system is currently under. It is proposing three radical shifts to</p>	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
			improve services, one of which is moving from sickness to prevention. <a href="#">10 Year Health Plan for England: fit for the future - GOV.UK</a>	
9	Do you think the PNA accurately describes any gaps in services that exist now or might in future? - If you said no, please tell us why:	They are not taking into account the amount of people trying to access these services and get their medication which they desperately need. This will only get worse with the amount of pharmacy's that are closing and not being replaced. I understand that this requires qualified staff to give out the medication but there are far too many people for the amount of pharmacy's that are actually open now.	Currently we have concluded that there is sufficient access to residents in East Sussex.  If a pharmacy closes during the current 3 year lifetime of the PNA, this will be reviewed as to whether it creates a gap in provision and a supplementary statement published if this is the case.	
10	Do you think the PNA accurately describes any gaps in services that exist now or might in future? - If you said no, please tell us why:	There is scant reference to poor quality of service and this is an area that needs to have more time devoted to it. Availability of a pharmacy may be good, but there may be other issues: some may have no or limited stock of	Medication shortages are a recognised national issue and outside the control of the pharmacy.  Any concerns about the quality of services provided should be raised directly with the pharmacy, either by speaking with the person in charge or	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
		medications, requiring multiple revisits; long waits are no unusual; some have extended closures over lunch hours which then leads to large queues.	by utilising their formal complaints procedure.  If you don't feel able to discuss any issues raised with your pharmacy, you can contact NHS Sussex here: <a href="https://www.sussex.ics.nhs.uk/nhs-sussex/comments-and-complaints/">https://www.sussex.ics.nhs.uk/nhs-sussex/comments-and-complaints/</a>	
11	Do you think the PNA properly highlights the challenges people in East Sussex might face in using a pharmacy? - If you said no, please tell us why:	I feel they feel like they know how important this service is but do not understand the impact it has on people like myself when you are unable to get your medication due to shortages or no stock at all.	Medication shortages are a recognised national issue and outside the control of the pharmacy.	
12	Do you think the PNA properly highlights the challenges people in East Sussex might face in using a pharmacy? - If you said no, please tell us why:	Some pharmacies are understaffed and thus patients could do with reminding to order their regular medication a week ahead of running out of their medication.	Reminders are not a funded local service or a Community Pharmacy Contractual Framework requirement.	
13	Do you think the PNA properly highlights the	No because the general public can't be put in a box	No comment required.	



Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
	challenges people in East Sussex might face in using a pharmacy? - If you said no, please tell us why:			
14	Do you think the PNA gives NHS Sussex Integrated Care Board the information it needs to make 'market entry' decisions about new pharmacies for East Sussex? - If you said no, please tell us why:	They need to have an idea of population age groups and what drugs are being prescribed and what for - could prevention be looked into and support such as physio groups etc.	The NHS 10 year plan, published at the end of July 2025, acknowledges the pressure the health and care system is currently under. It is proposing three radical shifts to improve services, one of which is moving from sickness to prevention.  <a href="#">10 Year Health Plan for England: fit for the future - GOV.UK</a>	
15	Do you think the PNA gives NHS Sussex Integrated Care Board the information it needs to make 'market entry' decisions about new pharmacies for East	The intentions may be there, but it is not being taken seriously enough and there is a serious shortfall in qualified pharmacists to be able to do these jobs as they should be. There are plenty of empty shops in Hastings and St Leonards that could be used but who is going to fund this? Hastings Council appears to	No comment required.	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
	Sussex? - If you said no, please tell us why:	have no funds available to spare for these abandoned shops to be refurbished.		
16	Do you think the PNA gives NHS Sussex Integrated Care Board the information it needs to make 'market entry' decisions about new pharmacies for East Sussex? - If you said no, please tell us why:	Needs to take online services into account as well.	<p>The PNA references the distance selling pharmacies (DSPs) located in East Sussex but doesn't include any data on items dispensed on-line from any DSP.</p> <p>The PNA only covers NHS commissioned services and not any non-NHS funded services provided by DSPs.</p>	Section 6.4 updated to include details of distance selling pharmacy activity to reflect the increase of items dispensed on-line, and reference to the government's plans to shift from analogue to digital services.
17	Do you agree or disagree with the final recommendations made in the PNA? - Your comments:	Agree: Weekends & before 10 & after 5 an issue in Rural Rother.	No comments required.	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
18	Do you agree or disagree with the final recommendations made in the PNA? - Your comments:	Neither agree nor disagree: If you rely on bus service in evening, first you have to able to get to bus stop and secondly buses are less regular. 30 min access time debateable.	Section 6.3 describes the tools and methodology used for the travel analysis.	
19	Do you agree or disagree with the final recommendations made in the PNA? - Your comments:	Disagree: ridiculous to say there are no gaps when about 50% can't find a pharmacy on a bank holiday. I work for a service that provides urgent out of hours care to care home residents across East Sussex at weekends. I spend hours some shifts hunting around for a pharmacy in some areas (i.e. Battle)	The PNA already includes the following recommendations: <ul style="list-style-type: none"> <li>Commissioners and current providers to ensure information on available pharmacy provision, especially on Sundays and Bank Holidays, is clearly communicated, up-to-date and accessible to residents.</li> <li>East Sussex County Council to maintain and improve, where possible, access to public transport, particularly for villages and towns in more rural areas of East Sussex.</li> <li>NHS Sussex ICB to consider the need for an out of hours locally commissioned service from existing pharmacies, including</li> </ul>	Update first recommendation listed here to include residents <i>"and health and care providers"</i>

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
			reviewing provision in Lewes on weekday evenings and rural Rother on Sundays.	
20	Do you agree or disagree with the final recommendations made in the PNA? - Your comments:	I understand that they are aware of the shortages but there is not anything that gives me any confidence that it will bring the results that are urgently needed.	Medication shortages are a recognised national issue and outside the control of the pharmacy.	
21	Do you agree or disagree with the final recommendations made in the PNA? - Your comments:	Sorry too complex and too much to read you need bullet points	<p>The regulations and guidance require a PNA to include some of this information for market entry decisions.</p> <p>We've tried to be comprehensive in our assessment of health needs and acknowledge that there is a lot of data to read through.</p> <p>The executive summary pulls out the key bullet points from the health and care needs sections.</p>	
22	Please use the box below to make any other comments and	More availability at weekend needed	<p>One of the recommendations includes:</p> <ul style="list-style-type: none"> <li>NHS Sussex ICB to consider the need for an out of hours locally commissioned service from</li> </ul>	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
	suggestions you would like to make:		existing pharmacies, including reviewing provision in Lewes on weekday evenings and rural Rother on Sundays.	
23	Please use the box below to make any other comments and suggestions you would like to make:	<p>I would like to see a better offer for the residents of Eastbourne who do not necessarily have transport as getting to a pharmacy can be difficult in the evening after 6pm, on weekends and bank holidays depending on where you live in the town.</p> <p>Not everyone lives near Boots at the Crumbles, Tesco Lottbridge Drive or Tesco/Morrisons at Hampden Park.</p>	<p>No specific gaps were identified in the analysis within the PNA for Eastbourne.</p> <p>One of the recommendations includes:</p> <ul style="list-style-type: none"> <li>NHS Sussex ICB to consider the need for an out of hours locally commissioned service from existing pharmacies, including reviewing provision in Lewes on weekday evenings and rural Rother on Sundays.</li> </ul>	
24	Please use the box below to make any other comments and suggestions you would like to make:	I have owned share in a community pharmacy for 10 years. I have never received any enquiry or correspondence from the local authority	No comment required.	
25	Please use the box below to make any	I would love to suggest that these empty buildings are taken up by	No comment required.	

Pharmaceutical Needs Assessment 2025

No.	Consultation question	Comment	PNA steering group response	Actions taken
	other comments and suggestions you would like to make:	companies already established, But as Lloyds Pharmacy have shut 2 in the past years I have no faith that any new ones will appear at all. Hastings Town Centre has been left to 'rot' in the past few years and aside from vape shops/cafes there is nothing to entice large brands to invest in this area.		
26	Please use the box below to make any other comments and suggestions you would like to make:	I've recently used the Pharmacy service and found it very useful but like everything in the NHS too complex, so people don't understand what is or isn't available.	No comment required.	

# Appendices

## Glossary

**Advanced services:** Services that pharmacies may choose to provide

**CGL - Change Grow Live:** Provide substance misuse treatment services in East Sussex for East Sussex County Council.

**COVID-19 - Coronavirus Disease 2019:** An infectious disease caused by the SARS-CoV-2 virus, leading to a global pandemic.

**DAC - Dispensing Appliance Contractor:** A healthcare provider that supplies and dispenses medical appliances.

**Distance selling pharmacy:** A pharmacy that provides prescription medications and healthcare services remotely, often through online platforms or mail-order systems, delivering directly to the patient's home or specified location.

**EHC - Emergency Hormonal Contraception:** Medication used to prevent pregnancy after unprotected sex.

**Enhanced services:** Services that integrated care boards (ICBs) may commission from pharmacies as well as some commissioned by NHS England nationally

**ESCC - East Sussex County Council:** The local authority responsible for services to residents in East Sussex.

**Essential services:** Services that must be provided by all pharmacies .

**GP dispensary:** A facility within a general practice where patients can obtain prescribed medications and receive pharmaceutical advice directly.

**Healthwatch East Sussex:** An independent organisation that gathers and represents the views of the public about health and social care services in East Sussex. It works to ensure that people's experiences are heard and acted upon, to improve these services.

**HWB - Health and Wellbeing Board:** A forum where key leaders from the health and social care system work together to improve the health and wellbeing of their local population.

**ICB - Integrated Care Board:** A statutory NHS organisation responsible for planning and commissioning health services in a specific area.

**ICP - Integrated Care Partnerships:** Collaborations between health and social care providers to deliver integrated services.

**ICS - Integrated Care Systems:** Partnerships of health and care organisations working together to coordinate services.

**IDACI - Income Deprivation Affecting Children:** A measure of the proportion of children aged 0-15 living in income-deprived households.

**IDAOP - Income Deprivation Affecting Older People:** A measure of the proportion of older people aged 60 and over living in income-deprived households.

**IMD2019 - Indices of Multiple Deprivation 2019:** A measure used to assess the level of deprivation in different areas based on various factors such as income, employment, health, and education.

**LE - Life Expectancy:** The average number of years a person can expect to live based on current mortality trends.

**LMC - Local Medical Committee:** Represents and supports general practitioners and their practices.

**LCS - Locally Commissioned Services:** Services commissioned from pharmacies by ICBs (other than enhanced services) and by local authorities.

**LPC - Local Pharmaceutical Committee:** Represents community pharmacy contractors and supports their interests.

**MSOA - Middle Layer Super Output Area:** A geographic area used for statistical purposes in the UK, containing around 7,200 households.

**ONS - Office for National Statistics:** The UK's largest independent producer of official statistics and data.

**PNA - Pharmaceutical Needs Assessment:** A statement of the pharmaceutical services that are needed in a particular area.

**RSV - Respiratory Syncytial Virus:** A common virus that causes respiratory infections, particularly in young children.

**SCW CSU - South Central and West Commissioning Support Unit:** An NHS organisation supporting health commissioners with expertise and services.

**UTI - Urinary Tract Infection:** An infection in any part of the urinary system, including the bladder and urethra.



## List of Pharmacies and GP dispensing practices included in this PNA

Table: Community Pharmacies used in this PNA, ordered by district/borough and then alphabetically by trading name

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FVM25	Arlington Road Pharmacy	Arlington Road Medical Practice	1 Arlington Road	Eastbourne	BN21 1DH	Community	Eastbourne
FJK61	Asda Pharmacy	Crumbles Harbour Village	Pevensey Bay Road	Eastbourne	BN23 6JH	Community	Eastbourne
FMX79	Boots the Chemists	64 Kingfisher Drive	Langney	Eastbourne	BN23 7RT	Community	Eastbourne
FTQ44	Boots the Chemists	15 Eastbourne Arndale Centre		Eastbourne	BN21 3NL	Community	Eastbourne
FPA95	Boots the Chemists	Units 2a and 2b	Sovereign Harbour Retail Park	Eastbourne	BN23 6JH	100 Hours (Amended)	Eastbourne
FD420	Day Lewis Harmers Pharmacy	2 Furness Road		Eastbourne	BN21 4EY	Community	Eastbourne
FC448	Grand Pharmacy	11 Grand Hotel Buildings	Compton Street	Eastbourne	BN21 4EJ	Community	Eastbourne
FEM37	Kamsons Pharmacy	46 Meads Street		Eastbourne	BN20 7RG	Community	Eastbourne
FJA86	Kamsons Pharmacy	Victoria Medical Centre	153a Victoria Drive	Eastbourne	BN20 8NH	Community	Eastbourne
FWD96	Kamsons Pharmacy	Ian Gow Memorial Health Centre	Milfoil Drive, North Langney	Eastbourne	BN23 8ED	Community	Eastbourne

# Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FCM48	Kamsons Pharmacy	187 Victoria Drive		Eastbourne	BN20 8QJ	Community	Eastbourne
FLA61	Kamsons Pharmacy	7C Bolton Road		Eastbourne	BN21 3JU	Community	Eastbourne
FFE25	Newman Pharmacy	82 Seaside		Eastbourne	BN22 7QP	Community	Eastbourne
FF114	Osbon Pharmacy	116-118 Cavendish Place		Eastbourne	BN21 3TZ	Community	Eastbourne
FQV61	Tesco Pharmacy	Brassey Avenue	Hampden Park	Eastbourne	BN22 9NG	100 Hours (Amended)	Eastbourne
FG057	Tesco Pharmacy	Lottbridge Drove		Eastbourne	BN23 6QD	Community	Eastbourne
FEX32	Your Local Boots Pharmacy	Princes Park Health Centre	Wartling Road	Eastbourne	BN22 7PG	Community	Eastbourne
FV050	Asda Pharmacy	Battle Road		St Leonards on Sea	TN37 7AA	100 Hours (Amended)	Hastings
FAN63	Blooms Pharmacy	55-57 Bohemia Road		St Leonards on Sea	TN37 6RE	Community	Hastings
FRH13	Boots the Chemists	35/37 London Road		St Leonards on Sea	TN37 6AJ	Community	Hastings
FVY65	Boots the Chemists	Priory Meadow Shopping Centre		Hastings	TN34 1PH	Community	Hastings
FWM16	Clarity Pharmacy	28 Kings Road		St Leonards on Sea	TN37 6DU	Community	Hastings

## Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FN280	Day Lewis Hirst Pharmacy	7 Parkstone Parade	Parkstone Road	Hastings	TN34 2PS	Community	Hastings
FYN91	Day Lewis Porter Pharmacy	25 Mount Pleasant Road		Hastings	TN34 3SB	Community	Hastings
FQH11	Hillview Pharmacy	242 Old London Road		Hastings	TN35 5LT	Community	Hastings
FDQ90	Hollington Pharmacy	128 Battle Road	Hollington	St Leonards on Sea	TN37 7AN	Community	Hastings
FDN08	J Andersen's Pharmacy	164 Harold Road		Hastings	TN35 5NH	Community	Hastings
KPM78	Kamsons Pharmacy	1 York Buildings	Wellington Place	Hastings	TN34 1NN	Community	Hastings
FYN83	Laycock Chemists	Holmehurst Village Centre	30 Little Ridge Avenue	St Leonards on Sea	TN37 7LS	Community	Hastings
FKV77	Laycocks Chemists	494 Old London Road		Hastings	TN35 5BL	Community	Hastings
FMG75	Morrisons Pharmacy	Queens Road		Hastings	TN34 1RN	Community	Hastings
FLE70	Osbon Pharmacy	478 Old London Road		Hastings	TN35 5BG	Community	Hastings
FH594	Pharmacy @ Station Plaza	Station Approach		Hastings	TN34 1BA	100 Hours (Amended)	Hastings
FH752	Tesco Pharmacy	Churchwood Drive		St Leonards on Sea	TN38 9RB	Community	Hastings

# Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FDR15	Wellcare Pharmacy	68 Malvern Way	Ore Valley	Hastings	TN34 3PX	Community	Hastings
FMJ93	West St Leonards Pharmacy	7 Bexhill Road		St Leonards on Sea	TN38 0AH	Community	Hastings
FQY87	Boots the Chemists	29A Broad Street		Seaford	BN25 1LS	Community	Lewes
FPD84	Boots the Chemists	23-25 High Street		Newhaven	BN9 9PD	Community	Lewes
FQC51	Boots the Chemists	14 Eastgate Street		Lewes	BN7 2LP	Community	Lewes
FX679	Cameron L & Sons Ltd	12/14 Broad Street		Seaford	BN25 1ND	Community	Lewes
FKW32	Ditchling Pharmacy	Unit 3	2 South Street, Ditchling	Hassocks	BN6 8UQ	Community	Lewes
FDR00	H A Baker	44 High Street		Lewes	BN7 2DD	Community	Lewes
FVD81	Kamsons Pharmacy	9 The Green		Newick	BN8 4LA	Community	Lewes
FW734	Kamsons Pharmacy	1-2 Dana Lodge	Central Avenue	Telscombe Cliffs	BN10 7LX	Community	Lewes
FQ577	Kamsons Pharmacy	241 South Coast Road		Peacehaven	BN10 8LD	Community	Lewes
FXA84	Medication Delivery Services Ltd	Unit 6C Meridian Industrial Estate	Hoyle Road	Peacehaven	BN10 8LN	Distance selling	Lewes
FX478	Morrisons Pharmacy	Dane Road		Seaford	BN25 1DL	Community	Lewes

# Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FYX43	Newhaven Pharmacies Ltd	43 Chapel Street		Newhaven	BN9 9QD	Community	Lewes
FPC85	Ringmer Pharmacy	Anchor Fields		Ringmer	BN8 5QN	Community	Lewes
FJG00	Seaford Pharmacy	18-20 Dane Road		Seaford	BN25 1LL	Community	Lewes
FLQ27	St Annes Pharmacy	50 Western Road		Lewes	BN7 1RP	Community	Lewes
FYE94	Well	Anchor Health Centre, Meridian Way		Peacehaven	BN10 8NF	Community	Lewes
FEJ06	Wyborns Pharmacy	35 Lansdown Place		Lewes	BN7 2JU	Community	Lewes
PEM25	Boots the Chemists	18-20 High Street		Rye	TN31 7JF	Community	Rother
FRV64	Boots the Chemists	14-16 Devonshire Road		Bexhill on Sea	TN40 1AU	Community	Rother
FFC93	Boots the Chemists	5 Ravenside Retail & Leisure Park		Bexhill on Sea	TN40 2JS	Community	Rother
FDL07	Day Lewis Pharmacy	28 High Street		Rye	TN31 7JG	Community	Rother
FWD95	Day Lewis Pharmacy	53 High Street		Battle	TN33 0EN	Community	Rother
FE574	Jempsons Pharmacy	Main Street		Peasmarsh	TN31 6YD	Community	Rother
FRA20	L J Collis & Co	9-11 St Leonards Road		Bexhill on Sea	TN40 1HJ	Community	Rother

# Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FCM81	Little Common Pharmacy	77 Cooden Sea Road	Little Common	Bexhill on Sea	TN39 4SL	Community	Rother
FMJ50	Pebsham Pharmacy	Seabourne Court	Seabourne Road	Bexhill on Sea	TN40 2SW	Community	Rother
FMW80	Pharmacy Requirements	2 Lewis Avenue		Bexhill on Sea	TN40 2LE	Distance selling	Rother
FXF97	Robertsbridge Pharmacy	17/19 High Street		Robertsbridge	TN32 5AE	Community	Rother
PP141	Sidley Pharmacy	44 Turkey Road	Sidley	Bexhill on Sea	TN39 5HE	Community	Rother
FY677	Tesco Pharmacy	Ravenside Retail Park	Glyne Gap, De La Warr Road	Bexhill on Sea	TN40 2JS	Community	Rother
FWL19	Ticehurst Pharmacy	Church Street		Ticehurst	TN5 7AA	Community	Rother
FPV58	Your Local Boots Pharmacy	15 High Street		Battle	TN33 0AE	Community	Rother
FD564	Ashdown Pharmacy	The Square	Forest Row	Forest Row	RH18 5ES	Community	Wealden
FQP33	Boots the Chemists	11 High Street		Uckfield	TN22 1AG	Community	Wealden
FP954	Boots the Chemists	3 London House	4 High Street	Crowborough	TN6 2QA	Community	Wealden
FEH23	Boots the Chemists	25 Vicarage Field		Hailsham	BN27 1BG	Community	Wealden
FNJ90	Buxted Pharmacy	Buxted Medical Centre	Framfield Road	Buxted	TN22 5FD	Community	Wealden

# Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FCQ39	Chappells Pharmacy	Saxonbury House Surgery	Croft Road	Crowborough	TN6 1DL	Community	Wealden
FRK13	Coda Pharmacy	Unit 15, Westham Business Park		Pevensey	BN24 5NP	Distance selling	Wealden
FLG35	Day Lewis Peels Pharmacy	10 Freshwater Square, Hamlands Estate	Willingdon	Eastbourne	BN22 0PS	Community	Wealden
FJ416	Kamsons Pharmacy	12 Carew Court	Hawkswood Road	Hailsham	BN27 1UL	Community	Wealden
FGA19	Kamsons Pharmacy	Bell Farm Road		Uckfield	TN22 1BA	Community	Wealden
FXM83	Kamsons Pharmacy	1-2 Orchard Parade	Lower Willingdon	Eastbourne	BN20 9PL	Community	Wealden
FX749	Kamsons Pharmacy	Stone Cross Health Centre	Mimram Road, Stone Cross	Pevensey	BN24 5DZ	Community	Wealden
FL244	Kamsons Pharmacy	43 High Street		Polegate	BN26 5AB	Community	Wealden
FEJ10	Manor Pharmacy	5 High Street		Horam	TN21 0EH	Community	Wealden
FH358	Morrisons Pharmacy	Unit 4 Fernbank Shopping Centre	High Street	Crowborough	TN6 2QB	Community	Wealden
FHJ23	Paydens Pharmacy	25 High Street		Hailsham	BN27 1AN	Community	Wealden
FRN35	Procter Health Care Pharmacy	69 High Street		Polegate	BN26 6AH	Community	Wealden

# Pharmaceutical Needs Assessment 2025

Code	Trading Name	Address 1	Address 2	Address 3	Post Code	Contract Type	District / Borough
FC177	Procter Health Care Pharmacy	63 High Street		Heathfield	TN21 8HU	Community	Wealden
FP421	Procter Health Care Pharmacy	Station Road		Heathfield	TN21 8LD	Community	Wealden
FD341	Seaforth Pharmacy	Vicarage Lane		Hailsham	BN27 1BH	Community	Wealden
FJJ23	St Denys Pharmacy	Brook Health Centre	Crowborough Hill, Jarvis Brook	Crowborough	TN6 2EG	Community	Wealden
PWA05	St Denys Pharmacy	24 High Street		Rotherfield	TN6 3LJ	Community	Wealden
FJH74	St Dunstons Pharmacy	High Street		Mayfield	TN20 6AB	Community	Wealden
FH723	Tesco Pharmacy	Bell Farm Road		Uckfield	TN22 1BA	Community	Wealden
FPC61	Wadhurst Pharmacy	High Street		Wadhurst	TN5 6AP	Community	Wealden
FQG85	Warwick and Radcliffe Pharmacy	Hailsham Road		Hertsmonceux	BN27 4JX	Community	Wealden
FRV87	Your Local Boots Pharmacy	26 Eastbourne Road		Pevensey Bay	BN24 6ET	Community	Wealden



Table: Dispensing practices within this PNA, ordered by district/borough and then alphabetically by surgery name

Code	Surgery Name	Address 1	Address 2	Town	Post Code	District/Borough
G81031	Harold Road Surgery	164 Harold Road		Hastings	TN35 5NH	Hastings
G81082	Battle Health Centre	Telham House	Mitre Way	Battle	TN33 0BF	Rother
G81052	Fairfield Surgery	High Street		Burwash	TN19 7EU	Rother
G81085	Ferry Road Health Centre	Ferry Road		Rye	TN31 7DN	Rother
G81087	Northiam Surgery	Main Street	Northiam	Rye	TN31 6ND	Rother
G81082	Oldwood Surgery	Station Road		Robertsbridge	TN32 5DG	Rother
G81051	Rye Medical Centre	Kiln Drive	Rye Foreign	Rye	TN31 7SQ	Rother
G81057	Sedlescombe Surgery	Brede Lane	Sedlescombe	Battle	TN33 0PW	Rother
G81057	Westfield Surgery	Main Road	Westfield		TN35 4QE	Rother
G81099	Alfriston Surgery	The Furlongs		Alfriston	BN26 5XT	Wealden
G81024	Ashdown Forest Health Centre	Lewes Road		Forest Row	RH18 5AQ	Wealden
G81030	Belmont Surgery	Wadhurst Medical Group	St James Square	Wadhurst	TN5 6BJ	Wealden
G81102	Buxted Medical Centre	Framfield Road	Buxted	Uckfield	TN22 5FD	Wealden

# Pharmaceutical Needs Assessment 2025

Code	Surgery Name	Address 1	Address 2	Town	Post Code	District/Borough
G81614	Groombridge & Hartfield Medical Group	The Nook	Withyham Road	Groombridge	TN3 9QP	Wealden
G81088	Heathfield Surgery	96 -98 High Street		Heathfield	TN21 8JD	Wealden
G81077	The Surgery Ninfield	High Street		Ninfield	TN33 9JP	Wealden

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

**Date of meeting:** 23 September 2025

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

**Title:** East Sussex All Age Autism Action Plan

**Purpose of Report:** To share the East Sussex All Age Autism Action Plan and update the Board on progress to date.

---

## **Recommendations:**

**East Sussex Health and Wellbeing Board is recommended to:**

- 1. acknowledge the development of the East Sussex All Age Autism Action Plan and the priorities within it which were identified through significant engagement and consultation with local autistic people and stakeholders (section 2 and Appendix 1);**
  - 2. agree the proposal for an annual report to be presented to the East Sussex Health and Wellbeing Board to update on progress (paragraph 2.6); and**
  - 3. note the progress made to deliver year 1 priorities during the five months since the Action Plan was launched (section 3).**
- 

## **1 Background**

1.1 Throughout 2024 the East Sussex Autism Partnership Board (APB) consulted with the East Sussex Autistic community and stakeholders to agree the priorities for an East Sussex All Age Autism Action Plan.

1.2 The [East Sussex All Age Autism Action Plan](#) (Appendix 1) was agreed by both the Lead Member Adult Social Care and Health and the Lead Member Children and Families, prior to launching the action plan during Autism Acceptance Week in April 2025.

1.3 The plan was developed in response to the latest [National Autism Strategy](#) published in July 2021. This strategy extends the scope to children and young people for the first time (previous strategies were adult only). East Sussex has therefore developed our [Autism Partnership Board](#) membership and the Action Plan to align with the priorities of the national strategy for all ages.

1.4 An easy-read version of the East Sussex All Age Autism Action Plan has also been developed and published (Appendix 2).

1.5 Since its launch in April 2025, work has been undertaken to progress the actions identified for delivery in year 1. This report provides a summary of the Action Plan and progress made to date.

## **2 The East Sussex All Age Action Plan**

2.1 The aim of the Action Plan is to improve the lives of Autistic people, their families, carers, and wider support networks across East Sussex. We will do this through increasing

autism awareness and improving education, employment, well-being and life opportunities for the Autistic community.

2.2 To inform the development of the Action Plan, during 2024 we:

- Worked with Public Health to review local and national data to better understand the prevalence of autism in East Sussex.
- Carried out an online survey (April to June 2024) to gather the views of Autistic residents, parents and unpaid carers, and others with an interest on a range of topics. We received over 320 responses.
- Held three focus groups (July to September 2024) with Young Healthwatch, and Autistic people accessing day opportunities to better understand what works well and what could be improved to support them in their day-to-day life.
- Held four stakeholder workshops (September to October 2024), attended by over 80 people, to discuss the learning from the feedback, along with national and local research. Through these workshops, we developed 26 actions across three priority areas:
  - Improving the health and wellbeing of autistic people
  - Improving autistic children and young people's access to education and supporting positive transitions into adulthood
  - Supporting autistic people into employment and sustaining their employment.

2.3 The plan was co-produced with an Autism Action and Planning Group, primarily consisting of Experts by Experience from the East Sussex APB. The Action and Planning Group continue to meet monthly to support delivery of the plan.

2.4 The plan and priorities were also developed with ESCC colleagues in the Education Division and Employment and Skills Team, as well as NHS colleagues working in the Sussex Neurodevelopmental Pathway Programme.

2.5 Alongside the Action Plan, an Equalities Impact Assessment (Appendix 3) was completed, and a range of health and care groups were consulted to obtain wider feedback.

2.6 Progress against the plan will be reviewed by the East Sussex APB, who meet four times a year. It is also proposed that an annual report will be presented to the East Sussex Health and Wellbeing Board.

2.7 To evaluate how the Action Plan has impacted on improving the lives of autistic people, their families, carers, and wider support networks, we will repeat the consultation completed to inform the Action Plan at the end of the 3 years of delivery.

### **3 Progress against Year 1 priorities**

3.1 Below is a summary of progress to date against year 1 actions identified under each priority area:

#### **3.2 Health and Wellbeing**

- The APB has developed a Communications Strategy to raise the profile of autism across East Sussex and promote examples of services that support Autistic people well. This strategy will be delivered through utilising social media and newsletters to promote positive examples and new developments around autism. We have also begun working with ESCC colleagues to improve / increase the availability of information for Autistic people on East Sussex One Space, East Sussex Community Information Service, and the Local Offer.

- Building upon previous years the APB is also planning a series of communication and learning opportunities (both online and in person) for Autism Acceptance Week 2026 (2-8 April).
- The Autism Action and Planning Group has reviewed the range of autism health and care passports available and developed a plan to promote the most relevant ones for East Sussex.
- The Autism Action and Planning Group and ESCC training colleagues have reviewed the current autism training offer across the Council and are currently developing options for embedding autism awareness and understanding into all Council departments as well as schools.
- Members of the APB are part of the NHS Integrated Care Board (ICB) stakeholder group delivering the Neurodevelopmental Pathway Programme to increase the universal help available to individuals pre, during, and post diagnostic assessment.

### 3.3 Education

- ESCC Education services are working with NHS ICB colleagues to develop and pilot a profiling tool for schools to use to understand individual needs and how those needs can be met. The tool that is being piloted is the Dimensions Tool, developed by Coventry and Warwickshire NHS Trust. The pilot is running in eight schools and will be measuring the ease of use of the tool and the impact of using it on outcomes for children, as well as relationships between schools and parent/carers. Data should be available at the beginning of Term 3.
- The autism training offer for schools is currently being developed by the Communication, Learning and Autism Support Service (CLASS) with a view to incorporating new e-learning software. CLASS is also delivering the Autism in Schools project and Partnership for Inclusion of Neurodiversity in Schools (PINS) project, both of which are aimed at building school staff understanding of and approach to supporting Autistic learners.

### 3.4 Employment

- The APB has worked with the Employment and Skills Team to ensure the new employment [Connect to Work Programme](#) is accessible to people who are neuro-different. We are also working together to make future editions of the [Employability and Skills brochure](#) more accessible to Autistic people.

## 4 **Conclusion and reasons for recommendations**

4.1 The approach taken to develop the East Sussex All Age Autism Action Plan recognised the importance and value of input from people with lived experience and wider public consultation to deliver a meaningful action plan which responds to local priorities.

4.2 East Sussex Health and Wellbeing Board is recommended to:

1. acknowledge the development of the East Sussex All Age Autism Action Plan and the priorities within it;
2. agree the proposal for an annual report to be presented to the East Sussex Health and Wellbeing Board to update on progress; and
3. note the progress made to deliver year 1 priorities during the five months since the Action Plan was launched.

**Mark Stainton**  
**Director of Adult Social Care and Health**  
**East Sussex County Council**

Contact Officer: Sarah Crouch  
Email: sarah.crouch@eastsussex.gov.uk  
Tel: 07701 394821

**Appendix 1: East Sussex All-Age Action Plan**

**Appendix 2: East Sussex All-Age Action Plan Easy Read version**

**Appendix 3: Equalities Impact Assessment**





East Sussex  
Autism Partnership Board

# East Sussex All-Age Autism Action Plan

2025- 2027



## Introduction

The East Sussex All-Age Autism Action Plan is for and about Autistic people of any age, with a formal diagnosis of Autism as well as those who identify as Autistic.

It has been co-produced with people with lived experience, alongside representatives from East Sussex County Council, NHS and independent sector providers, including wellbeing, education and employment providers.

