



LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS to be made by the Lead Member for Adult Social Care and Health,
Councillor Carl Maynard

MONDAY, 15 DECEMBER 2025 AT 2.00 PM

REMOTE MEETING VIA MICROSOFT TEAMS

AGENDA

1. Decisions made by the Lead Member on 28 November 2025 (*Pages 3 - 4*)
2. Disclosure of interests
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
3. Urgent items
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
4. East Sussex Housing Partnership Strategy (*Pages 5 - 110*)
Report by Director of Adult Social Care and Health
5. The future of the Circle Room Sexual Health Service (*Pages 111 - 170*)
Report by Director of Adult Social Care and Health
6. Any urgent items previously notified under agenda item 3

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5 December 2025

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LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 28 November 2025 at Remote Meeting via Microsoft Teams

Councillors Kathryn Field spoke on item 4 (see minute 11)

7. DECISIONS MADE BY THE LEAD MEMBER ON 4 JUNE 2025

7.1 The Lead Member approved as a correct record the minutes of the meeting held on 4 June 2025.

8. DISCLOSURE OF INTERESTS

8.1 There were none.

9. URGENT ITEMS

9.1 There were none.

10. REPORTS

10.1 Reports referred to in the minutes below are contained in the minute book.

11. PROPOSAL TO INTRODUCE NEW CHARGES FOR ADULTS WHO PAY THE FULL COST OF NON-RESIDENTIAL CARE ARRANGED ON THEIR BEHALF BY EAST SUSSEX COUNTY COUNCIL

11.1 The Lead Member considered a report by the Director of Adult Social Care and Health.

DECISIONS

11.2 The Lead Member RESOLVED to:

- 1) Note the outcome of the consultation, Equality Impact Assessment and feedback from staff engagement; and
- 2) Approve the implementation of proposed new charges for adults who pay the full cost of non-residential care arranged on their behalf by East Sussex County Council.

REASONS

11.3 The proposed charges offer an opportunity for East Sussex County Council to recover costs incurred from setting up non-residential care on behalf of adults who pay the full cost of their care. If applied as proposed, it is projected that they could recover up to £100,000 annually.

11.4 The Council has considered wider feedback to implement changes, such as adapting future communications and incorporating an exemption step within the planned process.

11.5 This will support cost recovery. The power to charge has a statutory basis and is line with the practice of many other local authorities, including other upper-tier authorities in Sussex. The Equality Impact Assessment has concluded that introducing the charges will not disproportionately affect any resident on the basis of their protected characteristics.

Report to: Lead Member for Adult Social Care and Health

Date of meeting: 15 December 2025

By: Director of Adult Social Care and Health

Title: East Sussex Housing Partnership Strategy

Purpose: To seek approval for the proposed East Sussex Housing Partnership Strategy 2025 to 2030 and to seek endorsement for the draft mobilisation plan for 2026 which sets out key areas of work to support the strategy priorities.

RECOMMENDATIONS

The Lead Member is recommended to:

- 1) Approve the East Sussex Housing Partnership Strategy 2025 to 2030 and;
 - 2) Endorse the outline draft mobilisation plan for the coming year, which the partnership will continue to update.
-

1. Background

1.1 East Sussex Housing Partnership is a multi-agency network, led by the five housing authorities. The partnership includes local housing providers, professional bodies from the housing sector and health, adult social care, children's services, criminal justice and the voluntary and community sector. This is the first time the housing partnership have developed a shared strategy, which recognises the importance of housing as a wider determinant of health and to reducing inequalities.

1.2 The aims of the partnership are to set a medium- and long-term vision for local housing services, support cross-sector collaboration and to support partners to make the best use of capacity and resources.

1.3 The partnership has been working to develop a strategy to guide their work over the coming years. The strategy will sit alongside and complement the individual strategies in each of the housing authorities.

1.4 The strategy builds on a strong history of partnership working locally. The strategy supports the priorities in the Council plan including keeping vulnerable people safe by continuing to develop local homelessness services and driving sustainable economic growth by working with partners to deliver the homes people need and make the best use of existing housing stock. Since the announcement of devolution and local government reorganisation the partnership are keen to maintain momentum to address local housing needs and ensuring the Councils retain capacity, resources and expertise in the sector and strengthen cross sector working during a time of change.

2. Supporting Information

2.1 The final strategy will be collectively owned by all members of the East Sussex Housing Partnership. The draft strategy has been co-produced with partners across the sector including:

- Producing an evidence base revisiting the data and themes from the earlier Annual Public Health Report 2019/20 – Health and Housing. The updated data has guided scoping

discussions and the priority setting process. The strategy also draws on findings from research in the sector, including a recent multiple compound needs assessment carried out by Public Health, an independent evaluation of the East Sussex Wellbeing and Employment Service and a baseline assessment of local needs for improving the energy performance of existing homes ('retrofit'). This research included significant engagement with people with lived experience of using services, which has supported the strategy development.

- Housing Partnership Board and Specialist Sub-Groups – the partnership has formed a series of specialist groups, to ensure the strategy reflects the sector as broadly as possible and to support closer management-level integration. In addition to working with the board to develop our strategic vision, the specialist groups have also developed key actions and deliverables within each priority area.
- Strategy Workshops – the partnership hosted a series of themed strategy development workshops to reflect on key findings from the evidence base, explore national and local examples of good practice and identify priorities for the strategy.
- Local Housing and Homelessness Strategies - a number of local housing authorities are reviewing their own housing and homelessness strategies. Housing partners have been working to ensure strong correlation between local strategies and the emerging partnership strategy.

3. Strategy Priorities

3.1 The draft East Sussex Housing Partnership Strategy includes the following priorities:

- Preventing Homelessness and Ending Rough Sleeping – identifying and supporting people at risk of homelessness as early as possible. Supporting people to keep their existing home whenever possible or find new accommodation as quickly as possible. Providing good quality, cost effective temporary accommodation.
- Working together to reduce health inequalities – ensuring housing is an enabler for people to live healthy, independent lives for as long as possible. Supporting collaboration across housing, health and care services, including supporting people living with multiple compound needs.
- Improving housing management and standards – to create a culture of ongoing improvement against the national consumer standards for social housing providers, including a strong voice for tenants.
- Deliver the homes we need – maximising supply of new housing to meet the needs in our area and making the best use of existing housing stock, including bringing long-term empty properties back into use. Working with local planning services to ensure new housing is an enabler for broader infrastructure improvements.
- Tackling climate change – to create a cross-sector strategic approach to upgrading homes to improve their energy performance and move to low-carbon heating systems. This will support partners to meet their carbon reduction targets. Maximising the energy performance of new homes.
- Private rented housing – working with landlords and tenants to implement new legislative changes for the private rented sector.

3.2 The strategy priorities are supported by the cross-cutting themes of collaboration, evidence-based decision making and workforce development.

3.3 The draft strategy is attached at Appendix 1 to this report.

4. Public Engagement

4.1 The draft partnership strategy was published for public engagement over the summer. Key themes from the feedback included:

- Significant support for increasing the supply of affordable housing, particularly 1 and 2 bed units. Greater transparency over how affordable housing is defined and ensuring affordable housing commitments are delivered.
- Concerns about the lack of infrastructure to support housing development, particularly in health, water, education and transport.
- Concerns about building on greenfield land and the impact on the local landscape and countryside.
- Strong support for efforts to bring empty properties back into use, including re-purposing vacant commercial buildings.
- Strong support for new developments including green spaces.
- Strong support for homelessness prevention, particularly ensuring people can keep their existing homes.
- Significant response highlighting the need for stronger links between homelessness, mental health and substance dependency services.
- Concerns about capacity within local authorities to deliver additional compliance and standards duties.
- Ensuring a consistent approach to standards across social and privately rented homes.
- Comments about housing pressures and links to wider government policy and immigration.

4.2 A full overview of the public engagement feedback is attached at Appendix 2.

5. Legal Requirements

5.1 There is no current legal duty for local authorities to develop an overarching housing strategy, however, this is good practice in terms of setting out priorities for local services. Under the Homelessness Act 2002, local housing authorities are required to develop Homelessness Strategies. Each local authority has a legal duty under the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area. This includes people experiencing homelessness or at risk of homelessness. The partnership strategy is intended to support all partners to meet their statutory duties for housing and homelessness and builds upon the work already underway to prevent homelessness and end rough sleeping.

5.2 There are a number of legislative changes which will affect the housing sector over the coming months, including the implementation of the Renters' Rights Act 2025 which has now received Royal Assent, Regulations implementing the Supported Housing (Regulatory Oversight) Act 2023 and a proposed reformed Decent Homes Standard. The partnership will support a collaborative approach to preparing for the new requirements.

6. Financial Implications

6.1 There are significant costs within the housing sector that pose a threat to the system as a whole, particularly the rising cost of temporary accommodation. The partnership will be seeking to maximise investment in activities to prevent homelessness, and new affordable housing to help manage demand for more costly services as well as seeking to reduce reliance on the costliest forms of temporary accommodation.

6.2 Local housing services are also heavily reliant on grant funding, much of which is short term. As part of the public sector spending review, the government confirmed that funding for homelessness prevention and services supporting rough sleepers would continue. The government also announced significant additional investment in housing delivery and improving the energy performance of housing. The partnership will seek to maximise grant funding opportunities and ensure that learning from grant-funded activity informs mainstream services delivery.

7. Delivering the Strategy

7.1 Once the strategy is adopted, the partnership will develop a mobilisation plan of key areas of work for the year ahead. The mobilisation plan will be supported by the specialist groups reporting to the housing partnership board. The specialist groups are themed around key areas of work, including Homelessness Health and Support, Development and Enablement, Housing Management and Standards, Sustainable Homes and Private Rented Homes. An initial draft mobilisation plan for year 1 of the strategy is attached at Appendix 3 of the report.

8. Conclusion and recommendations

8.1 The Lead Member for Adult Social Care and Health is recommended to approve the draft housing partnership strategy which will guide collaboration with housing partners over the coming years. The partnership strategy has been developed through a process of system-wide collaboration, identifying shared objectives and strategic outcomes that provides a long-term vision for the sector and its place in the wider system.