Most importantly it has been informed by the voices of Autistic people, their families and carers. Throughout 2024 we consulted with the East Sussex Autistic community and wider stakeholders to identify what is most important to Autistic people living in East Sussex. As a result, this plan focuses on improving three areas:

- **Improving the health and wellbeing of Autistic people**
- **Improving Autistic children and Young People's access to education and supporting positive transitions into adulthood**
- **Supporting Autistic people into employment and helping them to sustain their employment**

The East Sussex All-Age Autism Action Plan is a three year plan. The East Sussex Autism Partnership Board has coordinated the development of the plan and will also be responsible for ensuring its implementation.

## Aim

The aim of the East Sussex All-Age Autism Action Plan is to improve the lives of Autistic people, their families, carers, and wider support networks across East Sussex. We will do this through increasing Autism awareness and improving education, employment, wellbeing and life opportunities for the Autistic community.

Even though the Action Plan is Autism focussed, the actions identified will be delivered in a neuro-inclusive way to ensure they are as accessible as possible to the wider neurodivergent population. This may include people with attention-deficit hyperactivity disorder (ADHD) and/or developmental coordination disorder (DCD), also known as dyspraxia, dyslexia and dyscalculia.





# Background

## East Sussex Autism Partnership Board

The [East Sussex Autism Partnership Board](#) was established as a response to the Autism Act (2009) to ensure that Autistic people and their carers' voices are heard, and to improve the lives of local Autistic people. The Board includes Autistic members of the community, family and friend carers, local Autism charity and independent sector representatives, NHS and County Council representatives.

## National Autism Strategy

The latest [National Autism Strategy](#) was published in July 2021. This strategy follows the Autism Act (2009), and two previous adult Autism strategies. The new strategy extends the scope to children and Young People for the first time. East Sussex has therefore developed our Autism Partnership Board membership and the action plan to align with the priorities of the national strategy for all ages.

## Partnership working

This Plan is a partnership approach and links to, and supports, a number of programmes of work in East Sussex, including:

- The [East Sussex Special Educational Needs and Disabilities \(SEND\) Strategy 2022-2025](#) sets out the priorities needed to support Children and Young People (CYP) with SEND, and their families, to enable them to achieve the best possible outcomes in life. These are:
  - Participation - my voice is heard and acted on

- Physical and mental health - my optimum health and wellbeing are supported
- Safety and security - I feel confident and secure
- Inclusion and belonging - I belong and feel valued for who I am
- Progress and achievement - I am supported to develop and achieve my goals.
- The [NHS Sussex Neurodevelopmental Pathway Programme](#) was established in 2022 to improve how the NHS supports people with neurodevelopmental needs, initially focussing on Autism and Attention-deficit hyperactivity disorder. The programme priorities are:
  - Introducing a needs-based approach to support people irrespective of diagnosis and associated reduced demand on this element of the pathway.
  - Clear and streamlined access to services and support, including digital support.
  - Streamlined approaches to assessment and post assessment across NHS services; and training more practitioners, primary care and mental health, to increase assessment capacity.



- The **Sussex Learning Disability and Autism Programme** aims to enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services. The three high level objectives of their strategy are:
  1. Close the gap in physical and mental health outcomes for people with a learning disability, Autism, or both.
  2. Secure equitable access to early intervention and prevention services across the local NHS.
  3. Use the talent, knowledge, and skills of experts by experience to design better services.
- The **East Sussex Employability and Skills team** oversees a range of external multi-agency partnerships and employment and skills training programmes, which include:
  - supporting people into learning and work
  - working with schools and Further Education colleges to promote careers
  - bringing training providers and businesses together to address employment and skills needs of residents and employers.

## Local funding context

This action plan will be implemented at a time when both the East Sussex County Council and NHS Sussex Integrated Care Board are facing significant funding challenges.

Nationally, health and social care is under pressure due to a combination of demographic, financial, and systemic factors. East Sussex is no stranger to this, facing unique challenges which impact on the need for support and services in the county. Around 25% of the East Sussex population is over 65 compared to a national figure of 18%, average wages remain lower than the national average and 30,000 people in the county are living in some of the most deprived areas of England. We have also seen a 40% increase in the average weekly cost of providing care in East Sussex since 2020. There is also evidence that the cost-of-living challenges have increased demand for care, as well as making people less able to afford their contribution towards the cost of care.

We have therefore worked with our stakeholders to identify priorities which are both achievable within current funding challenges, whilst also delivering meaningful change for the East Sussex Autistic community.

## How We Have Developed the Plan

To inform the development of the Plan, during 2024 we have:

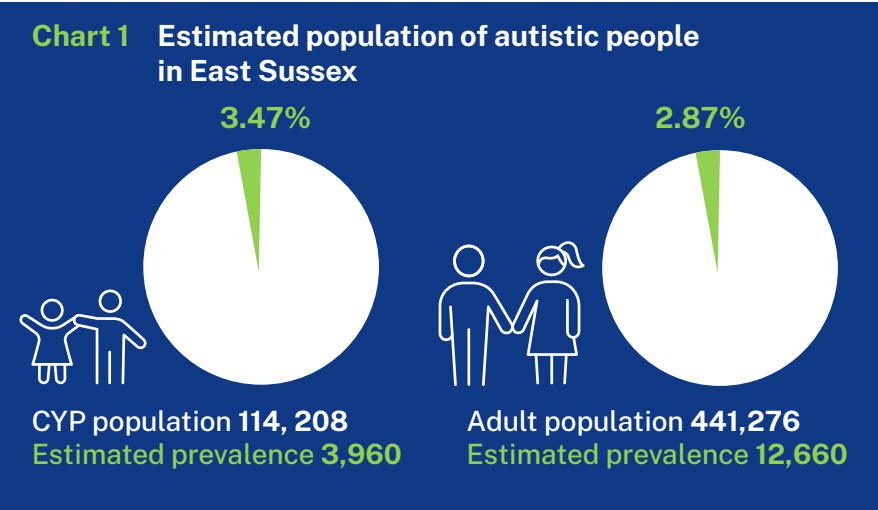
- Worked with Public Health to review local and national data to better understand the prevalence of Autism in East Sussex.
- Carried out an online survey (April to June 2024) to gather the views of Autistic residents, parents and unpaid carers, and others with an interest on a range of topics. We received over 320 responses.
- Held 3 focus groups (July to September 2024) with Young Healthwatch, and Autistic people accessing day opportunities to better understand what works wells and what could be improved to support them in their day-to-day life.
- Held 4 stakeholder workshops (September to October 2024), attended by over 80 people, to discuss the learning from the feedback, along with national and local research. Through these workshops we have developed 26 actions across 3 priority areas:
  - Improving the health and wellbeing of Autistic people
  - Improving Autistic children and Young People's access to education and supporting positive transitions into adulthood
  - Supporting Autistic people into employment and sustaining their employment



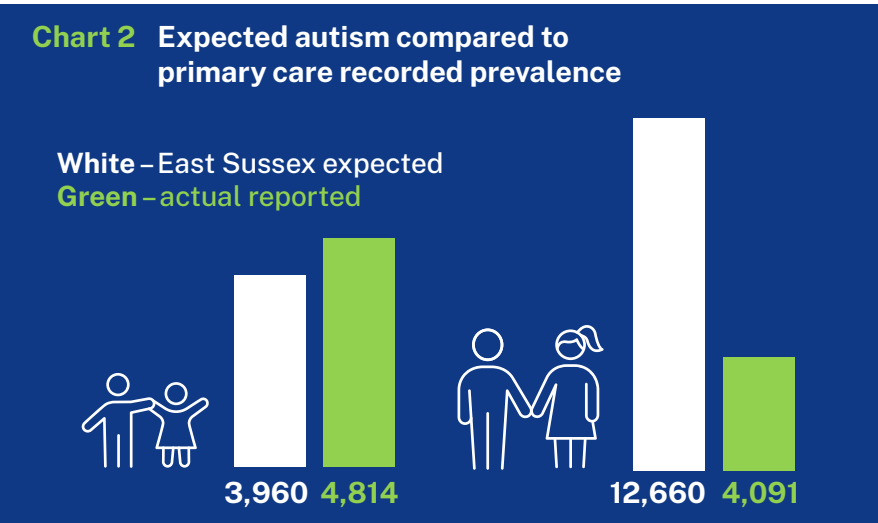
# Local Context

The following information captures Autism prevalence in East Sussex at a glance.

## Population data

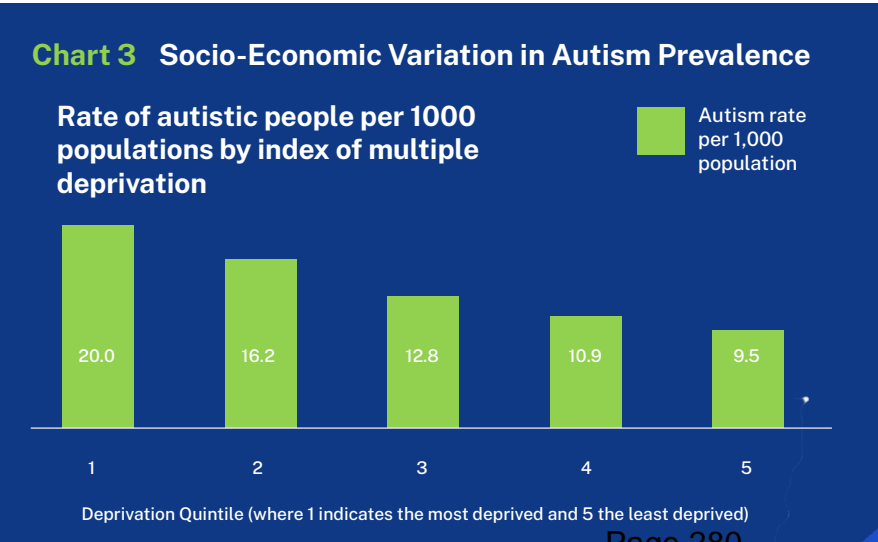


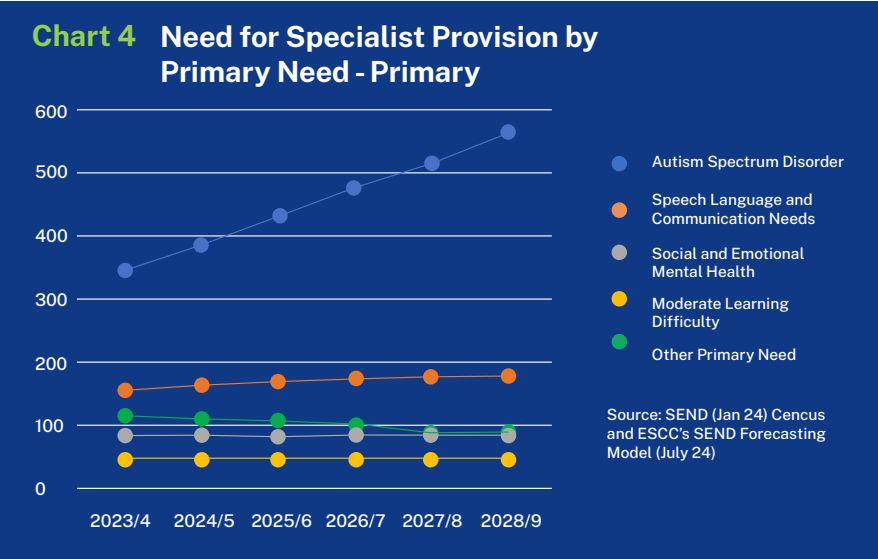
National estimates of prevalence show that approximately 3% of the East Sussex population is Autistic (Chart 1). However, a review of primary care data shows that in comparison with the national estimates of prevalence, only 32% of Autistic adults are currently recorded on the health system in East Sussex (Chart 2).



Of the Autistic people known to primary care:

- 29% of Autistic people are female, with 71% male. Non binary information is not available.
- Black and minority ethnic groups including white minority groups (Irish, Gypsy or Irish Traveller, Roma, Other White) make up 11.7% of usual residents in East Sussex, compared to 10.9% of the Autistic population.
- A higher proportion of Autistic people live in the most deprived areas of East Sussex. We looked at where Autistic people live in relation to the Index of Multiple Deprivation which is the current official measure of relative deprivation for small areas in England. It shows that 20 per 1000 population living in the most deprived areas on East Sussex are Autistic, compared to 10 per 1000 population living in the least deprived areas (Chart 3)

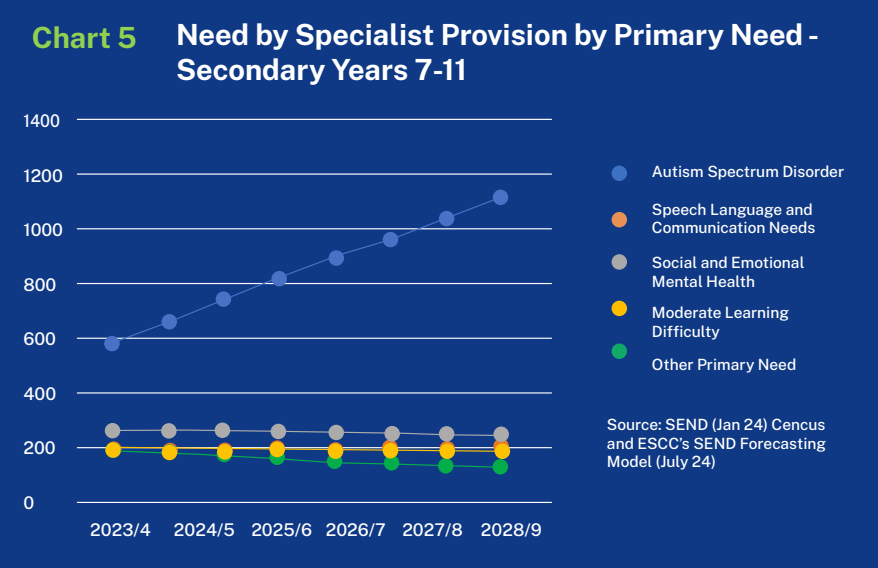




**Education and care data**

As of January 2025 there were 1,977 children with an Education Health and Care Plan (EHCP) and a primary need of Autism in East Sussex.

In line with the national picture, Autism is the most common primary need for those with EHCPs in East Sussex, and is the fastest growing need (Charts 4 and 5).



As of November 2024, there are currently 625 Autistic people known to adult social care where Autism is recorded.

15% of the known Autistic population also have a learning disability.

*“It can be very hit or miss when it comes to dealing with various healthcare professionals for both myself and my children. I have had experience of GPs being extremely dismissive of our concerns, but others who have been very supportive. I think a lot more Neurodiversity training is required in all areas, but in particular females with autism/ADHD. I have been misdiagnosed my whole life, and a better understanding of women and masking would have helped health professionals greatly.”*

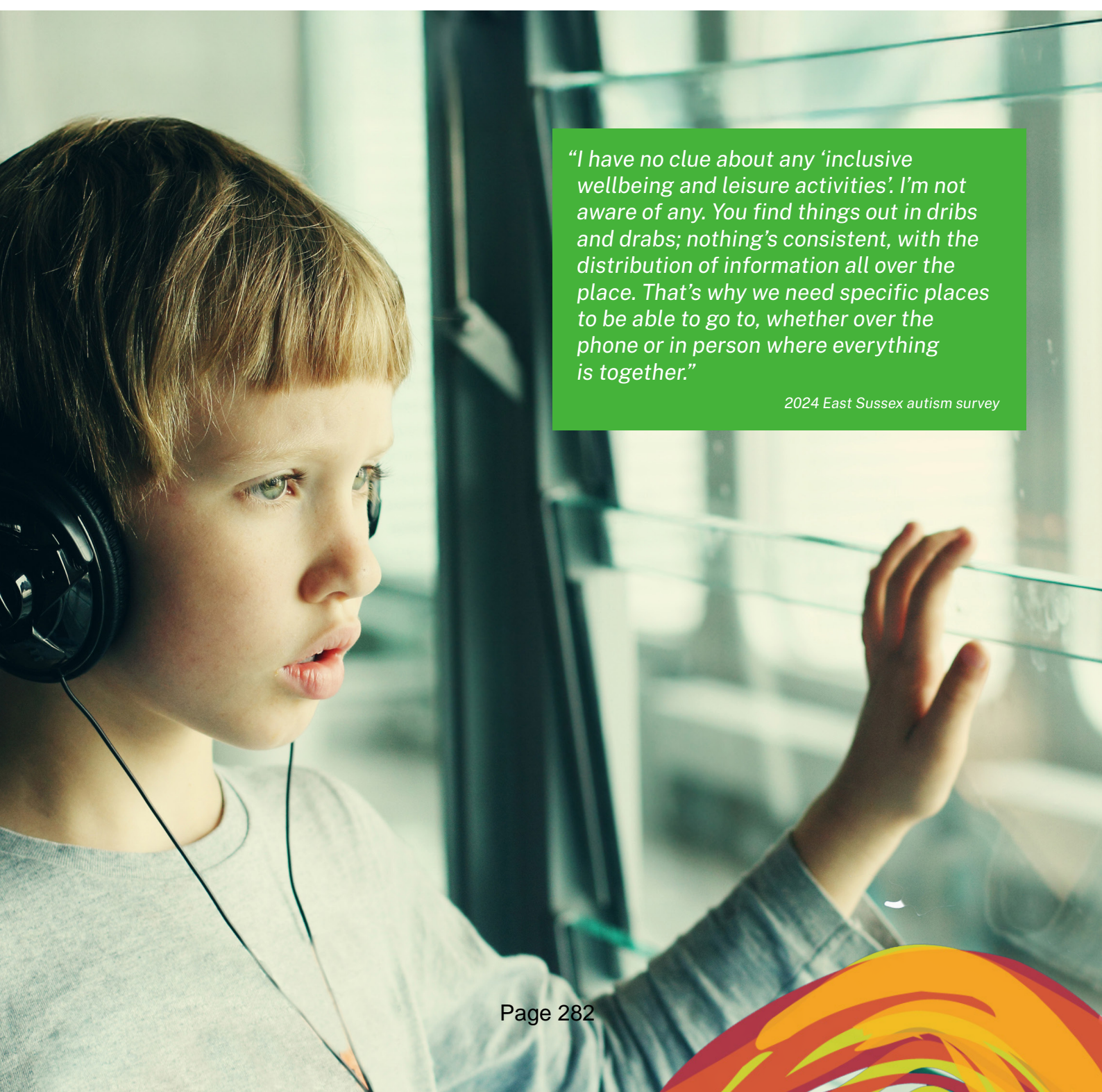
2024 East Sussex autism survey



## Action Plan Priorities

Set out below are the 26 actions developed with our stakeholders across the three priority areas identified:

- Improving the health and wellbeing of Autistic people
- Improving Autistic children and Young People's access to education and supporting positive transitions into adulthood
- Supporting Autistic people into employment and helping them to sustain their employment



*"I have no clue about any 'inclusive wellbeing and leisure activities'. I'm not aware of any. You find things out in dribs and drabs; nothing's consistent, with the distribution of information all over the place. That's why we need specific places to be able to go to, whether over the phone or in person where everything is together."*

2024 East Sussex autism survey

## Health and wellbeing: Improving the health and wellbeing of Autistic people

### What we have heard

Our survey for Autistic residents, parents and unpaid carers told us:

- The majority of respondents find it hard to access activities, support and services.
- There is poor understanding of Autism from others, including professionals and the public, and how it affects people's lives.
- East Sussex lacks inclusive, convenient and suitable options for social and community activity for Autistic people.
- Access to health and care services is hard for most respondents, with mental health being the hardest to access.
- The majority of people have to wait a long time for their diagnosis, sometimes years if they don't pay privately. Whilst waiting for a diagnosis many experience a decline in their circumstances.
- Lack of support following diagnosis was also raised as an issue.
- 55% of people said healthcare professionals understanding of Autism was poor or very poor (12% good)
- 60% said it was hard to access social care support, with the main barriers being:
  - The were unable to get the support they needed
  - The criteria for support is too strict
  - Social care lacks understanding of Autism
  - Social care lacks resources

### What we will do now

1	Develop and promote accessible information and guidance on the neurodevelopmental diagnosis process and universal help available pre, during and post assessment, including crisis support	Year 1-3
2	Raise the profile of Autism across East Sussex. Promote the work of Autistic people and the benefits they bring to the community and workplaces. Recognise achievements and talents, and strengths	Year 1-3
3	Involve Autistic people in the design of Integrated Community Teams to ensure services are accessible	Year 1-3
4	Promote examples of services that support Autistic people well	Year 1-3
5	Pilot tailored support for Autistic people rather than general signposting	Year 1-3
6	Increase education and improve the knowledge of Autism of health and care professionals (particularly those within universal health and care settings)	Year 1
7	Embed Autism awareness and understanding into all council departments	Year 1
8	Promote Autism health and care passports and alert cards	Year 1
9	Promote healthcare Digital Flags for reasonable adjustments to Autistic people and healthcare professionals	Year 2-3
10	Develop Autism training champions across Health, Social Care and VCSE organisations	Year 2-3
11	Increase access to peer support groups for Autistic people and their families	Year 3
12	Improve clinical environments, particularly diagnostic, to create more friendly and accessible spaces	Year 3
13	Implement Autism annual health checks	Year 3

Education: Improving Autistic children and Young People’s access to education and supporting positive transitions into adulthood

What we have heard

One of the opening questions of our survey for Autistic residents, parents and unpaid carers asked ‘What are the top 3 most important things to change for Autistic people’. Schools and colleges came out top, with 107 people feeding back it was most important to them.

Our survey for Autistic residents, parents and unpaid carers also told us that very few Autistic people find it easy to access schools and colleges in East Sussex. 66% find it hard or very hard, and less than 3% said it was easy or very easy

We received an additional 500 comments about how education could be improved. The top five themes were:

- Lack of resources and appropriate settings
- The EHCP acquisition and appeals process
- School/college setting’s lack of understanding

- Insufficient training
- A need to avoid a ‘one size fits all approach’ to Autism and reasonable adjustments

Conversely, we also asked what was working well in education. The most common answer was that support from schools and colleges, particularly primary schools was working well (23 comments). Frequently, feedback referred to an individual in a school which had made a significant difference.

The [East Sussex Parent Carer forum](#) also undertook a [survey](#) between October 2023 and January 2024, receiving 235 responses. Most of the families felt they were not receiving the SEND support/ provision that their children and Young People needed or are entitled to. The most common message from parent carers was the continuing and exhausting battle they face with processes and services, and the need to fight the system for their child or young person’s needs to be met.

What we will do now

1	Develop profiling tool for schools to use to understand individual needs and how those needs can be met	Year 1
2	Ensure that appropriate education guidance, information and support is available to Autistic children & Young People and their families	Year 1-2
3	Promote Autism training to all school staff, including improving understanding of masking, mental health and how a child’s environment impacts on their behaviour	Year 1-2
4	Promote curriculums / sharing of information that are inclusive and adaptive to ensure: ‘Every school/college sees itself as an education setting that meets the needs of Autistic pupils’	Year 2-3
5	Increase understanding and support for Autistic Young People in secondary schools	Year 2-3
6	Improve the experience of transitions (primary to secondary / secondary to college) for Autistic children and Young People	Year 3

“Each individual has their own experiences. I know of several Young People who cannot access secondary education due to the environment and demands. My son is doing well in a mainstream primary school; however, there are other children in his school who do not thrive in this environment. It’s really difficult to see. There does not appear to be appropriate support for kids who present with harder-to-manage behaviours.”

2024 East Sussex autism survey



# Employment: Supporting Autistic people into employment and helping them to sustain their employment

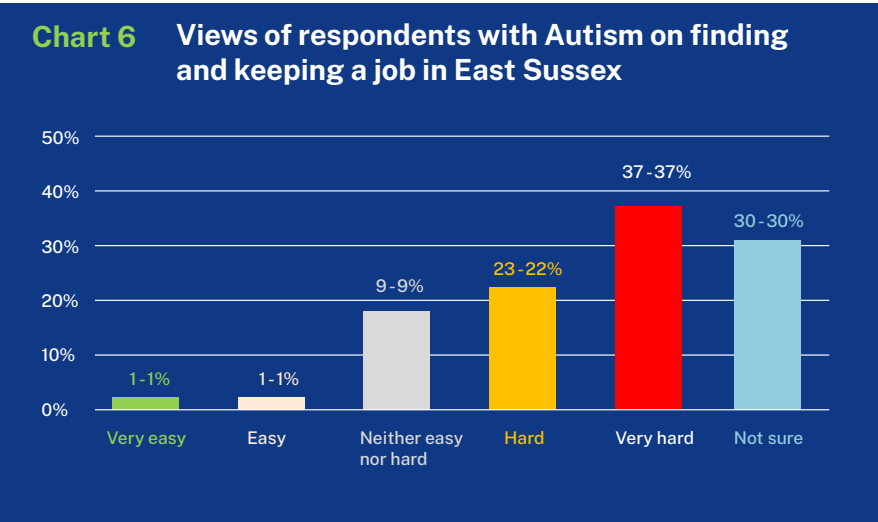
## What we have heard

National research tells us:

- 21.7% of Autistic adults are in employment (ONS, 2020).
- 6.25% of Autistic adults hold full-time positions (National Autistic Society)
- Autistic people face the largest pay gap of all disability groups, receiving 1/3 less than non-disabled people on average (Buckland Review 2024)
- Autistic graduates are twice as likely to be unemployed after 15 months as non-disabled graduates, with only 36% finding full time work in this period. (Buckland Review 2024)
- 45% of neurodivergent individuals have been forced out or have quit their jobs due to misunderstandings related to their condition (National Autistic Society)
- Only 10% of organisations reported actively addressing neurodiversity in the workplace (2018 CIPD survey)

Our survey for Autistic residents, parents and unpaid carers told us:

- 59% of respondents said it is hard to find and keep a job (chart 6)
- The main barriers to employment are:
  - Employers’ lack of understanding
  - Employers’ lack of reasonable adjustments or accommodations
  - The person’s own outlook/ characteristics
  - The narrow range of employment options
  - Not having any support
  - Recruitment process is more favourable to neurotypical applicants
- Employment works well when there is:
  - Managerial support and employers’ understanding
  - Job coach support
  - Reasonable adjustments



*“There is not much support for the whole process of finding, dealing with interviews, and then maintaining the job too. It is hard to find employers who are understanding and accommodating, especially surrounding communication, sensory overstimulation and burnout. Employers don’t understand when you can’t always maintain the same hours of work a week as some other weeks, or needing extra breaks or accommodations.”*

2024 East Sussex Autism survey

### What we will do now

1	Publish and promote a centralised directory of employment support services in East Sussex	Year 1
2	Raise awareness and accessibility of resources to help employ more neurodivergent people	Year 1-2
3	Publish and promote guidance for making recruitment processes more accessible for neurodivergent people	Year 1-2
4	Further develop networks and peer support for employers working with and employing neurodivergent people	Year 1-2
5	Develop initial assessments for employment organisations to help to identify skills, suitable roles and reasonable adjustments	Year 2
6	Develop a programme of work to support Young People and their families to consider their future employment choices, through helping them to identify their strengths, challenges and learning styles, and develop practical skills such as CV writing and interview techniques	Year 2
7	Develop support services that can act as a brokerage/advocate for employed Autistic people who may need support to navigate work environment	Year 3

## How will we measure success?

Each action will have an identified lead who will work with partners, including Autistic people and their families, to oversee the implementation of the action. Progress will be reviewed by the East Sussex Autism Partnership Board, and an annual report will be presented to the East Sussex Health and Wellbeing Board.

It is important we also evaluate the impact the action plan has on improving the lives of Autistic people, their families, carers, and wider support networks. We will repeat the consultation at the end of the 3 years of action plan delivery, to further understand changes to the Autistic experience. This will include evaluating the following outcomes:

### Health and Wellbeing

- I know how to find out about inclusive social activities in my local community
- I am able to access inclusive wellbeing and leisure activities
- I am able to connect with the Autistic community in my preferred way
- I can access a timely assessment of my neurodevelopmental needs
- I feel empowered to ask for reasonable adjustments to support my needs
- I am able to access health care, delivered by the right people, at the right time
- I am able to access the care and support services I need
- If I have an unpaid carer or family member, they know how they can access support for themselves
- Health and care professionals have the knowledge and skills to support me as an Autistic person

### Education

- I can access an education setting that meets the needs of Autistic pupils
- I feel empowered to ask for reasonable adjustments to support my needs
- I am supported to develop and achieve my goals
- School and college staff have the knowledge and skills to support me as an Autistic person

### Employment

- I have access to clear information and advice about employment support available
- I feel empowered to ask for reasonable adjustments to support my needs
- I feel able to find and keep a job
- I know how to access support if I am looking to change jobs or develop my career



East Sussex  
**Autism Partnership Board**

Page 288

# **All-age autism action plan - easy read**

---

# **All age autism action plan - easy read**





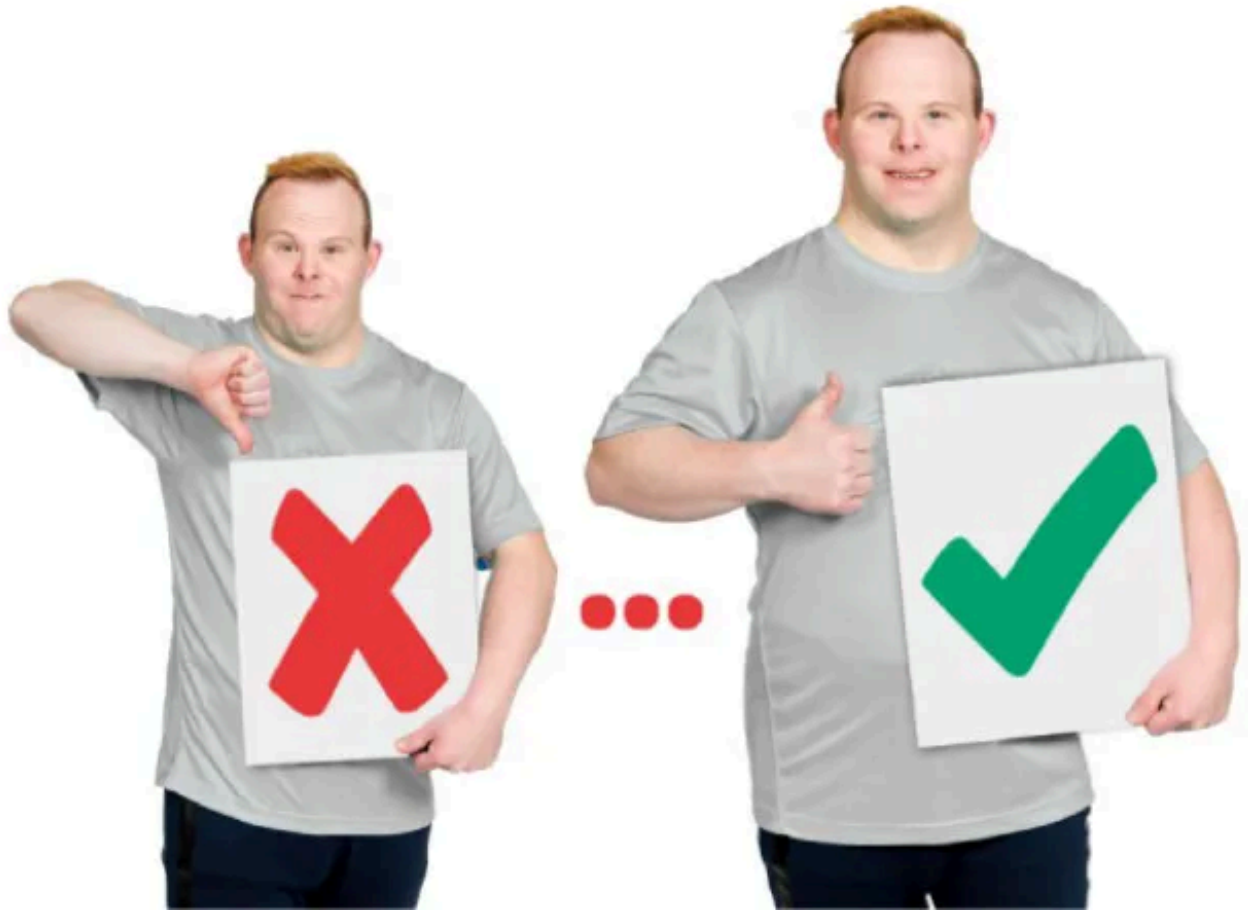
This is an easy read summary of the  
**East Sussex all-age autism action plan**

It includes the important points that are in the non-easy read version.