8.2 The strategy is designed to form the basis for future business cases across the system, to encourage greater levels of pooled resources, shared commissioning and improved service coordination between sectors. The housing partnership, and its strategy, is well placed to provide the infrastructure to continue to lead the development of the housing sector during devolution and local government reorganisation. The partnership will develop a mobilisation plan each year, setting out their key areas of work. A copy of the draft mobilisation plan for 2026 is included at appendix 3 of the report.

MARK STANTON

Director of Adult Social Care and Health

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LOCAL MEMBERS

All Members

APPENDICES

Appendix 1 – Draft East Sussex Housing Partnership Strategy

Appendix 2 – Summary Feedback from public engagement

Appendix 3 – Draft year 1 mobilisation plan

Appendix 4 – Equalities Impact Assessment



East Sussex Housing Partnership Strategy Draft

2025 - 2030

Eastbourne Borough Council, Hastings Borough Council, Lewes District Council, Rother District Council and Wealden District Council and East Sussex County Council



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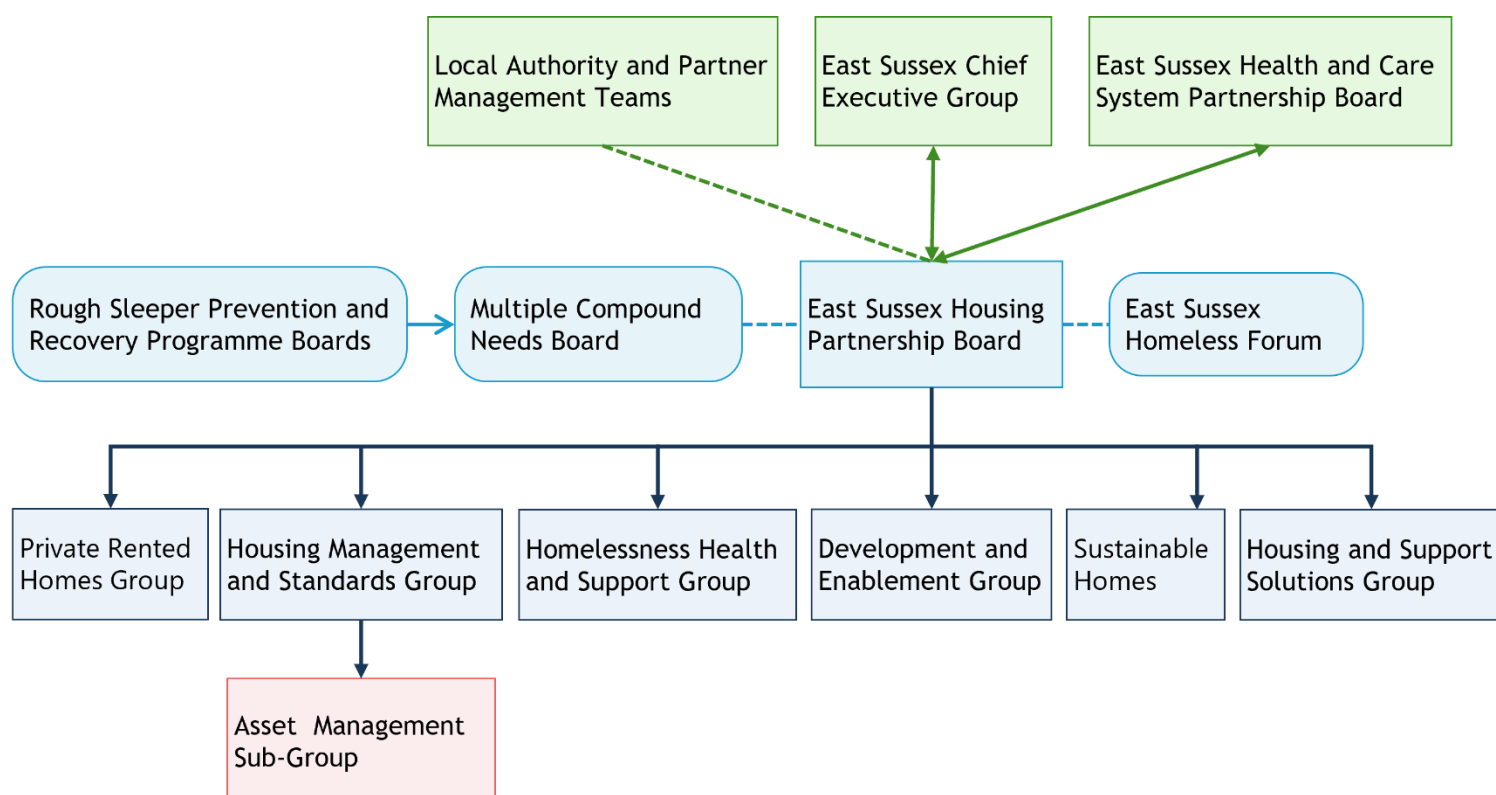
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What is the East Sussex Housing Partnership?

The East Sussex Housing Partnership is led by the 5 local housing authorities. The partnership includes housing providers, health and social care partners, voluntary and community sector organisations, probation and representatives from the Ministry for Housing, Communities and Local Government and Homes England. The partnership comprises a strategic board and a series of specialist groups, themed around different parts of the housing sector.

Partnership Network



Why do we need a Housing Partnership Strategy?

The reason we developed this strategy is to:

- Complement individual housing strategies in each of the district and boroughs.
- Set out a clear plan for housing in East Sussex for the next five years.

- Continue strengthening cross sector collaboration during devolution and local government re-organisation.
- Help different organisations work together on shared goals and challenges.
- Be a collective voice for housing needs in East Sussex at local and national levels.
- Support joint projects and funding bids.
- Make the best use of skills and resources and developing capacity in the housing workforce.
- Make sure short-term projects fit into a bigger, long-term vision.
- Ensure new legislation and policy is followed consistently.

Our Vision

Healthy, safe and affordable homes for all. With a priority on accelerating housing delivery and associated infrastructure, to help prevent homelessness and end rough sleeping.

For the partnership to drive innovation, through strong links to our communities, enabling partners to achieve more than they could alone.

Housing in East Sussex

Housing Needs



3,187

homelessness presentations last year



55%

rate of successful homelessness preventions



99

people rough sleeping



1,137

social housing lets last year



6,476

people waiting for social housing



1,277

households in temporary accommodation



1,400

children living in temporary accommodation



£15,400,000

spent on temporary accommodation in 2024/25, an increase of

£1,000,000

from the previous year



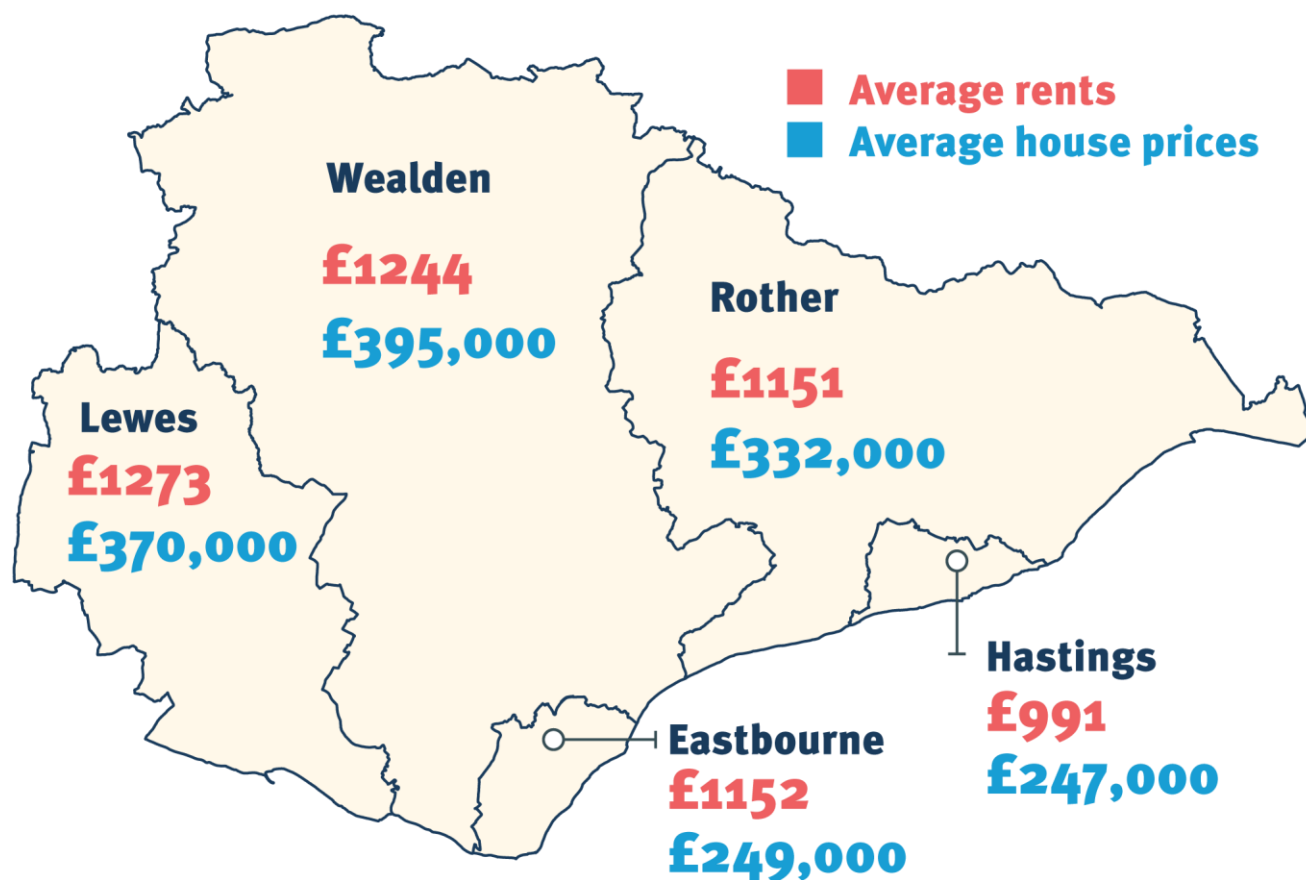
1,360

people living with multiple compound needs in 2022/23.