## **Introduction**

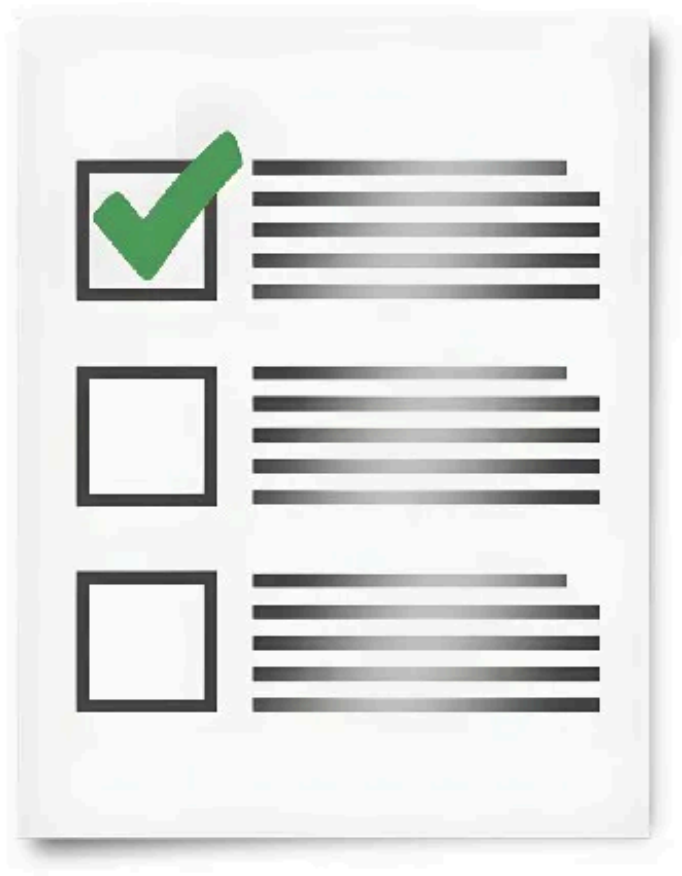


We have written an all-age **autism action plan** for East Sussex County Council.



The action plan will explain what we want to do to improve autistic people's lives in East Sussex.





The things we want to do are called **actions**.



The action plan is for and about autistic people who:

- identify as autistic, or
- have been diagnosed as autistic, or
- are waiting for a diagnosis of autism.



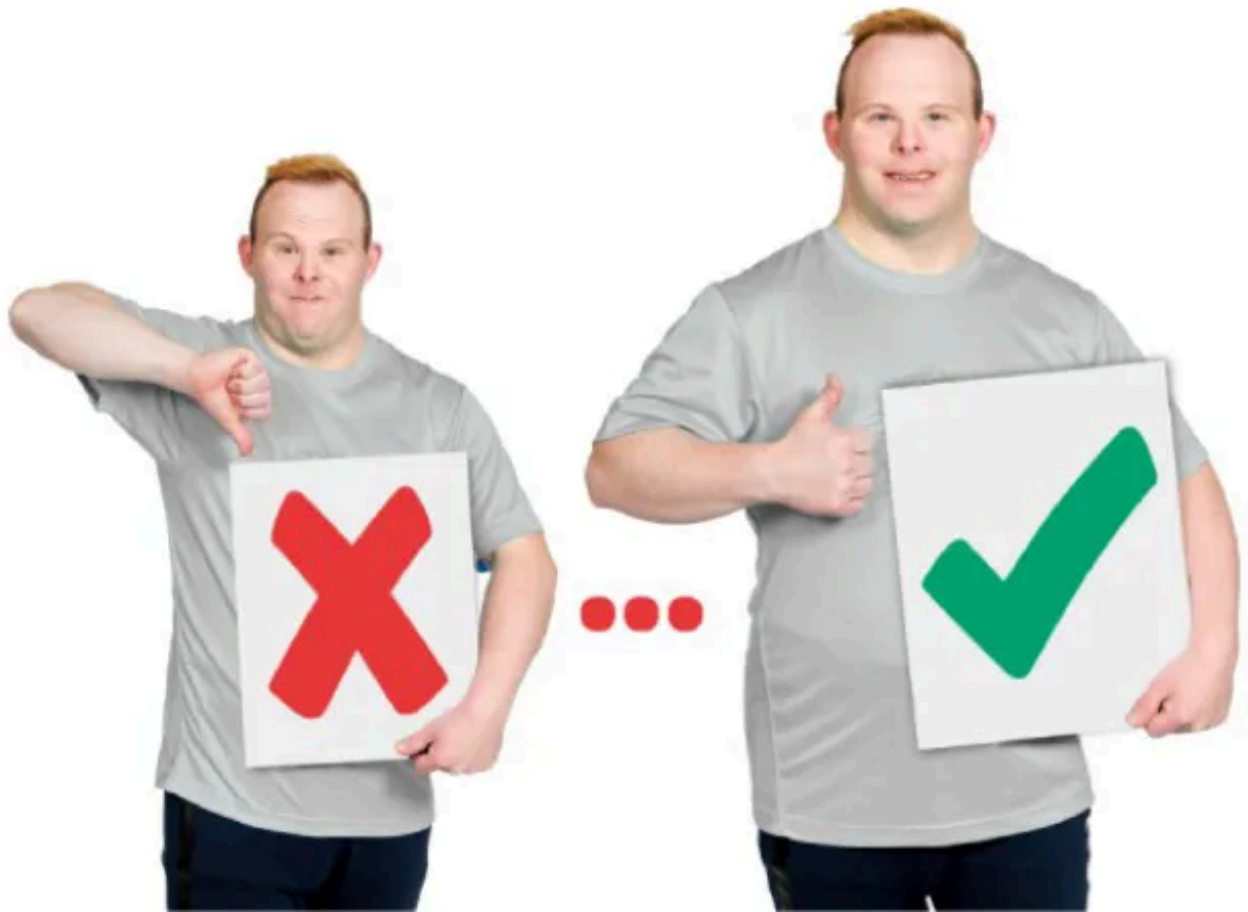
The action plan has been co-produced with:

- People with lived experience
- Staff from East Sussex County Council
- Staff from NHS Sussex
- Support providers, including from education, employment and wellbeing.



The action plan is a 3-year plan.

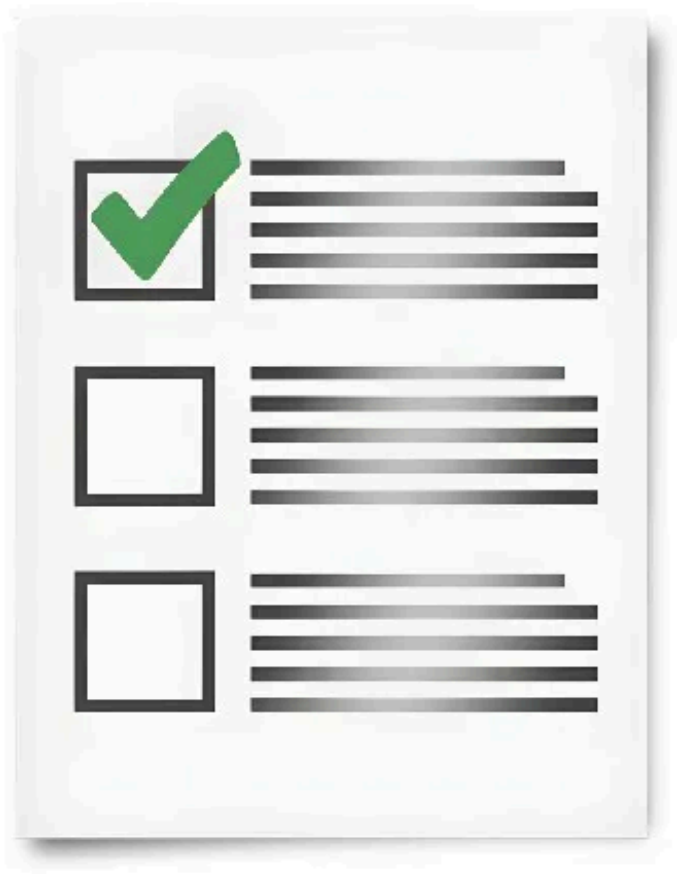
## Aims



The aim of the action plan is to improve the lives of:

- autistic people
- their families
- their carers.

We also want to improve the wider support networks across East Sussex.



We will improve these things with:

- more awareness of autism
- better education
- better job opportunities
- better wellbeing
- better life opportunities.

# Money

Our action plan is happening at a time when East Sussex County Council and NHS Sussex have less money to spend.



**We know that this is a challenge.**

So we have decided to focus on 3 important areas that we think we can make a difference in.

These 3 areas are called our **priority areas**.

## **How we developed the plan**

In 2024 we asked lots of people what was working well and what could be better for the autistic community.

This included:

- Working with Public Health to look at information and numbers. This helped us to understand who the autistic community are in East Sussex.

- Running a survey to get the views of autistic people and their carers on the things that impact the autistic community.

- Holding group meetings with people in the autistic community.

- Holding workshops to talk about what we have learnt and to decide what areas we should focus on in the action plan.

The workshops helped us to decide on 3 priority areas to focus on.

These are:



1. Improving the health and wellbeing of autistic people (/social-care/disability/easy-read/autism-plan/priority-1)

## 2. Improving autistic children and young people's access to education and becoming an adult (/social-care/disability/easy-read/autism-plan/priority-2)

3. [Supporting autistic people to get and keep a job \(/social-care/disability/easy-read/autism-plan/priority-3\)](/social-care/disability/easy-read/autism-plan/priority-3)

---

# Priority 1: Improving health

# **and wellbeing**

## **What we have heard**

**Most people find it hard to access activities, support and services.**

There is poor understanding about autism and how it affects people's lives.

Most people find it hard to access health care services.

Most people have to wait a long time to get a diagnosis of autism.

There is not always enough support after getting a diagnosis of autism.



Just over half of people said  
healthcare staff have a poor or very  
poor understanding of autism.

Just over half of people said it was hard to access social care support.

## **What we will do now**

1. Make and share more accessible information about getting a diagnosis of autism.

2. Raise awareness of autism in East Sussex, including the good that autistic people bring to the community and the workplace.

**3. Involve autistic people in making sure services are accessible.**

**4. Share examples of services that support autistic people well.**

5. Share information and advice about support services that meet people's individual needs.

6. Help health and support staff to have a better understanding of autism.



7. Help council staff to have a better understanding of autism.

**8. Raise awareness of autism health and care passports and alert cards.**

10. Develop autism training champions across organisations that support people with autism.

11. Improve access to peer support groups for autistic people and their families.

12. Support the places that autistic people access health care and support to be more friendly and accessible.

13. Bring about autism annual health checks.

9. Raise awareness of healthcare Digital Flags that show that a person needs reasonable adjustments when they are accessing healthcare.

---

## **Priority 2: Improving autistic**

# **children and young people's access to education and becoming an adult What we have heard**



Very few autistic people find it easy to access schools and colleges in East Sussex.

## **What we will do now**

1. Make a tool for schools to use to understand what people's individual

needs are and how their needs can be met.

2. Make sure that there is education guidance, information and support for autistic children and young people and their families.

**3. Share information about autism training for all school staff.**

4. Share information on how to make sure all schools and colleges can meet the needs of autistic learners.

5. Increase understanding and support for autistic young people in secondary schools.

---

## **Priority 3: Supporting autistic**

# people to get and keep a job

## What we have heard

Over half of people said it is hard to  
find and keep a job

Getting a job works well when:

- autism is understood
- there is job coach support
- reasonable adjustments are made

## **What we will do now**

1. Create and share a list of employment support services in East Sussex.



2. Raise awareness and accessibility of resources to help employ more autistic people.

3. Create and share guidance for making the **recruitment process** more accessible.

The **recruitment process** includes job adverts, applying for a job, going to interviews, starting a new job.



4. Develop networks and peer support for employers who work with autistic people.

## 5. Develop tools to help understand

- what a person's skills are
- what job roles might suit them
- what reasonable adjustments may support the person

6. Develop tools to support young people and their families to think about job choices and how they can access the recruitment process.

7. Develop services that can support autistic people with their job and their workplace

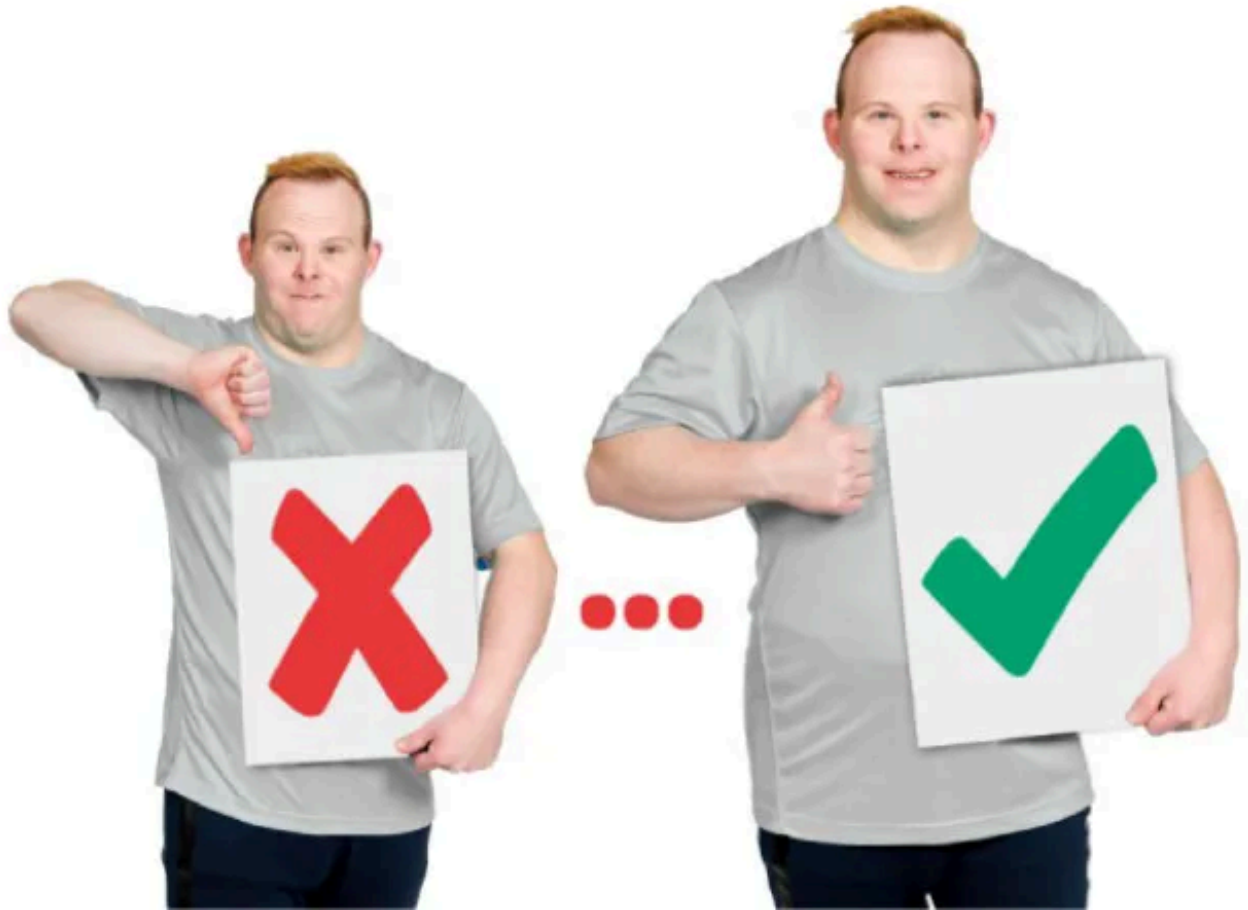
---

**How will we know  
if our plan is  
working?**

It is important that we make sure the action plan is working to improve the lives of autistic people, their families, carers and wider support networks.

We will repeat the survey to see how things are going in 3 years time.



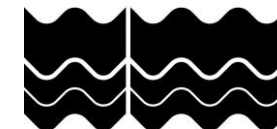


This will help us to understand if and how things have changed for the autistic community.

## Contact us

You can get in touch with us by  
[emailing Autism Partnership Board](#)





# Equality Impact Analysis Template

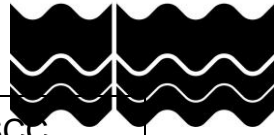
**Equality Impact Analysis (EqIA) (or Equality Impact Assessment) aims to make services and public policy better for all service-users and staff and supports value for money by getting council services right first time.**

We use EqIAs to enable us to consider all relevant information from an Equality requirements perspective when procuring or restructuring a service, or introducing a new policy or strategy. This analysis of impacts is then reflected in the relevant action plan to get the best outcomes for the Council, its staff and service-users<sup>1</sup>.

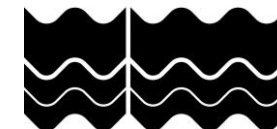
EqIAs are used to analyse and assess how the Council's work might impact differently on different groups of people<sup>2</sup>. EqIAs help the Council to make good decisions for its service-users, staff and residents and provide evidence that those decision conform with the Council's obligations under the Equality Act 2010<sup>3</sup>.