1095

people had a housing need.

Housing rental and cost for each area:



Housing Supply



9,131

net new homes delivered
over the last 5 years



2,477

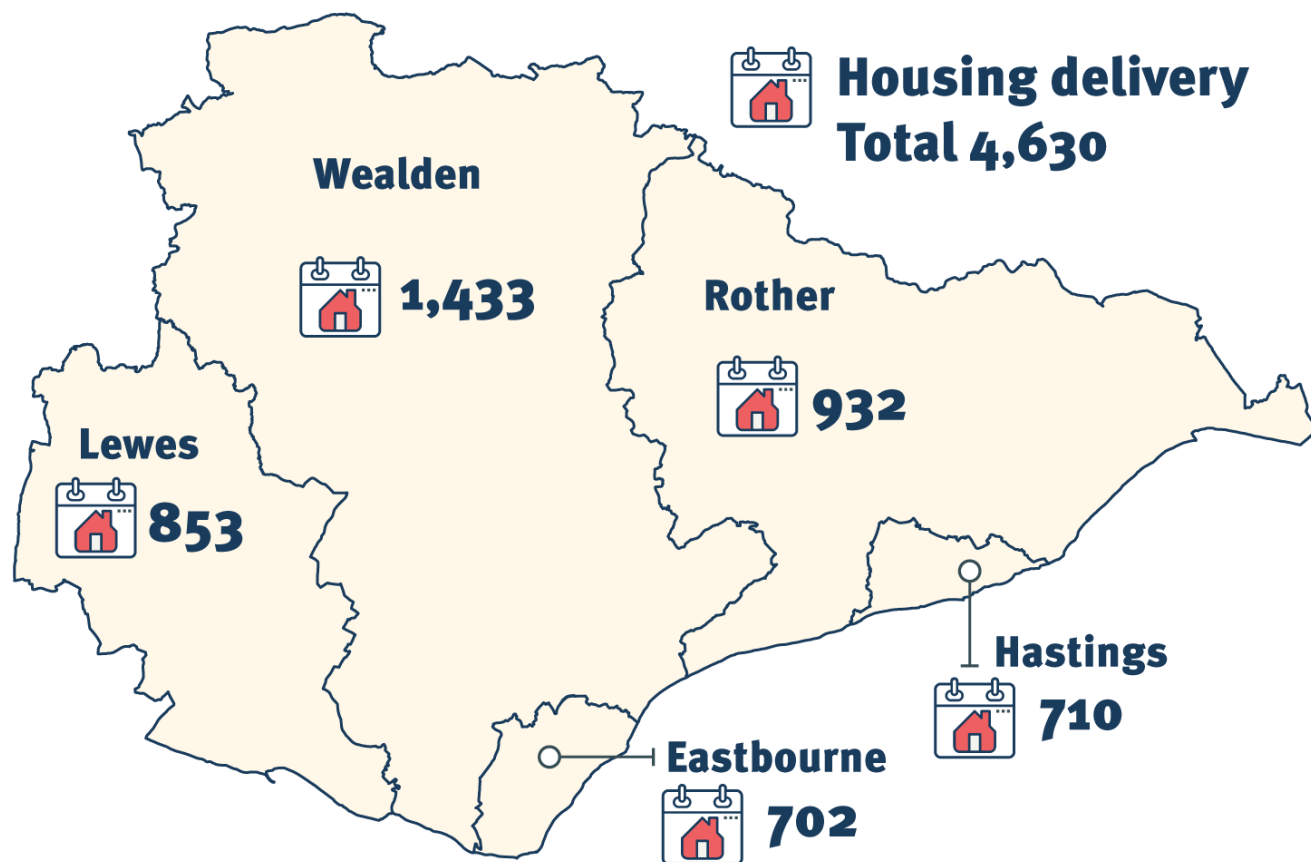
long term empty homes



18%

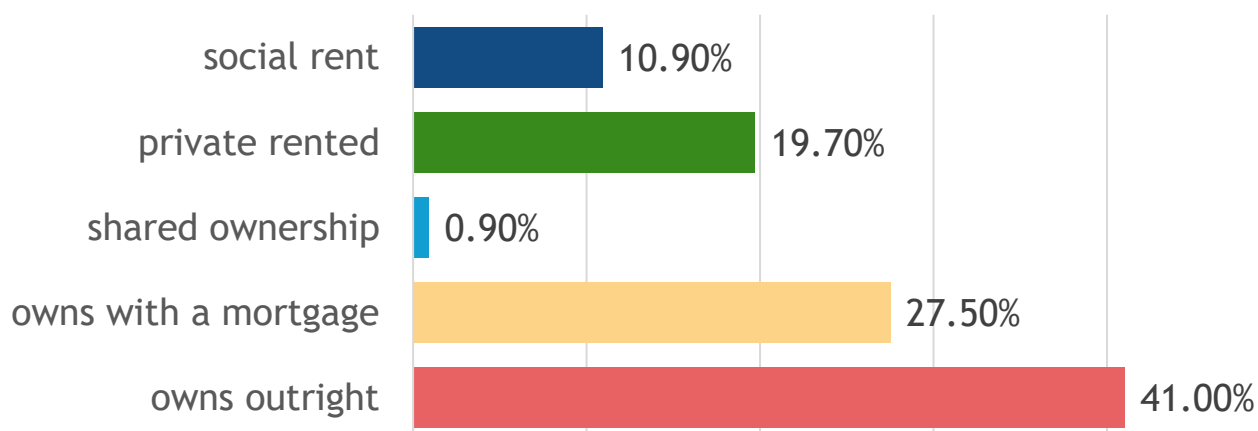
increase in the housing
delivery target for
East Sussex

Housing delivery target for each area:

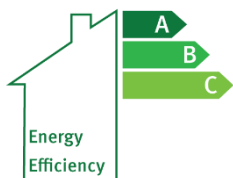


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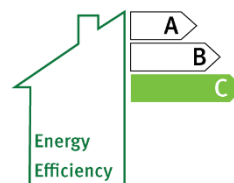
Tenure mix:



Housing Retrofit



31% of properties with
A-C rating, compared to
47% nationally



£1,350,950,000

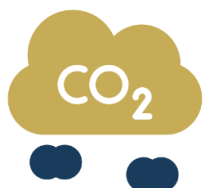
Investment required to bring
homes to C rating



Under **3,000** heat pumps
installed



79.9% of homes currently
have mains gas heating



1,077,378

CO2 emissions



£12,000,000

secured by East Sussex authorities
since 2020



1,357.3 tradespeople required per year until 2050

Developing the Strategy

This strategy is collectively owned by all members of the East Sussex Housing Partnership. The strategy has been co-produced with partners including:

- Producing an evidence base using data and information provided by housing and homelessness service providers, alongside the data and themes from the earlier [Annual Public Health Report 2019/20 - Health and Housing](#). The updated data has guided scoping discussions and the priority setting process.

We have also used independent research including the evaluation of the East Sussex Wellbeing and Employment Service and multiple compound needs assessment carried out by Public Health. This research provided an opportunity to get feedback from people using and delivering services. We will use the evidence base to measure our progress and find the things we need to improve. We will also make sure the experience of people using services shapes how they are designed in the future.

- **Housing Partnership Board and Specialist Groups**, the partnership has formed a series of specialist groups bringing people with different knowledge and experience together. The specialist groups are Homelessness, Health and Support, Development and Enablement, Sustainable Homes, Housing Management and Standards and Private Rented Homes. The specialist groups have developed key actions and deliverables within each priority area. The specialist groups will be responsible for leading the implementation of their priority area.
- **Strategy Workshops**, a series of strategy development workshops have been held to share findings from the evidence base and explore national examples of good practice. Key topics included integrating housing and health services, improving housing standards and increasing the supply of affordable housing.
- We have been working with a wider network of stakeholders within housing and partner sectors, including:
 - East Sussex Chief Executives Group (including the local authorities, fire and rescue service, health partners and local colleges)
 - Local management teams
 - Developers Sussex
 - East Sussex Homelessness Forum
 - Temporary Accommodation Action Group
 - SPACES Programme Board
 - Local Plan Managers Group
 - East Sussex Energy Partnership
 - Partnership Plus
 - East Sussex Health and Care System Partnership Board

- Sussex Health and Care Mental Health and Housing Programme
- Multi-Agency Financial Inclusion Steering Group.

What did we hear as part of the public engagement?

- People want more affordable homes to rent and buy, especially smaller homes with 1 or 2 bedrooms. They want to know what 'affordable' really means and want to make sure these homes actually get built.
- People are worried there are not enough schools, doctors, roads and water to support new homes.
- People are worried about building on fields and green spaces. They want to protect the countryside.
- People think it's a good idea to use empty homes and shops again instead of letting them stay empty.
- People want new housing areas to have parks and green spaces.
- People think it's important to help people keep their homes, so they don't become homeless.
- Many people said homeless people need better help with mental health problems and drug or alcohol problems.
- People are worried councils won't have enough staff to check that all rented homes are safe and well looked after.
- People want all rented homes to be checked in the same way, whether they're rented from the council or a private landlord.

How we used this feedback:

We're pleased that most of the things people told us are important match what our plan already focuses on.

People told us that homeless people need help with mental health and drug or alcohol problems. We're working on this through other projects. Different services are now working together to give better support to people who need it.

However, we can't do everything people asked for. For example, we need to build some new homes on green spaces to meet our housing targets. We will use empty buildings and brownfield land where we can, but this won't be enough on its own. We will work with planning services and take measures to protect the countryside as much as possible when building on green spaces.

Strategic Themes

The following themes crosscut all our priorities:



Collaboration:

Cross-sector working to achieve shared priorities is key to all aspects of our work.



Regionally:

Several key partners including health and mental health, criminal justice and domestic abuse services operate on a regional basis. The aim of the partnership is to be a strong voice for the needs and opportunities in East Sussex.

We will also share our learning and good practice, including joint lobbying on shared challenges. The partnership works collaboratively with housing partnerships in West Sussex, Kent and Essex.



County-wide:

We want to build on our strong history of working together across East Sussex. Some of the projects we already deliver together are the East Sussex Rough Sleeper Prevention and Recovery Programme and our work to end fuel poverty. A range of county-wide groups have supported the creation of the strategy, including Developers East Sussex, East Sussex Homelessness Forum, Temporary Accommodation Action Group, SPACES Programme Board, Local Plan Managers Group, East Sussex Energy Partnership, Partnership Plus, East Sussex Health and Care System Partnership Board, Safer East Sussex Partnership and Multi-Agency Financial Inclusion Steering Group.



Place-based:

We want to complement the local strategies in each of the 5 district and borough authorities and support local partners to deliver their priorities. We are working with local stakeholders to highlight local needs. Some of the new ways of working in health services, including Integrated Community Teams and Mental Health Neighbourhood Teams follow district and borough authority footprints, which will make it easier to include direct links to housing services.



Evidence Based Decision Making:

We will use data and intelligence to measure progress and guide our work. Each of the specialist groups within the partnership will be responsible for monitoring key indicators for their part of the sector.

There are gaps in lived experience involvement across the local housing sector. We are working on new ways to involve people with lived experience of housing and homelessness services, ensuring that their insights are valued equally alongside quantitative data.



Workforce:

Building capacity within the local workforce is key to delivering our priorities. Housing faces significant challenges in terms of recruitment and retention of staff. The partnership will develop a strengths-based workforce plan which will include:

- Housing Management - aligning preparations for the new Conduct and Competency Standard which will be introduced in October 2026 and monitored by the Regulator of Social Housing, including providing workforce training and development opportunities across partner housing providers. Ensuring that learning from tenant complaints and feedback is used to identify training needs. Sharing learning and practice from inspections by the Regulator of Social Housing.
- Development and Supply - addressing skills shortages, including maximising take-up of apprenticeships, which can support local authorities and housing providers to increase the supply of accommodation.
- Elected members - ensuring that housing is part of the core training and induction offer for elected members, ensuring buy-in for the partnership strategy priorities.

Devolution & Local Government reorganisation

In December 2024, the government published the English Devolution White Paper, setting out its approach to devolution and local government reorganisation.

The partnership is keen to provide consistency during the devolution and re-organisation process, recognising the strength of our existing partnership work and continuing to strengthen cross sector collaboration.

The partnership is also keen that the vision and priorities which stakeholders have developed through the strategy development process shape how housing services will be structured and delivered in the future.

[Further information about devolution and local government re-organisation.](#)

Preventing Homelessness and Ending Rough Sleeping

Lead Specialist Group: Homelessness, Health and Support Group

Our aims

- Preventing homelessness is a priority across all services. Prevention gets the best outcomes for individuals and helps us make the best use of resources.
- We identify people at risk of homelessness early. We provide holistic support which reduces the risk of people becoming homeless again in the future.
- We work collaboratively and have a community-centred approach.
- We provide good quality, cost-effective temporary accommodation.
- We work to end rough sleeping.
- Needs within our homelessness services inform new developments of housing and accommodation.

Why is this a priority?

The number of people affected by homelessness in East Sussex is high and continues to rise. Some areas of the county report rates of homelessness twice that of the England average. Homelessness affects every aspect of someone's life, from their health and wellbeing to accessing education and employment.

The number of people living in temporary accommodation has reached un-precedented levels. There are currently over 1,200 households and 1,400 children living in temporary accommodation. The local housing authorities spent over £15,000,000 on temporary accommodation in 2024/25. This had increased by £1,000,000 from the previous year.

Identifying people at risk of homelessness early increases the options to support them. We will provide a holistic approach to support which includes links to wellbeing, employment and training.

The East Sussex Housing Authorities have also worked in partnership to deliver support for refugees and immigrants, including the Homes for Ukraine Programme. We will continue to

provide support to people for migrant communities to integrate into the local community and access essential services.

Our aim is to end rough sleeping in East Sussex. People who sleep rough are at the highest risk of harm and have much shorter life expectancy. People who are forced to rough sleep often require support from a range of services, alongside housing. We want to build on our work with health, mental health, social care and substance dependency services to make sure we offer the right support for each person. We want to increase the range of temporary and long-term accommodation options for rough sleepers.

Case Study from East Sussex Rough Sleeper Prevention and Recovery Programme

The Rough Sleeper Prevention and Recovery Programme has been leading our work to end rough sleeping since 2018. The programme has around 300 people on its caseload at any time.

The programme is delivered in partnership by the 5 housing authorities, led by Hastings Borough Council. Through the programme we have expanded our outreach support and the range of temporary accommodation options, to help people who are forced to rough sleep to leave the streets as quickly as possible. There is also a dedicated team of health, mental health, adult social care and substance dependency services working together to reduce the risk of someone returning to rough sleeping. The programme has also increased the range of longer-term accommodation options, including new Housing First units for people who need ongoing support.

Case Study from Eastbourne Borough Council - East Sussex Wellbeing and Employment Service

The East Sussex Wellbeing and Employment Service is led by Eastbourne Borough Council, working in partnership with Public Health. The team provide holistic support to people at risk of homelessness and living in temporary accommodation. In 2025, the project won the Homeless Link Excellent Support Award. Below is the story of someone who recently used the service:



The process of moving in was very difficult for me, mentally and physically, at the age of 66, as a physically disabled person. I faced many challenges when I moved into Temporary

Accommodation. My Wellbeing Coordinator supported me for months. We spoke on the phone every week.

I had many problems in temporary accommodation which had a negative impact on me. I felt depressed, I felt like I couldn't get out of so much anxiety. My Wellbeing Co-Ordinator listened patiently and encouraged me to assess where I had come from and focus on what I wanted to achieve. She is a dedicated Wellbeing Co-Ordinator who had a positive impact on me. The results and the change are measurable.

I feel much better, more confident and calmer. I can see my goal. I would like to thank her for being with me during the hardest time.

Key Areas of Work

Early identification of people at risk of homelessness

- Create a Duty to Prevent Homelessness protocol with partners, based on the Duty to Refer
- Develop a new Care Leavers Protocol
- Expand co-location and joint working opportunities. Providing opportunities for partners to work in local housing hubs. Ensure housing is part of family hubs, integrated community teams and community organisations.
- We will lobby locally, and especially as we enter Local Government Reorganisation for sufficient funding for support services. We will use the qualitative and quantitative data and insight we have to make the case for investment through best use of resources and impact on individuals.
- Continue to support the East Sussex Homelessness Forum, to develop a community centred approach and strengthen collaboration with voluntary and community sector organisations.
- Design a range of opportunities for ongoing lived experience involvement to shape the design of homelessness services.
- Developing a new homelessness prevention programme for schools.

Support for people to keep their existing home or find new accommodation

- Expand outreach and home-visiting roles for people at risk of homelessness
- Strengthen links to specialist welfare and debt advice services

- Co-produce the new combined crisis fund (which combines Discretionary Housing Payments (DHP) and the Household Support Fund (HSF) with partners to ensure the fund actively prevents and ends homelessness.

Supporting people living in temporary accommodation

- Holistic support services including floating support, wellbeing and links to employment support and training
- Financial incentives to support people to secure new accommodation

Ending Rough Sleeping

- Work with partners to develop outreach and engagement services through the Rough Sleeper Prevention and Recovery Programme, including opportunities for peer involvement.
- Increase the range of temporary and off the street accommodation options for people who are rough sleeping.
- Support the expansion of the [Housing First](#) service and ensure it has fidelity to the model, with the team supporting a low number of residents and giving those residents true flexibility and control.
- Continue to strengthen involvement of health, mental health and substance dependency services in the Rough Sleeper Prevention and Recovery Programme (RSPaR) as part of our work to support people with multiple compound needs.

Good quality, cost effective temporary accommodation

- Develop a shared East Sussex Temporary Accommodation Policy
- Increase capacity for proactive inspections of temporary accommodation.
- Develop a shared approach to procuring temporary accommodation.
- We will lobby for the temporary accommodation subsidy system to reflect the current costs of securing good quality temporary accommodation. This will help us to maximise investment in prevention services.

How will we monitor progress?

- Successful homelessness preventions, as a proportion of homelessness presentations
- Number of individuals engaged in wellbeing, employability and training support
- Number of referrals from partner agencies increase under the Duty to Refer.

- Spend on nightly paid temporary accommodation, compared to other solutions
- Number of proactive inspections of temporary accommodation completed

Working together to reduce health inequalities

Lead Specialist Groups: Homelessness, Health and Support Group and Multiple Compound Needs Board

Our aims

- To reduce health inequalities linked to housing.
- Housing is an enabler for people to live healthy, independent lives for as long as possible.
- Collaborate across housing, health, mental health and care services, including developing new community-based models.
- To build a multi-disciplinary approach to supporting people with multiple compound needs.

Why is this a priority?

Good housing is essential for people to live a healthy life. We want to make sure we have the right housing for people to live healthy, independent lives for as long as possible.

We need to build more affordable houses, so people can have a stable, secure home. Housing, health and care services also need to work together to reduce health inequalities and ensure we use our resources to support those most in need.

East Sussex has an aging population. 84% of total population growth will be amongst people aged 64 and over. The number of people aged 64 and over living in East Sussex will increase to 194,268 by 2034. We want housing that maximises independence and helps keep people safe as they get older. We will work with adult social care to identify housing needs as part of a review of older people's services, which will include residential and nursing care, home care, extra care and day services. We will also build on feedback from the public engagement about the need to increase the range of accessible, adaptable housing options and the use of Disabled Facilities Grants.

People who live with three or more needs including: homelessness, mental health needs, substance use, current or past offending and domestic abuse are described as having multiple compound needs (MCN). Our aim is to jointly develop and deliver wraparound services for people with multiple compound needs building on the Changing Futures and Rough Sleeper Prevention and Recovery Programme.