This template sets out the steps you need to take to complete an EqIA for your project. Guidance for sections is in the end-notes. If you have any questions about your EqIA and/or how to complete this form, please use the contact details at the end of this form.

<b>Title of Project/Service/Policy<sup>4</sup></b>	Autism All Age Action Plan
<b>Team/Department<sup>5</sup></b>	Joint Commissioning Team
<b>Directorate</b>	Adult Social Care
<b>Provide a comprehensive description of your Project (Service/Policy, etc.) including its Purpose and Scope<sup>6</sup></b>	<p>The East Sussex Autism Action Plan is being developed through the East Sussex Autism Partnership Board in response to the most recent National Autism Strategy published in 2021.</p> <p>Members of the East Sussex Autism Partnership Board include: autistic members of the community, family and friend carers, local autism charity representatives, NHS representatives, Sussex Police representatives and East Sussex County Council representatives</p> <p>The development and implementation of the Autism Action Plan will support the overarching desired outcome of the project 'to optimise resources available to improve the lives of autistic people, their families and carers in East Sussex'.</p>



	<p>To inform the development of the East Sussex All Age Action Plan, throughout 2024 ESCC consulted with Autistic people, carers and stakeholders to identify the priorities for the plan. The consultation identified three key priority areas for East Sussex:</p> <ol style="list-style-type: none"> <li>1. Improving the health and wellbeing of autistic people</li> <li>2. Improving autistic children and young people's access to education and supporting positive transitions into adulthood</li> <li>3. Supporting autistic people into employment and sustaining their employment.</li> </ol>
--	---



## Initial assessment of whether your project requires an EqIA

When answering these questions, please keep in mind all legally protected equality characteristics (sex/gender, gender reassignment, religion or belief, age, disability, ethnicity/race, sexual orientation, marriage/civil partnership, pregnancy and maternity) of the people actually or potentially receiving and benefiting from the services or the policy.

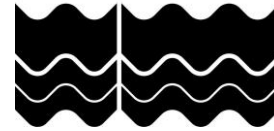
In particular consider whether there are any potential equality related barriers that people may experience when getting to know about, accessing or receiving the service or the policy to be introduced or changed.

Discuss the results of your Equality assessment with the Equality Lead for your department and agree whether improvements or changes need to be made to any aspect of your Project.

	Question	Yes	No	Don't Know
1	Is there evidence of different needs, experiences, issues or priorities on the basis of the equality characteristics (listed below) in relation to the service or policy/strategy area?	X		
2	Are there any proposed changes in the service/policy that may affect how services are run and/or used or the ways the policy will impact different groups?	X		
3	Are there any proposed changes in the service/policy that may affect service-users/staff/residents directly?	X		
4	Is there potential for, or evidence that, the service/policy may adversely affect inclusiveness or harm good relations between different groups of people?		X	
5	Is there any potential for, or evidence that any part of the service/aspects of the policy could have a direct or indirect discriminatory effect on service-users/staff/residents?		X	
6	Is there any stakeholder (Council staff, residents, trade unions, service-users, VCSE organisations) concerned about actual, potential, or perceived discrimination/unequal treatment in the service or the Policy on the basis of the equality characteristics set out above that may lead to taking legal action against the Council?	X		
7	Is there any evidence or indication of higher or lower uptake of the service by, or the impact of the policy on, people who share the equality characteristics set out above?	X		

If you have answered "YES" or "DON'T KNOW" to any of the questions above, then the completion of an EqIA is necessary.

The need for an EqIA will depend on:



- How many questions you have answered “yes”, or “don’t know” to;
- The likelihood of the Council facing legal action in relation to the effects of service or the policy may have on groups sharing protected characteristics; and
- The likelihood of adverse publicity and reputational damage for the Council.

**The East Sussex Autism Action Plan is considered to be low risk because the purpose of the plan is to improve outcomes for autistic people, without negatively impacting others.**

### **Update on previous EqlAs and outcomes of previous actions (if applicable)<sup>7</sup>**

<b>What actions did you plan last time?</b> (List them from the previous EqlA)	<b>What improved as a result?</b> What outcomes have these actions achieved?	<b>What <u>further</u> actions do you need to take?</b> (add these to the Action Plan below)
Not applicable, this is a new plan		

## 1. Review of information, equality analysis and potential actions

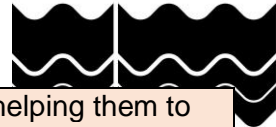
Consider the actual or potential impact of your project (service, or policy) against each of the equality characteristics.

Protected characteristics groups under the Equality Act 2010	What do you know <sup>8</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>9</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>10</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>11</sup> ? All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
Age <sup>12</sup>	<p>The population of East Sussex is estimated at 545,800. East Sussex has an older age profile than England and the southeast, with 26% of the county's population aged 65 or over, compared to 19% across England and 20% regionally.</p> <p>According to the 2021 Census, the greatest growth occurred in the 70-74 age category, which increased by 46.6% compared to a national average of 36.8%. The proportion of the population of East Sussex aged 65 and over now stands at 26.1%, up from 22.7% in 2011.</p>	The consultation and stakeholder workshops covered all ages. This is reflected in the range of actions identified across education, employment, and health and wellbeing.	<p>Our Autism action plan needs to reflect all ages.</p> <p>Service provision needs to be sufficient to cope with growing demand.</p> <p>Any actions put in place need to be accessible to all, ensuring for those who experience digital exclusion.</p>	<p>Clearly state age range that services and resources are applicable to within signposting information.</p> <p>Ensure there is a range of ways to access information, not just through digital methods.</p> <p>Priority actions identified in the action plan include:</p> <ul style="list-style-type: none"> <li>• Develop profiling tool for schools to use to understand individual needs and how those needs can be met.</li> <li>• Ensure that appropriate education guidance, information and support is available to autistic</li> </ul>

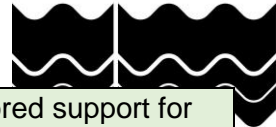


	<p>Sussex Integrated Dataset 2024: The number of people registered with their GP with a recorded diagnosis of Autism in East Sussex is 4350 children and young people and 4160 adults</p> <p>Older people are more likely to face digital exclusion. <a href="#">According to Age UK</a>, three out of ten people aged 65 to 74 and two-thirds of those aged 75 and over are not online.</p> <p>There is also a link to social disadvantage. For example, while only 15 per cent of people aged 65 to 74 in socio-economic group AB do not use the internet, this rises to 45 per cent in group DE.</p>			<p>children &amp; Young People and their families</p> <ul style="list-style-type: none"> <li>• Promote Autism training to all school staff, including improving understanding of masking, mental and physical health and how a child's environment impacts on their behaviour</li> <li>• Promote curriculums / sharing of information that are inclusive and adaptive to ensure: 'Every school/college sees itself as an education setting that meets the needs of autistic pupils.'</li> <li>• Increase understanding and support for autistic young people in secondary schools.</li> <li>• Improve the experience of transitions (primary to secondary / secondary to college) for autistic children and young people</li> <li>• Develop a programme of work to support young people and their families to consider their future employment choices,</li> </ul>
--	---	--	--	--

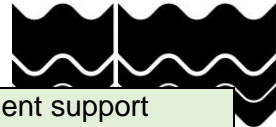




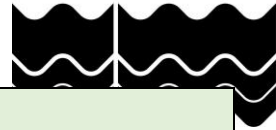
				through helping them to identify their strengths, challenges and learning styles, and develop practical skills such as CV writing and interview techniques.
<b>Disability<sup>13</sup></b>	<p>An ESCC Public Health 2024 analysis of the prevalence of Autism in East Sussex identified: East Sussex adult autistic population ranged between 4380 and 12660 (actual GP caseloads register 4160). This suggests an under diagnosis for adults in East Sussex. East Sussex CYP population ranged between 680 and 3960 (actual GP caseloads registers 4350)</p> <p>East Sussex data (from the Sussex Integrated Dataset, May 2024) identified that 18% of the known autistic population also have ADHD. However, international research has shown that 40% of autistic people have ADHD, with other studies suggesting that the rate may be closer to 70%.</p>	<p>ESCC Autism consultation survey 2024 results include:</p> <ul style="list-style-type: none"> <li>• 47% had a condition that was expected to last 12 or more months. Of those, 88% said their condition affects their ability to carry out day-to-day activities.</li> <li>• 81% (259 respondents) said it was hard/very hard for Autistic people to access Autism diagnosis.</li> <li>• 66% (212 respondents) said that it is hard/very hard for Autistic people to access healthcare.</li> <li>• 80% (258 respondents) said that it is hard/very hard for Autistic people to access mental health services.</li> <li>• 55% (177 respondents) said that it is hard/very hard for Autistic people to access hospitals.</li> </ul>	<p>It is difficult to get an Autism diagnosis and Autistic people may be under diagnosed.</p> <p>Learning disabilities are more common in autistic people than in people who are not Autistic. Health outcomes are significantly poorer for people with learning disabilities, and there is a higher need for mental health support for this group of people.</p> <p>It is hard for autistic people to access health and care services, particularly mental health services. The purpose of the action plan is to ensure that autistic people have access to support and services to meet their needs to manage daily living</p>	<p>All documents will be written in accessible language, and people will be able to request information in other formats.</p> <p>Neuro-inclusive language to reflect Autism / ADHD</p> <p>Priority actions identified in the action plan include:</p> <ul style="list-style-type: none"> <li>• Develop and promote accessible information and guidance on the neurodevelopmental diagnosis process and universal help available pre, during and post assessment, including crisis support</li> <li>• Involve autistic people in the design of Integrated Community Teams to ensure services are accessible</li> </ul>



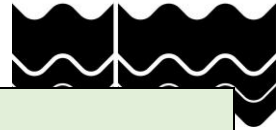
	<p>East Sussex data (from the Sussex Integrated Dataset, May 2024) identified that 15% of the known autistic population also have a learning disability. The ICT data pack Nov 2023 (Learning Disability) identified that health outcomes are significantly poorer for people with a learning disability and on average die 22 years younger than the general population. Individuals with a LD also want more support with their mental health.</p> <p>An estimated 56.6% of autistic adults experience a psychiatric condition (for example, anxiety and depression (Buck et al. 2014)).</p> <p>In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities in 2021, the same proportion as in 2011 (compares to 18% for England &amp; Wales).</p>	<ul style="list-style-type: none"> <li>• 58% (187 respondents) said that it is hard/very hard for Autistic people to access a dentist.</li> <li>• 65% (208 respondents) said it was hard/very hard for Autistic people to access schools and colleges due to lack of understanding and insufficient training of staff.</li> <li>• 27% (86 respondents) said that it is hard/very hard for Autistic people to find and keep volunteering opportunities due to lack of understanding and training for providers, along with insufficient support.</li> <li>• 44% (140 respondents) said that it is hard/very hard for Autistic people to find and keep a job due to lack of understanding and lack of reasonable adjustments.</li> </ul>		<ul style="list-style-type: none"> <li>• Pilot tailored support for autistic people rather than general signposting</li> <li>• Increase education and improve the knowledge of autism of health and care professionals</li> <li>• Embed autism awareness and understanding into all council departments through training, and guidance on accessible buildings and recruitment.</li> <li>• Promote Autism health and care passports and alert cards</li> <li>• Promote healthcare Digital Flags for reasonable adjustments to autistic people and healthcare professionals</li> <li>• Develop Autism training champions across Health, Social Care and VCSE organisations</li> <li>• Improve clinical environments, particularly diagnostic, to create more friendly and accessible spaces</li> <li>• Implement autism annual health checks</li> <li>• Publish and promote a centralised directory of</li> </ul>
--	---	--	--	--



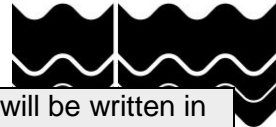
	<p>34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021.</p> <p>National employment research tells us:</p> <ul style="list-style-type: none"> <li>• 21.7% of autistic adults are in employment (ONS, 2020).</li> <li>• 6.25% of autistic adults hold full-time positions (National Autistic Society)</li> <li>• Autistic people face the largest pay gap of all disability groups, receiving 1/3 less than non-disabled people on average (Buckland Review 2024)</li> <li>• Autistic graduates are twice as likely to be unemployed after 15 months as non-disabled graduates, with only 36% finding full time work in this period. (Buckland Review 2024).</li> <li>• 45% of neurodivergent individuals have been forced out or have quit their jobs due to misunderstandings related to their condition (National Autistic Society)</li> </ul>			<p>employment support services in East Sussex</p> <ul style="list-style-type: none"> <li>• Raise awareness and accessibility of resources to help employ more neurodivergent people</li> <li>• Publish and promote guidance for making recruitment processes more accessible for neurodivergent people</li> <li>• Develop initial assessments for employment organisations to help to identify skills, suitable roles and reasonable adjustments</li> <li>• Develop support services that can act as a brokerage/advocate for employed autistic people who may need support to navigate work environment.</li> </ul>
--	---	--	--	--



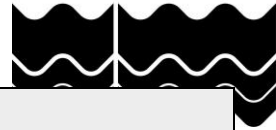
	<p>The Royal College of Psychiatrists state that Autistic people are more likely to have other conditions like:</p> <ul style="list-style-type: none"> <li>• ADHD</li> <li>• intellectual disabilities</li> <li>• learning difficulties like dyslexia</li> <li>• tics</li> <li>• developmental coordination disorder</li> <li>• epilepsy</li> <li>• joint hypermobility and Ehlers-Danlos syndromes</li> </ul> <p>Furthermore, differences in communication styles may also not be understood, in particular, by neurotypical professionals, especially those without appropriate neurodivergent training....Consequently, neurodivergent physical health needs are overlooked causing a worsening of symptoms, exacerbation or prior psychiatric conditions and underlying trauma from not being believed, particularly for those with no diagnosis (Sala et al, 2020)</p>			
--	---	--	--	--



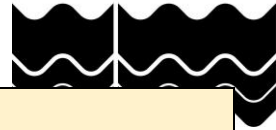
<b>Gender reassignment<sup>14</sup></b>	<p>In 2021, 0.4% of adults in East Sussex reported that they had a gender identity that was different to the sex registered at birth (Census 2021). However, the East Sussex LGBTQ+ Comprehensive Needs Assessment estimates that between 3.1% and 7% of people living in East Sussex are trans and gender diverse.</p> <p>Research indicates that neurodivergent people are more likely to identify as LGBTQ+ than neurotypical people (University of Cambridge, 2021).</p> <p>LGBT people are also known to experience inequalities in health and social care (House of Commons, 2019).</p>	No additional feedback received.	Trans people experience health and social care inequalities. They may fear discrimination in health and social care settings and may be less likely to get the support they need.	Explore targeted engagement to ensure support is available, and how to access it.



<p><b>Pregnancy and maternity<sup>15</sup></b></p>	<p>There are just under 5,000 births per year in East Sussex. Hastings has the highest overall birth rate as well as for women aged 15-19 years. Lewes and then Rother have the highest birth rates for women aged 35-44 years.</p> <p>According to the <a href="#">National Autistic Society</a>, evidence suggests that autistic people experience aspects of pregnancy and childbirth differently to non-autistic people and may face unique challenges, including:</p> <ul style="list-style-type: none"> <li>• heightened sensory sensitivities during pregnancy</li> <li>• communication and interaction difficulties with healthcare professionals including feeling misunderstood or judged, feeling unable to express themselves or ask questions, finding that information and support does not meet their needs (including information on the birth process)</li> </ul>		<p>Autistic people may need specific support during pregnancy and childbirth. It is important that health and social care professionals understand the different experiences of autistic people during pregnancy and childbirth, and how to support Autistic people effectively.</p>	<p>Documents will be written in accessible language, and people will be able to request information in other formats</p> <p>Neuro-inclusive language to reflect Autism / ADHD</p> <p>Priority actions identified in the action plan include:</p> <ul style="list-style-type: none"> <li>• Increase education and improve the knowledge of autism of health and care professionals</li> <li>• Promote healthcare Digital Flags for reasonable adjustments to autistic people and healthcare professionals</li> </ul>
--	--	--	--	---

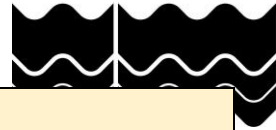


	<ul style="list-style-type: none"> <li>• concern and/or anxiety around disclosing autism due to potential stigma</li> <li>• differences in experience of pain</li> </ul> <p>These differences can impact autistic people in various ways, including:</p> <ul style="list-style-type: none"> <li>• increased stress and anxiety</li> <li>• increased likelihood of meltdowns or shutdowns as a result of sensory overload</li> <li>• unmet physical or emotional needs due to health professionals failing to accommodate communication differences.</li> </ul>			
<b>Race (ethnicity)<sup>16</sup></b> Including migrants, refugees and asylum seekers	Black and minority ethnic groups including white minority groups (Irish, Gypsy or Irish Traveller, Roma, Other White) make up 11.7% of usual residents in East Sussex, compared to 10.9% of the autistic population.	ESCC Autism consultation survey 2024: <ul style="list-style-type: none"> <li>• 71% of respondents to consultation survey were White British. The remaining 6% who answered the question were spread across 8 ethnic group.</li> </ul>	People from ethnic minorities experience inequality in health and social care. This means it may be harder for autistic people from ethnic minorities to get the support they need.	Documents will be written in accessible language, and people will be able to request information in other formats/ languages.  Identify further engagement opportunities to explore more widely autism and intersectionality.