We will continue to work with specialist domestic abuse services to improve pathways to housing services and increase the range of specialist accommodation and refuge provision.

A shortage of housing and accommodation is also creating delays discharging people from hospital, particularly for people who require accessible or adapted accommodation.

Feedback from the Multiple Compound Needs Assessment

“Experience makes all that difference. Lived experience. We pay more attention to someone with past experiences than someone who’s just done a few courses online”
(Focus group with people with lived experience, paraphrased)

It's like I was continuously silenced and continuously just not listened to, not believed that that was a huge thing for me when all I did was tell the truth and it just. I just felt like there wasn't a justice system, that it was just they... they didn't like what I was saying.”
(Focus group with people with lived experience, paraphrased).

Case Study from Lewes District Council

In December 2022, works started on site to redevelop a garage site in Ringmer into a 5-bedroom bungalow designed to meet the specific needs of a Lewes district family with physical disabilities. The project had very specific outputs given the circumstances.

The development, funded by Homes England and Disabled Facilities Grant, included three bedrooms that exceeded Building Regulation approved wheelchair user dwelling size, all with accessible wet rooms and bathrooms. The other two bedrooms and kitchen were set out in accordance with adaptable standards as these provided facilities for visiting carers and those with less complex physical needs.

Extensive work between Lewes District Council and East Sussex County Council Adult Social Care was carried out to ensure the family could be housed in a property where they could each receive their specialist care - if we were unable to find / build a suitable property,

the family would have been split up and cared for separately. Not only did the partnership between East Sussex County Council and Lewes District Council mean that a family could stay together, but it also demonstrated cost savings; the cost of splitting the family up to ensure they received their specialist care in the right space would have cost the NHS and Adult Social Care a significant amount.

During the design stages of the project, the team worked collaboratively with Occupational Therapist (OT) to ensure the layout and design of the property met the needs of the occupants. Specifically, they reviewed floorplans and provided detailed input on ceiling track hoists, socket and switch positions, shower heights, as well as the positioning of beds, TVs, grab rails and other fixtures within the property. This early engagement with OT ensured the design truly supported the needs of each family member and avoided costly design changes later in the process.

The completed home also incorporates several sustainability features including mechanical ventilation with heat recovery, PV solar panels, and sun pipes to maximise natural light and reduce reliance on artificial lighting.

The development achieved practical completion in March 2024 with the family moving in shortly after.

Key areas of work

Hospital Discharge

- Develop a new hospital discharge protocol for people in housing need with partners in health and care
- Continue partnership working across housing and occupational therapy. Support access to Disabled Facilities Grants for home adaptations.
- Develop preventative approaches, to reduce admissions from those already homeless or insecurely housed.

Multiple Compound Needs

- Implement the recommendations from the multiple compound needs assessment.
- Prioritise settled and stable housing, with appropriate support as needed. Expand existing Housing First models for people with ongoing health and mental health needs.
- Develop a Team Around the Person with Lead Professional approach. Expand trauma informed practice.

- Develop multi-disciplinary, outreach-based services.
- Improve data sharing and risk management arrangements between services.
- Expanding training for practitioners in supporting people with neurodiversity.

Community Based Models in Health and Care

- Ensure housing and homelessness prevention are part of the core offer for Integrated Community Teams and Mental Health Neighbourhood Teams. Use the housing partnership network to share learning and good practice across the teams.
- Tailoring access to services for vulnerable groups, including people living in temporary accommodation and migrant communities.

Cross-sector Working

- Develop a new Supported Housing Strategy for East Sussex, working with partners to identify gaps in provision.
- Lead the implementation of the housing priorities within the Sussex Health and Care Shared Delivery Plan, Adult Social Care Strategy and Adult Social Care Prevention Strategy.
- Work with specialist domestic abuse services to increase the range of accommodation options and improve the pathways for people fleeing domestic abuse.
- Work with adult social care during 2026/27 to identify housing actions as part of a broader review of services for older people.
- Working with Public Health to develop age friendly communities.
- Ensuring learning from serious case reviews through the Safeguarding Adults Board informs service development within the housing services.
- Embed learning from the pan-Sussex Changing Futures Programme and Rough Sleeper Prevention and Recovery Programme.
- Support joint research to better understand the needs of older people in the Private Rented Sector, working with colleagues in Housing Benefit and Council Tax services, Adult Social Care and the Voluntary Sector to identify the level of need. We will use this better understanding of need to better target tenancy support services, the allocation of older persons accommodation and Disabled Facilities Grants.
- Continue to support the Sussex Health and Care Mental Health and Housing Programme, including expanding the supported tenancies scheme to East Sussex.

How will we monitor progress?

- Number of people rough sleeping.
- Annual baseline assessment against the NICE standard for integration of health and social care for people experiencing homelessness.
- Regular monitoring of delays to hospital discharge linked to housing and housing outcomes for people referred from health settings.
- Regular monitoring of admissions to hospital for people who are homeless or insecurely housed.
- Percentage of people with multiple compound needs achieving positive outcomes across at least 3 domains (housing, health, criminal justice, substance use) at 12 months

Improving Housing Management and Standards

Lead Specialist Group: Housing Management and Standards Group

Our aims

- To create a culture of ongoing improvement against the national consumer standards.
- To create a partnership approach to the new legislation and policy, including the reformed decent homes standard, electrical safety and energy performance requirements.
- For our work to be guided by the voice and experience of people living in our homes.
- Develop our workforce to meet the new competency and conduct standards.
- To share learning and good practice from regulatory judgements.
- To make the best use of resources, including jointly commissioning services to meet shared needs.

Why is this a priority?

Our work is guided by the Consumer Standards for social housing providers:

- Safety and Quality Standard (stock quality, decency, health and safety, repairs, maintenance and planned improvements and adaptations).

- Transparency, Influence and Accountability Standard (fairness and respect, diverse needs, engagement with tenants, information about landlord services, performance information, complaints).
- Neighbourhood and Community Standard (safety of shared spaces, local co-operation, anti-social behaviour and hate incidents, domestic abuse).
- Tenancy Standard (allocations and lettings, tenancy sustainment and evictions, tenure, mutual exchange).

The government has published a policy paper, setting out its priorities for a decade of renewal for social housing. The paper set out plans for investment in delivery of social housing and ongoing regulator arrangements. This was followed by a proposed reformed decent homes standard, which will apply to both social and privately rented homes.

Case Study - Lewes District Council and Eastbourne Borough Council - Regulatory Inspection

The Regulator of Social Housing is responsible for assessing how well social housing providers are delivering the outcomes of the consumer standards. The Regulator of Social Housing carries out on-site inspections and issues judgements based on their findings. The best grading is C1, which means the landlord is delivering the outcomes of the consumer standards and the worst is C4, which indicates there are very serious failings.

Eastbourne Borough Council and Lewes District Council were the first local authorities in East Sussex to be inspected under the new arrangements. In October 2025, the councils received a C2 judgement, which places them in the top third of all local authorities in England. During the inspection, the regulator noted several examples of good practice, including:

- Commitment to treating tenants with fairness and respect and a positive culture towards tenants.
- Evidence that tenant's views have positively impacted service delivery in a number of areas, including the council's approach to dealing with damp and mould.
- Assurance that the council has up to date, accurate information about 83% of its homes, with plans to survey all homes by March 2026.
- Assurance that the council is meeting its obligations in relation to landlord health and safety compliance.
- Repairs generally delivered in a timely way for tenants.

- Partnership working to deter and tackle anti-social behaviour and hate crimes.
- Clear tenancy policy, including a recent review of tenancy agreements and a proactive programme of tenancy audits.

Since the inspection, the councils have agreed an improvement plan with the regulator which is taking steps to strengthen the strategic oversight and reporting of health and safety compliance remedial actions, address overdue repairs, enhance the information the councils hold about the characteristics and diversity of tenants, and embed recommendations from an earlier review of the complaints handling policy.

The partnership will continue to support the councils to implement the improvement plan and share learning and practice from regulatory judgements.

Key areas of work

Delivering the Consumer Standards for Social Housing

- Sharing learning and good practice from recent regulatory judgements through the partnership network.
- Developing an annual partnership implementation plan for each consumer standard.
- Create a partnership approach to validating stock condition information.
- To lead a partnership approach to prepare for the reformed decent homes standard, electrical safety and energy efficiency requirements.

Tenant Voice

- Embedding and reviewing the tenant voice charter.
- Sharing tenant satisfaction measures and trends in customer complaints.
- Supporting partners to meet the requirements of the Housing Ombudsman Complaint Handling Code.
- Ensuring lived experience involvement in homelessness services helps to shape pathways to accommodation.
- Monitoring the impact of changes to service delivery on tenant satisfaction.

Workforce Development

- A partnership approach to meeting the new competency and conduct requirements. Carry out a strengths-based training needs assessment to support providers meet the requirements for the development of the housing workforce, including maximising opportunities through skills bootcamps and apprenticeships.
- Enable providers to benefit from economies of scale through joint training schemes.

Driving Ongoing Improvements

- Collaboration with the Safer East Sussex Team to address anti-social behaviour and promote community cohesion.
- Support collaboration with East Sussex Fire and Rescue Service to meet new fire safety regulations and recommendations from the Grenfell Enquiry.
- Support the development of local Charters between local authorities, housing providers and tenants.
- Working with health and social care partners to develop a partnership approach to hoarding.
- Promoting a consistent approach to standards across social and privately rented homes.

How will we monitor progress?

- Progress against the annual partnership implementation plan for the consumer standards
- Trends in tenant satisfaction and customer complaints
- Take up of training offer and number of staff meeting the professionalisation requirements

Deliver the Homes We Need

Lead Specialist Group: Development and Enablement Group

Our aims

- Deliver our annual housing target of 4,630 new homes across East Sussex.
- Deliver as much new affordable housing as possible, particularly homes at affordable rent and social rent.
- Deliver the aims of a decade of renewal for social and affordable housing, making the most of opportunities through the new Social and Affordable Homes Programme (SAHP) and other grant funding opportunities.
- Co-ordinate a thriving and diverse local development market. Support a strong voice for our communities within the development process and make sure that new housing is matched to the needs in our area.
- Collaborate with planning services to ensure new housing is an enabler for infrastructure improvements.
- To work with regional networks including Developers Sussex and the South East Housing and Development Group to make the most of collaboration across local authority housing teams, planning services, registered providers, community led housing providers and developers.
- Community led housing is recognised and promoted to meet local needs, build community capacity and foster community cohesion.
- To make the best use of existing housing stock and public sector assets.
- To enable regeneration and growth, by providing better housing and employment opportunities in construction.
- Work with regional and national planning colleagues to ensure that the National Planning Policy Framework is continuously improved to support the sector to deliver more housing and affordable housing.

Why is this a priority?

We cannot meet our housing needs or improve our infrastructure unless we build more homes. We have a new target to deliver 4,630 new homes across East Sussex each year (our target has increased by 18%). We want to deliver as much affordable housing as we can, particularly:

- Social Rent - usually owned and managed by councils or housing associations. Rents are set using a national formula and are typically around 50-60% of local market rents. These are the lowest cost rented homes and provide long-term security.
- Affordable Rent - also provided by councils or housing associations. Rents can be up to 80% of local market rents (including service charges). In some parts of East Sussex, councils and housing providers may set the level of rent at or below Local Housing Allowance rate (the maximum rent level that can be covered by Housing Benefit or Universal Credit) to reflect the needs in their area.

Housing delivery in East Sussex has remained relatively static over the past 5 years, with a total of 9,131 net housing additions. Nationally, affordable housing is making up a smaller proportion of overall delivery. Delivery of both market and affordable housing is not consistent in all areas, with some areas delivering at historically high levels while other areas are seeing much lower rates of delivery.

Whilst housing delivery, particularly affordable housing, remains lower than targets, consents remain at all-time highs (particularly in Wealden and Lewes District). It is critical that the barriers to delivering these homes are removed and consents and converted into homes.

Housing is an important enabler for growth. The new East Sussex Prosperity Strategy highlights the need to increase the range of accommodation options for young people and people looking to return to East Sussex after studying. Housing development also provides a range of employment opportunities.

In addition to new housing supply, we are keen to make the best use of our existing housing stock. There are currently around 2,500 long term empty properties around the county. The partnership will develop a county wide incentive model to bring these properties back into use for those in housing need, this will include co-ordinating with the council's enforcement action where required.

Case Study from Wealden District Council

Wealden District Council recently completed a new housing development at Coronation Place, Uckfield.

The site comprises 4 one-bedroom flats, 8 two-bedroom houses for social rent, 2 two-bedroom houses for Shared Ownership Sale; 4 three-bedroom houses for general needs, as well as a three-bedroom house and a four-bedroom house built to mobility standards for wheelchair users.

A fabric first approach was applied at design stage, to ensure the design and construction maximises the performance of the components and materials, whilst minimising energy

use for heating and cooling. In order to achieve the highest Energy Performance rating of an A there are Air Source Heat Pumps with

under floor heating, Photovoltaic panels for electricity generation, Mechanical Ventilation & Heat Recovery units, triple glazed windows and widened cavities with full-fill insulation.

The woodland wildlife area behind the homes has been retained to encourage biodiversity and to provide a habitat for local wildlife.

One resident said:

“ Our new home has been truly life-changing for our family, our son has a degenerative neurological disease and has struggled all his life at home, this house has provided him not only a safe and secure environment but has given him dignity in even the smallest of tasks, thanks to the thoroughness of the planning of this house he has everything he needs as he grows for it to be fully supportive of his disabilities and to fully integrate him with all aspects of our family life.

Every member of Wealden Council that participated in the planning and building of these homes did an incredible job. Living in this house has meant that we no longer face an uncertain future as our sons' condition progresses, we are incredibly thankful to everyone and hope that more homes like this will be built in the future to help all the children and adults like our son live their lives to fullest.

Case Study - Community Led Housing

Rother District Council have been working the Sussex Community Housing Hub to support the delivery of community-led housing. The vision for this work is to empower communities to create homes that meet local needs, foster sustainability, and strengthen social cohesion.

One example of this is Orchard Close in Icklesham. The project was designed and delivered with strong community involvement and provides 12 homes at social rent and 3 shared ownership properties.

Work is continuing on a pipeline of at least 27 new homes, including a rural project and the development of a heritage building.

Key areas of work

Creating a thriving and diverse development sector

- Supporting partners to deliver 4,544 new homes each year, with at least 50% being affordable housing.
- Collaborating with Developers Sussex and South East Housing and Development Group to strengthen cross-sector working across housing, planning, register providers and housing developers.
- Collective lobbying on key issues such as rent policy and Affordable Homes Programme.

Maximising Affordable Housing Delivery

- Maximising grant funding opportunities through the Social and Affordable Homes Programme, Brownfield Land Release Fund and One Public Estate, including joint bids for social and affordable rented homes.
- Lobbying for a time-limited provision to enable grant funding to bring forward Section 106 sites.
- Strengthening engagement between local authorities, developers registered providers and other providers (e.g. Community Land Trusts) to support delivery of affordable housing on Section 106 sites.
- Supporting affordable housing providers to access grant opportunities to upgrade existing housing stock, to free up capacity for investment in new developments.
- Supporting sharing of knowledge and capacity across local authority partners, to enable them to deliver more homes directly.

Making the best use of our existing housing stock

- Develop a county-wide Empty Homes Strategy and delivery model.
- Continue working with the SPACES programme to bring forward sites from the pipeline of public sector assets which could be developed to provide accommodation.

Ensuring housing is an enabler for regeneration and growth

- Work with partners to ensure delivery of new homes is aligned with local needs.

- Support the delivery of housing outcomes in the new East Sussex Prosperity Strategy, including ensuring a range of accommodation options for young people, key workers and people returning to the county.
- Expanding Local Employment and Skills Plans with local businesses and education providers to build capacity in the local construction workforce.
- Work with stakeholders to identify regional infrastructure challenges, collaborating across local planning authority boundaries to improve local infrastructure and unlock land for housing development.
- Support broader work across Public Health to strengthen a health in all policies approach.

Supporting collaboration with planning services

- Promoting the local plan-making process.
- Working collaboratively to remove barriers to delivery of consented homes wherever they are in the system.
- Facilitating early conversations between housing developers, local authorities and registered providers to protect affordable housing delivery especially on Section 106 sites.
- Working with regional and national planning colleagues to ensure that the National Planning Policy Framework is continuously improved to support the sector in delivering more housing and affordable housing.
- Responding to the outcome of the county-wide call for sites for Gypsy and Traveller communities, which is intended to inform the Local Plan, and we will support feasible opportunities to provide high quality settled sites in the area.

How will we monitor progress?

- Number of new units delivered each year
- Number of affordable units delivered each year
- Number of affordable units delivered on Section 106 sites each year
- Time between grant of planning consent and new homes being built
- Alignment of new home deliver and infrastructure spend
- Number of long-term empty properties brought into use
- Number of community-led housing units built

Tackling Climate Change

Lead Specialist Group: Sustainable Homes

Our aims

- To create a cross-sector strategic approach to upgrading homes to improve their energy performance and move to low carbon heating systems. This will support partners to meet their carbon reduction targets.
- To ensure new developments are delivered to a high standard of energy performance.
- Ensure that home upgrades and retrofit are an enabler for growth by providing employment and training opportunities.
- To maximise resources in the sector through a combination of grant funding and direct investment.
- Prioritise support for households at the highest risk of fuel poverty.

Why is this a priority?

Housing is a leading source of carbon emissions across the county. A recent baseline assessment by Parity Projects found that 31% of homes in East Sussex have an Energy Performance Certificate (EPC) of A - C, compared to the England average of 47%. The main reasons we are behind the national average are our higher proportion of older homes and rural homes.

The government is expected to introduce new requirements for the energy performance of both social and private rented homes. Housing providers and local authorities across East Sussex are committed to reducing their carbon emissions.

There is a strong history of partnership working to address fuel poverty between housing and public health, with around £12,000,000 worth of grant funding secured by the East Sussex authorities since 2020. We will be building on this work with a new Retrofit Strategy for East Sussex. The vision for the retrofit strategy is that every home in East Sussex is energy efficient, healthy and affordable for people and planet, supporting a flourishing local economy of trusted tradespeople.

This plan sets out the practical, people-focused ways we will work together to accelerate home energy efficiency action across East Sussex. We need to accelerate progress in the private rented sector (19.7% of total stock) and owner-occupied accommodation (68.5%) of total stock. A key principle of the strategy will be to support the most vulnerable households with the worst energy efficiency first.

We are keen to maximise the growth and employment opportunities for local people linked to home upgrades and retrofit. It is estimated that the local construction workforce will need to grow by over 1,000 posts per year between now and 2050 to meet our retrofit and decarbonisation targets.

The partnership will also facilitate collaboration with environment leads on the wider effects of climate change, including flooding, changes to biodiversity and overheating.

Case Study: East Sussex Retrofit Skills Plan

The East Sussex Retrofit Skills Plan was developed in response to the Skills East Sussex (SES) priority, 'green skills for a net zero future' and workstream activity in the SES Construction and Built Environment Sector Task Group strategic plan 2024/25.

Skills East Sussex (SES) is the county's strategic body for employability and skills. The group works together to improve local employment and skills levels to increase economic prosperity in East Sussex. The group provides direction for the county's approach to employment and skills. SES has identified six priority sectors within the county. Work on the priorities is taken forward through the sector task groups, including construction and built environment.

The East Sussex County Council Employability and Skills Team secured funding via Department for Energy Security and Net Zero to develop an East Sussex Retrofit Skills Plan and oversee phase 1 activities during the first half of 2024.

Retrofit awareness training delivered for colleagues across local housing authorities and housing providers for 100 participants.

33 new businesses engaged in retrofit skills development work.

New retrofit careers campaign launched.