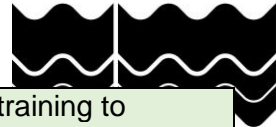


	<p><a href="#">A report by the National Autistic Society (2014)</a> suggests it is harder for autistic people from ethnic minorities to get the support they need due to:</p> <ul style="list-style-type: none"> <li>• Challenges getting a diagnosis – either due to lower levels of understanding about autism among community members, or teachers making incorrect assumptions about a student's behaviour or language abilities</li> <li>• Information being unavailable in languages other than English and a lack of translation services</li> <li>• Fear that professionals may be patronising or lack cultural understanding, and negative attitudes towards professionals</li> </ul> <p>Ethnicity is also a key determinant of health inequalities in England, including autism services (National Autistic Society, 2016).</p>			
--	---	--	--	--

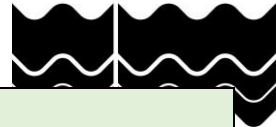




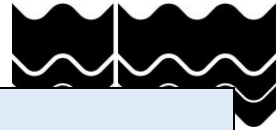
<b>Religion or belief<sup>17</sup></b>	<p>In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011.</p> <p>The second most common religion in East Sussex after Christianity is Islam. The proportion of the population stating they were Muslim increased from 0.8% of the usual resident population (4,200) in 2011 to 1.1% (6,190) in 2021.</p> <p>While autism stigma exists across all socio-cultural contexts, research suggests there may be higher levels of stigma within some religious communities (National Autistic Society, 2016).</p>	<p>ESCC Autism consultation survey 2024:</p> <p>No religion 48.60%</p> <p>Christian 21.18%</p> <p>Buddhist 0.62%</p> <p>Jewish 0.93%</p> <p>Other 1.87%</p> <p>Philosophical belief 2.80%</p>	<p>Research suggests it may be harder for autistic people within some religious communities to get the support they need.</p>	<p>Identify further engagement opportunities to explore more widely autism and intersectionality.</p>



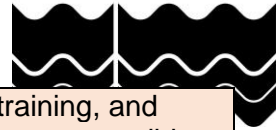
<p><b>Sex<sup>18</sup></b></p>	<p>In East Sussex: 52% of the population are women and 48% men.</p> <p>Sussex Integrated Dataset 2024: There is a much higher prevalence of Autism in males than females. Only 29% of diagnosed autistic people in East Sussex are female, compared to 71% male.</p> <p>National Autistic Society: Many autistic women and girls struggle to get a diagnosis, receive a diagnosis later in life or are misdiagnosed with conditions other than autism. Females are more likely to 'mask' autistic traits.</p> <p>Women with learning disabilities, autism or both are <a href="#">three times more likely</a> to experience domestic abuse than their peers.</p> <p>Csecs et al. (2020) highlighted joint hypermobility as 3.52 times more prevalent in autistic and ADHD females, than those with no</p>	<p>ESCC Autism consultation survey 2024: Only 8% of males responded to our consultation survey.</p>	<p>Need to ensure that access to services including diagnosis is equitable and that specific issues affecting Autistic women are understood by health and care professionals.</p>	<p>Awareness training to include women/girls masking, and the impacts of key hormonal changes such as puberty, pregnancy and menopause.</p> <p>Communication articles around masking and how this presents and intersecting articles e.g. domestic abuse, physical health.</p>
--------------------------------	---	---	---	--



	neurodevelopmental condition, suggesting gender joint hypermobility syndrome prevalence in the population.			
<b>Sexual orientation<sup>19</sup></b>	<p>The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population) In adults, the GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), compared to heterosexual people (11%), especially in bisexual people (56%). According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+.</p> <p>JSNA data: there are more LGB+ people in Hastings than the national average.</p> <p>JSNA data: there are more LGB+ people with a disability in Lewes than the national average.</p>	<p>ESCC Autism consultation survey 2024: Over half of respondents 61% identified as heterosexual/straight, while 2% identified as gay or lesbian, and 6% as bi/bisexual (the remainder chose not to complete the question)</p>	<p>Neurodivergent people are more likely to identify as LGBTQ+ than neurotypical people.</p> <p>LGBTQ+ people experience inequalities in health and social care. They may be fearful of discrimination from services and less likely to get the support they need.</p>	<p>Identify further engagement opportunities to explore more widely autism and intersectionality.</p>



	<p>Research indicates that neurodivergent people are more likely to identify as LGBTQ+ than neurotypical people (University of Cambridge, 2021).</p> <p>LGBTQ+ people are also known to experience inequalities in health and social care (House of Commons, 2019).</p>			
<b>Marriage and civil partnership<sup>20</sup></b>	Not applicable			
<b>Armed Forces<sup>21</sup></b>	Not applicable			
<b>Impacts on community cohesion<sup>22</sup></b>		<p>ESCC Autism consultation survey 2024:</p> <ul style="list-style-type: none"> <li>67% (215 respondents) said that it is hard/very hard for Autistic people to find out about inclusive social activities in the local community due to few or no options being suitable.</li> <li>63% (201 respondents) said that it is hard/very</li> </ul>	<p>Need to ensure that there is a range of access to inclusive services, and information about these services are easy to find.</p>	<p>Priority actions identified in the action plan include:</p> <ul style="list-style-type: none"> <li>Promote examples of services that support autistic people well</li> <li>Pilot tailored support for autistic people rather than general signposting</li> <li>Embed autism awareness and understanding into all council departments,</li> </ul>



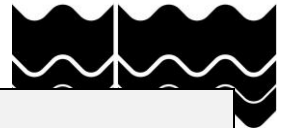
		<p>hard for Autistic people to find out about inclusive wellbeing and leisure activities in the local community due to lack of options and convenience.</p> <ul style="list-style-type: none"> <li>• 33% (106 respondents) said that they felt either unsafe or very unsafe within their community / neighbourhood due to others attitudes or their own personal anxieties / needs.</li> <li>• 40% (126 respondents) reported that they have experienced anti-social behaviour within the last two years.</li> <li>• 32% (103 respondents) said that it is hard/very hard for Autistic people to access social housing.</li> <li>• 41% (133 respondents) said that public transport is either not often / not at all accessible for Autistic people due to sensory experience or reliability.</li> </ul>		<p>through training, and guidance on accessible buildings and recruitment</p> <ul style="list-style-type: none"> <li>• Increase access to peer support groups for autistic people and their families</li> </ul>
--	--	--	--	---



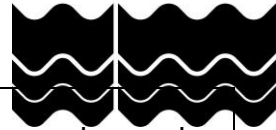
### Additional categories

(identified locally as potentially causing / worsening inequality)

Characteristic	What do you know <sup>23</sup> ?	What do people tell you <sup>24</sup> ?	What does this mean <sup>25</sup> ?	What can you do <sup>26</sup> ?
<b>Rurality<sup>27</sup></b>	74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).		Some individuals have difficulty accessing services to due rural location	Review current service provision in rural areas Work with VCSE and independent sector to identify opportunities for developing additional support services
<b>Carers</b>	There are over 10,000 persons claiming Carers Allowance in East Sussex. (Source DWP Feb 2020)  JSNA data: There are more carers in Eastbourne than the national average.	ESCC Autism consultation survey 2024: We had the most responses from parents and carers of an Autistic person, with that group accounting for 71% of the total. However, survey responses were in relation to the cared for person rather than their own needs as a carer	Ensure the voice of the carer is heard through the implementation of the action plan	Link with existing parent and carer groups including: <ul style="list-style-type: none"> <li>• East Sussex parent and carers forum</li> <li>• Care for the carers to continue to understand key priorities for carers and to promote carers support available.</li> </ul>
<b>Other groups that may be differently affected</b> (including but not only: homeless people, substance users, care leavers – see end note) <sup>28</sup>	East Sussex is the fifth most deprived of 26 County Councils. 13% of people aged 60 plus were living in poverty in 2019 (source Joint Strategic Needs Assessment). 10.3% of households were in fuel poverty in 2019 compared to 9.3 % in England.		Intersectionality is a significant consideration for the autism population.	Ensure that all literature is accessible and inclusive, and services & support are available in the most deprived areas of East Sussex



	<p>Sussex Integrated Dataset 2024: There is higher prevalence of autism in those living in deprivation. 20 per 1000 autistic individuals live in the most deprived quintile in East Sussex compared to 9.5 per 1000 individuals that live in the least deprived quintile.</p> <p>Criminal Justice Service – Individuals within the CJS have a higher diagnosis of ADHD and Autism than the general population. Lewes Prison has a special ND unit</p> <p>Sussex Integrated Dataset 2024: There is a much higher expected prevalence of autism in the Looked After Child (LAC) population.</p>			
--	---	--	--	--



**Assessment of overall impacts and any further recommendations<sup>29</sup>** - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)

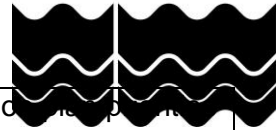
The research and consultation we have undertaken to inform the East Sussex Autism Action Plan has enabled us to identify clear priority actions to implement in the next 3 years. Alongside the consultation with autistic residents of East Sussex Adult Social Care has been working closely with the ESCC Education division, Employment and Skills Team, NHS Sussex Neurodevelopmental Pathway Programme and the Supported Employment Forum to ensure alignment with their priorities.



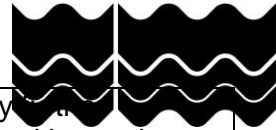


## 2. List detailed data and/or community feedback that informed your EqIA

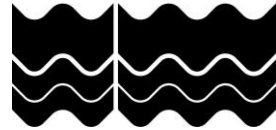
Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
<b>Public Health analysis 2024 – Methods of measuring the prevalence of Autism</b>	<b>2024</b>	Other neurodivergent conditions and their co-occurrence with autism	Current trainee Doctor on rotation in Public Health is undertaking further research and analysis to understand prevalence of other neurodivergent conditions. Due March 2025.
<b>Inclusion Advisory Group</b>	<b>23 April 2024</b>	Obtain feedback from LGBTQ groups such as Allsorts or Bourne Out Cafe  Obtain feedback from Young Healthwatch	Attempts were made to arrange a focus group with members of Allsorts but this was not achieved. Contact again when action plan has been agreed to try and get involvement in implementation.  Focus group was held with Young Healthwatch in May 2024
<b>East Sussex County Council Consultation survey</b>	<b>April-June 2024</b>	Feedback from the consultation informed the agenda and format for the Stakeholder workshops	Implementation of the action plan priorities
<b>East Sussex Focus Groups with Autistic people:</b> <ul style="list-style-type: none"> <li>• St Nicholas Day Service</li> <li>• Young Health Watch</li> <li>• Roebuck Centre</li> </ul>	<b>May-July 2024</b>	Feedback from the focus groups informed the agenda and format for the Stakeholder workshops	Implementation of the action plan priorities



<b>Stakeholder Workshops</b> <b>Employment</b> <b>Education</b> <b>Health &amp; Wellbeing (adults)</b> <b>Health &amp; Wellbeing (children &amp; young people)</b>	<b>September-October 2024</b>	<p>Unclear and difficult to access information regarding services</p> <p>Lack of reasonable adjustments</p> <p>Lack of knowledge and understanding of autism especially within health &amp; social care, employment, education and the community</p> <p>Lack of accessibility to employment opportunities</p> <p>Lack of peer support groups</p> <p>Lack of access to services</p>	<p>Implementation of the action plan</p>
<b>East Sussex Supported Employment Forum</b>	<b>17 September 2024</b>  <b>28 November 2024</b>	<p>Shared autism prevalence information and invited members to the stakeholder workshops</p> <p>Sought agreement of priority actions identified</p>	<p>Additional employment representation obtained at stakeholder workshops</p> <p>Support given to priority actions. Attendance at March 2025 meeting to take forward how some of the employment actions will be implemented.</p>
<b>East Sussex Mental Health Community Transformation Group</b>	<b>07 January 2025</b>	<p>Develop links with the new community mental health teams</p>	<p>Meeting to be arranged to discuss how priority actions can be aligned to emerging teams.</p> <p>Present autism action plan to the East Sussex Mental Health Lived Experience Advisory Group (LEAG) in March 2025</p>



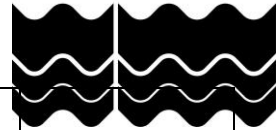
<b>Disability Rights Reference Group (DRRG)</b>	<b>17 January 2025</b>	<p>Feedback from the deaf autistic community</p> <p>Autism training and awareness of DWP staff</p>	<p>Liaise with Surdi to identify engagement opportunities with people who are deaf and autistic</p> <p>Ensure DWP staff are made aware of training opportunities</p>
---	------------------------	--	--



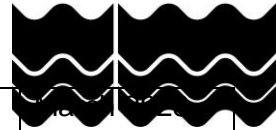
#### 4. Prioritised Action Plan<sup>30</sup>

NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.

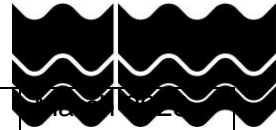
Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Age Disability Pregnancy and maternity Race Impacts on Community Cohesion	Ensure there is a range of ways to access information, not just through digital methods.	<ul style="list-style-type: none"> <li>Improved online information and documents about services and support for autistic people</li> <li>Pilot tailored face to face and telephone support for autistic people</li> <li>Information, both online and in hard copy, use accessible and neuro-inclusive language, and people will be able to request information in other formats.</li> </ul>	Autistic people are able to easily find out about inclusive social, wellbeing and leisure activities	April 2025 to March 2028
Age	Clearly state age range that services and resources are applicable to within signposting information	<ul style="list-style-type: none"> <li>Search engines enable filters on age</li> <li>Information leaflets clearly state referral criteria including age</li> </ul>	Autistic people are able to easily find out about inclusive social, wellbeing and leisure activities	March 2026
Disability	Work with NHS Sussex to promote accessible information and guidance on the neurodevelopmental diagnosis process and universal help available pre, during and post assessment, including crisis support	<ul style="list-style-type: none"> <li>Improved online information and documents about services and support for autistic people</li> <li>Work with NHS Sussex to promote changes to the Neurodevelopmental Pathway</li> <li>Work with VCSE and independent sector to identify opportunities for</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people understand what support is in place, pre and post diagnosis.</li> <li>Autistic people can access a timely assessment of their neurodevelopmental needs.</li> </ul>	March 2028



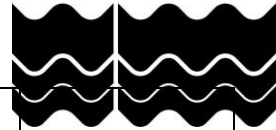
		developing additional support services, in particular crisis support.		
Disability	Involve autistic people in the design of Integrated Community Teams to ensure services are accessible	<ul style="list-style-type: none"> <li>Integrated Community Teams are developed to be accessible for autistic people</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people are able to access health care delivered by the right people at the right time</li> <li>Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	March 2026
Disability Pregnancy and maternity Sex Impacts on Community Cohesion	Increase education and improve the knowledge of autism of health, care and other professionals	<ul style="list-style-type: none"> <li>Promote autism awareness and training available to health, social care, DWP and council departments.</li> <li>Further understand gaps in training.</li> <li>Develop autism training champions across health, social care and VCSE organisations.</li> <li>Awareness training to include women/girls masking, and the impacts of key hormonal changes.</li> <li>Ensure training addresses intersectionality and additional barriers experienced.</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people are able to access health care delivered by the right people at the right time</li> <li>Health and care professionals have the knowledge and skills to successfully support autistic people</li> <li>Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	April 2025 to March 2028
Disability	Promote Autism health and care passports and alert cards	<ul style="list-style-type: none"> <li>Review existing passports and alert cards with autistic people to agree an East Sussex approach</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	March 2026