14 tutors enrolled to deliver retrofit training

New promotion materials developed to be shared through the DWP and ESTAR

The second phase of the skills plan will continue into 2026.

Key areas of work

East Sussex Retrofit Strategy

- Co-produce the East Sussex Retrofit Strategy, to upgrade homes to improve their energy performance and move to low carbon heating systems. Key areas of work to include:
 - Funding and finance
 - Practical delivery
 - Retrofit skills
 - Communications, collaboration and co-benefits
- The partnership will be responsible for the ongoing delivery of the retrofit strategy and developing an annual implementation plan.
- Ensure housing issues are fully explored in the Climate Change Health Impact Assessment. Continue to work with Public Health to implement recommendations from the assessment.

Skills and Employment

- Deliver the next phases of the East Sussex Retrofit Skills Plan.
- Increase awareness of retrofit among residents, statutory organisations and businesses.
- Promote careers in retrofit and support inclusive recruitment.
- Ensuring that there is the right supply of training for new entrants and employees
- Continue to work with the Employability and Skills Team, local education providers and local businesses to identify workforce development opportunities and secure funding to support this work.

Addressing Fuel Poverty

- Continue to support the county-wide Fuel Poverty Co-Ordinator role, hosted by Hastings Borough Council.
- Promote the Warm Homes Check service.
- Support the delivery of the Warm Homes Local Grant programme and maximise grant funding opportunities.
- Supporting links between work to address fuel poverty and the wider financial inclusion programme.

New Housing Supply

- Scoping a partnership approach to improving the energy performance of new developments with Developers East Sussex, including potential incentive packages and links to planning policies in each of the district and boroughs.
- Scoping broader opportunities to promote environmental sustainability, including biodiversity, and addressing risks linked to flooding.

How will we monitor progress?

- Standard Assessment Procedure (SAP) score of properties in East Sussex
- External grant funding secured to support retrofit
- Retrofit training courses delivered
- Number of owner occupied / private rented households engaged in support

Private Rented Homes

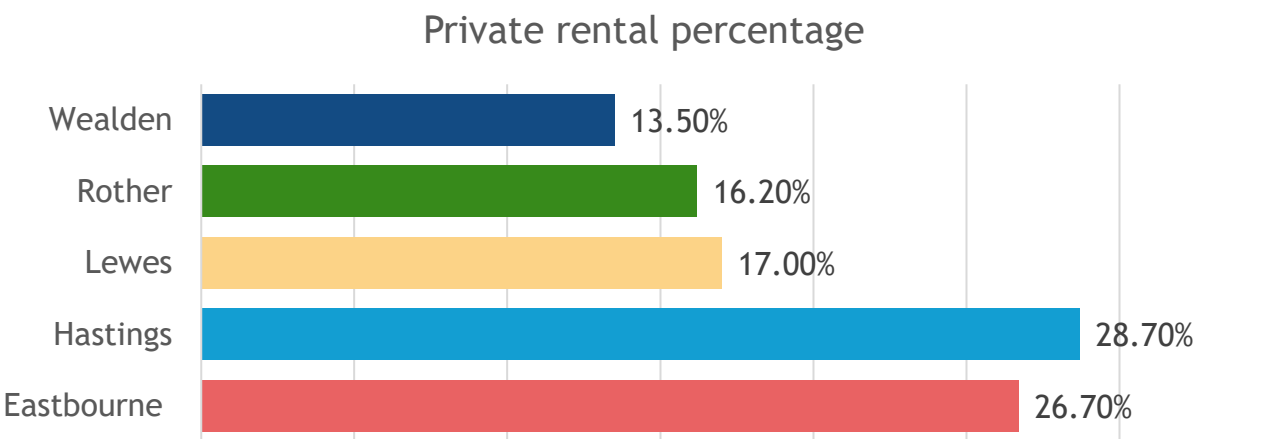
Lead Specialist Group: Private Rented Homes Group

Our aims

- A network of private sector landlords and agents to support cross sector working.
- Sufficient capacity within statutory partners to implement the expanded enforcement duties.
- A consistent approach to compliance and standards across providers in the social and private rented sector.
- A shared incentive package to improve sustainment and access to accommodation for people in housing need.

Why is this a priority?

The private rented sector makes up 19.7% of the total housing stock across the county, however, the size of the sector in each district and borough varies considerably:



Most of the accommodation in the private rented sector is in coastal, urban areas of the county. Councils and partners need to balance their compliance and standards duties with a need to maintain access to the private sector and prevent homelessness.

We will create a network of private sector landlords and agents, working closely with the National Residential Landlords Association. The network will enable a consistent approach to planned legislative changes and support work across partners organisations in relation to compliance and access to housing. The network will also engage private landlords in key areas of work elsewhere in the partnership, such as our work on domestic retrofit.

Several new laws and policies are set to be introduced which will impact on private rented housing:

- A reformed decent homes standard for social and privately rented homes.
- Introducing Awaabs Law to the private rented sector, which will set legal expectations about the timeframes in which landlords must take action to make homes safe where they contain serious hazards. Legislation will also strengthen the powers for local authorities to carry
- New minimum energy performance requirements for privately rented homes.
- Expanding local authorities' compliance and standards duties including enforcement, civil penalties and investigatory powers.
- Some local housing authorities are considering licensing arrangements for the private rented sector in their areas. The partnership can support this activity by sharing learning from the implementation of the reforms with social housing providers with other parts of the sector, creating a network of private landlords and agents to share learning and good practice in implement the changes and gathering evidence from partner sectors in health and care on links between housing and health.

Councils work to help people in housing need find new homes. Many privately rented homes are becoming unaffordable as local housing allowance has failed to keep pace with rising costs. To help with this, councils offer incentive programmes. We will work to make our incentive offer as consistent as possible, including expanding leasing options. We will also link our incentive offer to other key areas of work, such as upgrading homes to improve their energy performance and bringing long-term empty homes back into use.

Case Study: Addressing Damp and Mould

A property in Hastings featured a category 1 (potent hazards are set out in Housing Health and Safety Rating System) for damp and mould with severe growth to all parts of the dwelling. The council's compliance officer had originally planned to serve a prohibition order, but the agent/landlord reacted so swiftly and positively that it was agreed to give them an opportunity to gather quotes and get the works done on an informal basis. This was largely informed by balancing the impact that making a relatively elderly gentleman with health issues homeless would have, against the risk posed by further exposure to the hazard.

Within 3 months the landlord had completed the following works to address the issue:

- Completed a deep mould clean and provided de-humidifiers.
- Installed a new heating system throughout.
- Installed a Positive Input Ventilation System.
- Installed a humidistat extractor fan to the bathroom.

- Waterproofed a flat roof and repaired broken rainwater goods.
- Replaced rotting fascia's to the rear.
- Completely re-rendered the front elevation and re-sealed all windows.
- Insulated the loft.
- Liaised with the neighbours to clear their gutters.
- Installed new hardwired smoke detection.
- Completed works to the common parts to improve fire separation.

Key areas of work

Partnership Working

- A new county-wide network of private landlords and agents established
- A shared incentive package to support people in housing need access the sector.
- Delivering a joint training programme to promote understanding of upcoming legislative changes, including the Renters Rights Bill and reformed decent homes standard.

Standards and Compliance

- Scoping capacity requirements across statutory partners to deliver the planned additional enforcement and compliance duties introduced by the Renters Rights Bill and the Supported Housing Regulations.
- Developing and implementing a partnership action plan to meet the requirements of the reformed decent homes standard.
- Promoting a consistent approach to implementing planned legislative changes.
- Sharing of learning and practice in relation to compliance standards across the social and private rented sector.

How will we monitor progress

- Membership and engagement of new landlord's forum.
- Private rented sector inspections.
- Number of households using homelessness services accessing accommodation in the private rented sector.

Glossary

Affordable Housing: Homes that are cheaper than market rates. This includes social rent, affordable rent, and shared ownership. Aimed at people who can't afford typical private rents or to buy a home.

Allocations Policy: The rules that decide who gets offered social housing and how people are prioritised.

Article 4 Direction: A planning tool that lets councils restrict certain property changes (like turning homes into holiday lets or HMOs) without needing planning permission.

Awaab's Law: New legislation that sets strict timescales for landlords to fix health hazards like damp and mould in social housing, following the death of a child caused by unsafe conditions.

Choice Based Lettings (CBL): A way people apply for social housing by 'bidding' for available homes that meet their needs, rather than waiting to be offered a property.

Climate Resilience / Future-Proofing: Designing homes to cope with future environmental conditions like hotter summers, more storms, or flooding.

Community Led Housing: a movement where local people organize to build affordable homes and other community assets to meet their specific needs.

Commuted Sum: Money paid by developers instead of building affordable homes on-site. The council can use this money to build affordable housing elsewhere.

Consumer Standards: a set of rules from the government that social housing providers must follow to ensure tenants have safe, good-quality homes and service.

Decent Homes Standard: A Government-set standard for housing quality. Homes must be warm, safe, in good repair, and have reasonably modern facilities.

Development and Enablement Group: the specialist group within the housing partnership that is responsible for increasing housing supply.

Disabled Facilities Grant (DFG): Money from the council to help pay for adaptations (like stairlifts or accessible bathrooms) so disabled people can stay in their homes.

Duty to Refer: A legal duty requiring public services (like hospitals or prisons) to notify the council if someone is at risk of homelessness.

East Sussex Housing Partnership: A group of local councils and housing organisations working together to improve housing across East Sussex.

Energy Performance Certificate (EPC): A rating that shows how energy-efficient a home is. Rated A (best) to G (worst). EPC C or better is the Government's goal.

Enforcement Action: Legal steps the council can take if landlords don't meet housing standards (e.g., issuing fines or banning unsafe properties).

ESTAR Employability: a group of projects provided by the Careers East Sussex team to help people build their skills and confidence to search for work and training opportunities.

Exceptional Circumstances (Planning): A planning term used when the council makes an exception to normal rules - for example, allowing more shared homes due to urgent housing need.

Fabric First: A building approach that focuses on making homes energy efficient by improving insulation, windows, and walls before adding renewable tech like solar panels.