Disability Pregnancy and maternity	Promote healthcare Digital Flags for reasonable adjustments to autistic people and healthcare professionals	<ul style="list-style-type: none"> <li>Promote Digital flag already available on primary care system</li> <li>Explore with health and care partners the potential for digital flags on social care, community and acute systems</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	
Disability	Work with NHS Sussex to improve clinical environments, particularly diagnostic, to create more friendly and accessible spaces	Co-produce guidance documents with autistic people	<ul style="list-style-type: none"> <li>Autistic people are able to access health care delivered by the right people at the right time</li> <li>Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	March 2028
Disability	Work with NHS Sussex to implement autism annual health checks	Learn from Learning Disability annual health check roll out.	Improved health and wellbeing for autistic people	March 2028
Disability Age	Develop profiling tool for schools to use to understand individual needs and how those needs can be met.	Review of existing profiling tools elsewhere Co-produce, pilot and evaluate an East Sussex tool	Improved understanding of autistic peoples needs and reasonable adjustments required	March 2026
Disability Age	Ensure that appropriate education guidance, information and support is available to autistic children & Young People and their families	<ul style="list-style-type: none"> <li>Promote the support available (local offer) within the autistic community and parent/carers</li> <li>Use the Preparation for Adulthood framework to support schools to equip individuals with skills for adulthood</li> <li>Promote post 16 provision, particularly in areas of deprivation</li> </ul>	Autistic children and young people feel supported to develop and achieve their goals.	March 2026

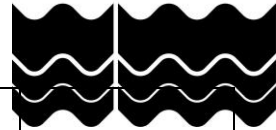


Disability Age	Promote Autism training to all school staff, including improving understanding of masking, mental health and how a child's environment impacts on their behaviour	<ul style="list-style-type: none"> <li>• Communication, Learning and Autism Support Service (CLASS) to further promote their existing training, which is based on Autism Education Trust (AET) training programme</li> <li>• Support delivered to schools through CLASS Core Offer</li> <li>• Engagement in Autism in Schools and PINS (Promoting the Inclusion of Neurodiversity in Schools) projects to further develop school practice.</li> </ul>	School and college staff have the knowledge and skills to successfully support autistic people	
Disability Age	Promote curriculums / sharing of information that are inclusive and adaptive to ensure: 'Every school/college sees itself as an education setting that meets the needs of autistic pupils.'	<p>Promotion to include:</p> <ul style="list-style-type: none"> <li>• Embedding the Universally Available Provision in schools</li> <li>• Incorporating neuro-affirmative approaches, such as role models</li> <li>• Individuals understanding themselves as well as the importance of others understanding autism</li> <li>• Share best practice between specialist and mainstream schools possibly through ideas such as dual placements</li> <li>• Information sharing to support individuals and the learning needs of Looked After Children</li> <li>• Learn from family support worker pilot to address parents' confidence to develop adjustments (Enhancing inclusive practice project)</li> </ul>	<p>Autistic children and young people are supported to develop and achieve their goals</p> <p>School and college staff have the knowledge and skills to successfully support autistic people</p>	March 2028

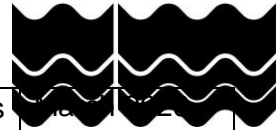


		<ul style="list-style-type: none"> <li>• Exploration of further use of alternative provision to support children, where appropriate</li> </ul>		
Disability Age	Increase understanding and support for autistic young people in secondary schools.	<ul style="list-style-type: none"> <li>• Use understanding gained from Autism in Schools project to develop the following in secondary schools: <ul style="list-style-type: none"> <li>○ Increased and improved communication between parents, children and secondary school staff</li> <li>○ Shared training and resources between parents and staff</li> <li>○ Promotion of social inclusion within schools (e.g. breaktime / lunchtime / clubs)</li> <li>○ Increased availability of self-advocacy in secondary schools</li> </ul> </li> <li>Increased knowledge/understanding of neurodiversity for other pupils (peer awareness)</li> </ul>	School and college staff have the knowledge and skills to successfully support autistic people	March 2028
Disability Age	Improve the experience of transitions (primary to secondary / secondary to college) for autistic children and young people	<ul style="list-style-type: none"> <li>• Improve partnership work between primary and secondary schools to support smooth transitions</li> <li>• Explore options to further develop enhanced transition support such as <ul style="list-style-type: none"> <li>○ Developing a Transition/Education Programme of engagement to support young people in the period between finishing GCSE's and starting college</li> </ul> </li> </ul>	<p>School and college staff have the knowledge and skills to successfully support autistic people</p> <p>Autistic children and young people are supported to develop and achieve their goals</p>	March 2028

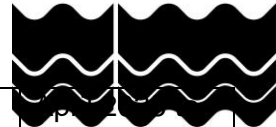




		<ul style="list-style-type: none"> <li>○ Working with the National Citizen Service (NCS) to develop and promote a summer transition programme</li> <li>• Feed through information from Education, Health and Care Plan reviews to post-16 to support strategic planning - individual and trends. Ensure EHCP reflects structure of post-16 life. e.g. independent travel, terminology</li> <li>• Align Moving On and other forms across early years and primary.</li> <li>• Establish a child's 'biography' to progress with child (Enhancing inclusive practice project)</li> <li>• Learn from the mental health support tool being trialled for primary/secondary school transition</li> </ul>		
Disability	Publish and promote a centralised directory of employment support services in East Sussex	<ul style="list-style-type: none"> <li>• Review existing information points</li> <li>• Promote information via a single access point</li> </ul>	Autistic people have access to clear information and advice about employment support available.	March 2026
Disability	Raise awareness and accessibility of resources to help employ more neurodivergent people	<ul style="list-style-type: none"> <li>• Review and update existing resources</li> <li>• Publish in a central information point and promote</li> </ul>	<ul style="list-style-type: none"> <li>• More autistic people are employed full or part time, including voluntary</li> <li>• Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	March 2026



Disability	Publish and promote guidance for making recruitment processes more accessible for neurodivergent people	<ul style="list-style-type: none"> <li>Review existing guidance and promote via a central information point</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people have access to clear information and advice about employment support available.</li> <li>Autistic people feel more able to get a job</li> </ul>	
Disability	Develop initial assessments for employment organisations to help to identify skills, suitable roles and reasonable adjustments	Review existing tools and promote via a central information point	<ul style="list-style-type: none"> <li>Autistic people feel more able to find and keep a job</li> <li>Autistic people feel empowered to ask for reasonable adjustments to support their needs</li> </ul>	March 2027
Disability Age	Develop a programme of work to support young people and their families to consider their future employment choices, through helping them to identify their strengths, challenges and learning styles, and develop practical skills such as CV writing and interview techniques.	Develop and implement training programme	Autistic children and young people feel positive about their future aspirations.	March 2027
Disability	Develop support services that can act as a brokerage/advocate for employed autistic people who may need support to navigate work environment.	<ul style="list-style-type: none"> <li>Review current provision</li> <li>Work with VCSE and independent sector to identify opportunities for developing additional support services</li> </ul>	<ul style="list-style-type: none"> <li>Autistic people have access to clear information and advice about employment support available.</li> <li>Autistic people feel more able to find and keep a job</li> </ul>	March 2027
Sex, Disability	Publish communication articles around links with physical health; masking and how this presents and intersecting articles e.g. domestic abuse	Public and professionals are more aware of autism and physical health links, and issues specific to autism and women, including masking and under-diagnosis and misdiagnosis	Autistic people feel empowered to ask for reasonable adjustments to support their needs	March 2026



Impacts on Community Cohesion	Promote examples of services that support autistic people well	Raise awareness of autism and the benefits autistic people bring to the community and workplace	Autistic people are able to access inclusive social, wellbeing and leisure activities Autistic people feel empowered to ask for reasonable adjustments to support their needs	March 2028
Impacts on Community Cohesion	Increase access to peer support groups for autistic people and their families	Review current provision Work with VCSE and independent sector to identify opportunities for developing additional support opportunities	Autistic people are able to access inclusive social, wellbeing and leisure activities	March 2028
Rurality	Ensure accessibility to services in rural areas	Review current service provision in rural areas Work with VCSE and independent sector to identify opportunities for developing additional support services	Autistic people are able to access inclusive social, wellbeing and leisure activities	March 2028
Carers	Link with existing parent and carer groups to continue to understand key priorities for carers and to promote carers support available	Link with <ul style="list-style-type: none"> <li>East Sussex parent and carers forum</li> <li>Care for the carers</li> </ul>	Carers feel supported in their role and know how they can access support for themselves	September 2025
Disability Sexual orientation Race	Engage with groups that research suggests are less likely to get the support they need	Identify further engagement opportunities to explore more widely autism and intersectionality	Individuals are informed of the support available to them and able to access care delivered by the right people at the right time.	September 2025

**EqlA sign-off:** (for the EqlA to be final an email must be sent from the relevant people agreeing it, or this section must be signed)

**Staff member completing Equality Impact Analysis: Sarah Crouch**

**Date: 24/02/25**

**Directorate Management Team rep or Head of Service: Sally Reed**

**Date: 26/02/25**

**Equality lead: Froot Radford**

**Date: 27/02/25**

## Guidance end-notes



<sup>1</sup> The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the Council must be aware of the Council's duties under the Equality Act 2010 and ensure they comply with them appropriately in their daily work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral, rigorous part of your decision-making process and influence the process.
- **Sufficient Information:** you must assess what information you have and what is further needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted services, which are provided on its behalf need also to comply with the same legal obligations under the Equality Act of 2010. You need, therefore, to ensure that the relevant contracts make these obligations clear to the supplier. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy or service is developed/agreed, and when it is implemented and reviewed.
- **Proper Record Keeping:** to prove that the Council has fulfilled its legal obligations under the Equality Act you must keep records of the process you follow and the impacts identified.

NB: Filling out this EqlA in itself does not meet the requirements of the Council's equality duty. All the requirements above must be fulfilled, or the EqlA (and any decision based on it) may be open to challenge. An EqlA therefore can provide evidence that the Council has taken practical steps comply with its equality duty and provide a record that to demonstrate that it has done so.

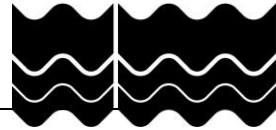
## <sup>2</sup> Our duties in the Equality Act 2010

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the actual and potential impact of our activities on people who share any of the legally 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on the nature of your project, who it might affect, those groups' vulnerability, and the seriousness of any potential impacts it might have. We use this EqlA template to gather information and assess the impact of our project in these areas.

**The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:**

- **avoid, reduce, minimise or eliminate any negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity.** This means the need to:



- Remove or minimise disadvantages suffered by equality groups
- Take steps to meet the needs of equality groups
- Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
- Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
  - Tackle prejudice
  - Promote understanding

<sup>3</sup> **EqIAs are always proportionate** to:

- The nature of the service, or scope of the policy/strategy
- The resources involved
- The number of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed service or policy on a protected group (e.g. disabled people), the more thorough and demanding our process must be so that we comply with the Equality Act of 2010.

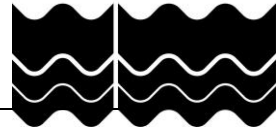
<sup>4</sup> **Title of EqIA:** This should clearly explain what service / policy / strategy / change you are assessing

<sup>5</sup> **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

<sup>6</sup> **Focus of EqIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Analysis (EqIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the service, policy, strategy, practice, or function?
- Who implements, carries out or delivers the service, policy, strategy, practice, or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?



- Who is affected by the service, policy, strategy, practice, or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes, or improvements, are required and what should the benefits be?
- What do existing or previous reviews of the service, policy, strategy, practice, or function indicate to you?
- What is the reason for the proposal, or change (financial, service scope, legal requirements, etc)? The Equality Act requires us to make these clear.

<sup>7</sup> **Previous actions:** If there is no previous EqIA, or this assessment is for a new service, then simply write 'not applicable'.

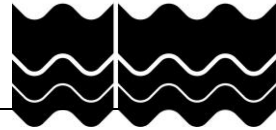
<sup>8</sup> **Data:** Make sure you have enough information to inform your EqIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?<sup>8</sup>
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups / communities?

<sup>9</sup> **Engagement:** You must engage appropriately with those likely to be affected to fulfil the Council's duties under the Equality Act.

- What do people tell you about the services, the policy or the strategy?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
  - (a) consult when proposals are still at a formative stage;
  - (b) explain what is proposed and why, to allow intelligent consideration and response;
  - (c) allow enough time for consultation;
  - (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all different perspectives can be captured and considered.
- Identify any gaps in who has been consulted and identify ways to address this.





<sup>10</sup> Your EqlA must get to grips fully and properly with actual and potential impacts.

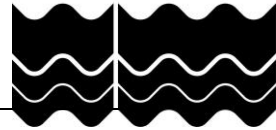
- The Council's obligations under the Equality Act of 2010 do not stop you taking decisions, or introducing well needed changes; however, they require that you take decisions and make changes conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
  - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
  - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
  - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
  - If there is negative differential impact, how can you minimise that while taking into account your overall aims
  - Do the effects amount to unlawful discrimination? If so, the plan must be modified.
  - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

<sup>11</sup> Consider all three aims of the Act: removing barriers, and also identifying positive actions to be taken.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to address the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EqlA which has attempted to airbrush the facts is an EqlA that is vulnerable to challenge.

<sup>12</sup> **Age:** People of all ages

<sup>13</sup> **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis. Carers of disabled people are protected within the Act by association.



<sup>14</sup> **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

<sup>15</sup> **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

<sup>16</sup> **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

<sup>17</sup> **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

<sup>18</sup> **Sex:** Both men and women are covered under the Act.

<sup>19</sup> **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

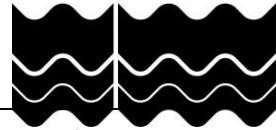
<sup>20</sup> **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

<sup>21</sup> **Armed Forces:** The Armed Forces Act 2021 aims to help prevent service personnel, veterans and their families being disadvantaged when accessing public services. The new duty applies to certain housing, education or healthcare functions, but it is good practice to ensure consideration of impacts on current or former members of the armed forces, as well as their families.

<sup>22</sup> **Community Cohesion:** potential impacts on how well people from different communities get on together. The council has a legal duty to foster good relations between groups of people who share different protected characteristics. Some actions or policies may have impacts – or perceived impacts – on how groups see one another or in terms of how the council's resources are seen to be allocated. There may also be opportunities to positively impact on good relations between groups.

<sup>23</sup> **Data:** Make sure you have enough information to inform your EqIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?<sup>23</sup>
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?



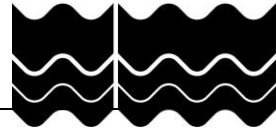
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?

<sup>24</sup> **Engagement:** You must engage appropriately with those likely to be affected to fulfil the Council's duties under the Equality Act .

- What do people tell you about the services, the policy or the strategy?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
  - (a) consult when proposals are still at a formative stage;
  - (b) explain what is proposed and why, to allow intelligent consideration and response;
  - (c) allow enough time for consultation;
  - (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all different perspectives can be captured and considered.
- Identify any gaps in who has been consulted and identify ways to address this.

<sup>25</sup> Your EqIA must get to grips fully and properly with actual and potential impacts.

- The Council's obligations under the Equality Act of 2010 do not stop you taking decisions, or introducing well needed changes; however, they require that take decisions and make changes conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
  - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
  - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
  - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
  - If there is negative differential impact, how can you minimise that while taking into account your overall aims
  - Do the effects amount to unlawful discrimination? If so the plan must be modified.
  - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?



<sup>26</sup> Consider all three aims of the Act: removing barriers, and also identifying positive actions to be taken.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to address the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EqlA which has attempted to airbrush the facts is an EqlA that is vulnerable to challenge.

<sup>27</sup> **Rurality:** deprivation is experienced differently between people living in rural and urban areas. In rural areas issues can include isolation, access to services (eg: GPs, pharmacies, libraries, schools), low income / part-time work, infrequent public transport, high transport costs, lack of affordable housing and higher fuel costs. Deprivation can also be more dispersed and less visible.

<sup>28</sup> **Other groups that may be differently affected:** this may vary by services, but examples include: homeless people, substance misusers, people experiencing domestic/sexual violence, looked after children or care leavers, current or former armed forces personnel (or their families), people on the Autistic spectrum etc.

<sup>29</sup> **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

<sup>30</sup> **Action Planning:** The Council's obligation under the Equality Act of 2010 is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.

## East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
<b>09 December 2025</b>	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report
	East Sussex Climate Change Health Impact assessment
	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
<b>10 March 2026</b>	East Sussex Health and Social Care Shared Delivery Plan (SDP) Programme - update report

This page is intentionally left blank