Fuel Poverty: When a household can't afford to heat their home properly, often due to low income and poor energy efficiency.

Gypsy and Traveller Sites: Specific areas provided or planned for people from Gypsy, Roma and Traveller communities to live legally and safely.

HMO (House in Multiple Occupation): There are different definitions of an HMO, depending on whether a house where three or more people from different households live and share facilities like a kitchen or bathroom.

Homelessness, Health and Support Group: the specialist group within the housing partnership services which is responsible for support services and integrating housing, health and care services.

Homelessness Prevention Grant: Government funding given to councils to help stop people becoming homeless (e.g., by paying rent arrears or offering support services).

Homemove: The name of the system used in East Sussex to apply for social housing through Choice Based Lettings.

Housing First: A support model where people who have been sleeping rough are offered permanent housing with personalised support, without conditions.

Housing Management and Standards Group: the specialist group within the housing partnership responsible for implementing the social housing regulations and decent homes standard.

Housing Ombudsman: An independent service that investigates complaints from social housing tenants if landlords have failed to resolve the issue.

Housing Revenue Account (HRA): A separate pot of council money used to manage and build council homes. Councils with their own housing stock have HRAs.

Integrated Community Teams: Groups of health and care professionals working together to support people in the community, including those at risk of homelessness.

Lettings / Reletting Strategy: The process and rules for allocating vacant social homes to new tenants.

Local Government Reorganisation (LGR): A major change to how councils are structured, possibly combining existing councils into one new organisation.

Local Housing Allowance (LHA): The amount of housing benefit or universal credit a person can receive to cover rent in the private sector.

Local Plan: The council's planning document that sets out where new homes, jobs, and infrastructure can go.

MEES (Minimum Energy Efficiency Standards): Legal minimum standards for energy performance in rental homes.

Modern Methods of Construction (MMC): Innovative building techniques (like modular homes or pre-fab construction) that are quicker and more sustainable than traditional methods.

Multiple Compound Needs Board: the group that provides oversight of the Changing Futures Programme and Rough Sleeper Prevention and Recovery Programme. The board is also responsible for implementing the recommendations from the multiple compound needs assessment.

Mutual Exchange: A process where two social housing tenants swap homes with each other, often to better meet their needs.

Private Rented Sector (PRS): Homes that are rented from private landlords (not the council or housing associations).

Private Rented Homes Group: the specialist group within the housing partnership that is responsible for co-ordinating work with landlords.

Public Works Loan Board (PWLb): A Government body that lends money to councils for big projects like building new homes.

Regeneration Scheme: A plan to improve or redevelop older homes or areas, often involving demolition and rebuilding.

Renters Reform / Rights Bill: Proposed law changes to improve rights for tenants in private rented homes, including ending 'no-fault' evictions.

Retrofit: Upgrading older homes with insulation, better windows, and modern heating to improve energy efficiency.

Rough Sleeping: When someone is sleeping outside or in a place not meant for living, such as a car, tent, or stairwell.

SHAP (Single Homelessness Accommodation Programme): Government funding to create housing with support for single people at risk of rough sleeping.

Section 106 Agreement: A legal agreement where developers contribute to local services or provide affordable housing when building new homes.

Social Housing Regulation Act: Recent law giving more power to tenants and stricter rules for social landlords.

Social Lettings Agency: A not-for-profit organisation that helps rent private homes to people in housing need at affordable rates.

SPACES (Strategic Property Assets Collaboration in East Sussex): a partnership of statutory and voluntary and community sector organisations which supports partners make the best use of their assets, including providing office space and co-location opportunities.

Statutory Duty: A legal obligation councils must follow, such as having a homelessness strategy.

Supported Housing: Homes with extra help for people who need it - for example, older people, people with disabilities, or those recovering from homelessness.

Supported Housing Regulations: a new set of requirements which will define requirements for care and support in supported housing, introduce new licensing duties for councils and a requirement to develop a supported housing strategy.

Sustainable Homes Group: the specialist group within the partnership that is responsible for climate change measures and delivering the East Sussex Retrofit Strategy.

Temporary Accommodation (TA): Short-term housing provided to homeless households while the council finds something more permanent.

Tenure: The type of housing someone lives in - for example, renting privately, owning, or living in social housing.

Trauma-Informed Approach: A way of working that recognises people may have experienced serious stress or trauma and tailors support accordingly.

Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

Summary Overview:

- Significant support for increasing the supply of affordable housing, particularly 1 and 2 bed units. Greater transparency over how affordable housing is defined and ensuring affordable housing commitments are delivered.
- Concerns about the lack of infrastructure to support housing development, particularly in health, water, education and transport.
- Concerns about building on greenfield land and the impact on the local landscape and countryside.
- Strong support for efforts to bring empty properties back into use, including re-purposing vacant commercial buildings.
- Strong support for new developments including green spaces.
- Strong support for homelessness prevention, particularly ensuring people can keep their existing homes.
- Significant response highlighting the need for stronger links between homelessness, mental health and substance dependency services.
- Concerns about capacity within local authorities to deliver additional compliance and standards duties.
- Ensuring a consistent approach to standards across social and privately rented homes.
- Comments about housing pressures and links to wider government policy and immigration.

Priority and Summary of Feedback	Comments	Action
Homelessness Prevention <ul style="list-style-type: none"> • Strong support for preventing homelessness, especially for local people, care leavers, and veterans. • Concerns about councils placing people from other areas into East Sussex without proper support or funding. 	<ul style="list-style-type: none"> • Support should focus on supporting people to keep their existing accommodation whenever possible, including financial measures to address rent arrears and prevent tenancy breakdowns. • There needs to be a more joined up approach between housing and children's services to supporting people who have been found to be 	<ul style="list-style-type: none"> • Public Health and housing teams have developed a homelessness prevention programme which aims to support people to keep their existing accommodation. • The Homelessness, Health and Support Group are working on a joint action plan with children's services, which includes supporting families who have

Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

<ul style="list-style-type: none"> • Many feel homelessness is linked to income insecurity, benefit cuts, and lack of affordable housing. • Links to substance misuse and mental health issues. 	<p>intentionally homeless. There also needs to be better links between children's services and private rented sector teams to improve access to housing.</p> <ul style="list-style-type: none"> • Increase the range of accommodation options for young people leaving care, including supported options as people transition to living independently. • Noted issues of 'hidden homelessness' masking the scale of the problem. • There needs to be a focus on improving access to employment and training. • Links between rough sleeping and the broader street community and instances of anti-social behaviour. • Consider hostel models for people who are rough sleeping. • Temporary accommodation requires more regular inspection. • Responses on the potential impact of the Renters Rights Bill on the availability of housing in the private sector. • Concerns that advice for tenants to remain in their properties until eviction proceedings are complete 	<p>been found intentionally homeless and a new care leavers protocol.</p> <ul style="list-style-type: none"> • The housing partnership is supporting the launch of the Connect to Work programme, building on existing partnership work with the Employment and Skills services. • Partnership working with local community safety teams to improve co-ordination across support and enforcement teams. • The Rough Sleeper Prevention and Recovery Programme is developing new models of outreach and temporary accommodation for people rough sleeping. • The East Sussex authorities are working with colleagues across Sussex to begin preparing for the new requirements of the Renters Rights Bill. This includes plans for a landlord engagement event in November. • The strategy includes a focus on developing a community centred approach to homelessness prevention.
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Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<p>may miss opportunities to prevent homelessness and damage relationships with landlords.</p> <ul style="list-style-type: none"> Concerns were raised about the impact of out of area temporary accommodation placements. In particular, the need to ensure people placed out of area remain engaged with support. Need to work more closely with mental health and substance dependency services to improve homelessness prevention. A focus on dedicated support to people already living in temporary accommodation to move on as quickly as possible. A number of responses noted concerns about overcrowding. 	<ul style="list-style-type: none"> The housing authorities are developing a joint temporary accommodation policy.
<p>Housing, Health and Care Integration</p> <ul style="list-style-type: none"> Integration is welcomed but seen as difficult to achieve in practice. Poor communication between agencies is a recurring issue. Discharge from hospital into unsuitable housing is a concern. Need for more accessible housing for disabled and older people. 	<ul style="list-style-type: none"> There needs to be more support for people with disabilities living in flats. There are overlaps between new fire safety regulations and disabilities legislation. There should be better advice for managing agents and landlords / tenants. Comments that Disabled Facilities Grants should not be 	<ul style="list-style-type: none"> The strategy will build on existing good practice for multi-disciplinary working, including the rough sleeper and Changing Futures programme teams. Work is underway to develop a new hospital discharge protocol for people in housing need, which will include links to services to prevent rough sleeping.

Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<p>used when a household is under-occupying a property.</p> <ul style="list-style-type: none"> • Communication between services needs to be improved to stop people falling between the gaps and work in a more preventative role. Shared hubs and multi-disciplinary teams are a good way of achieving this. • Need to increase capacity for services which prevent rough sleeping within health and care. • Concern regarding a lack of staffing capacity for teams to provide intensive support to people with additional needs. • Concerns about the long-term funding model for supported housing, including the potential additional cost pressures of new regulations. 	<ul style="list-style-type: none"> • Ensuring housing is part of the core offer within community-based models of health and care (including Integrated Community Teams and Mental Health Neighbourhood Teams) will support access to services. • A pan-Sussex group has been formed to support preparations for the new supported housing regulations. This will include developing plans to address gaps in provision as well as a partnership approach to standards and compliance.
<p>Improving Housing Management and Standards</p> <ul style="list-style-type: none"> • Social housing often lacks basic amenities like flooring and white goods. • Concerns about anti-social behaviour in social housing areas. 	<ul style="list-style-type: none"> • Concerns that social housing does not include white goods and floor coverings. • Suggestions that social rents should be graded based on the number of working aged people living in a household. 	<ul style="list-style-type: none"> • The reformed decent homes standard may include additional requirements for floor coverings and kitchen and bathroom fittings. Several local providers already support tenants on low incomes to access support furnishing their homes.

Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<ul style="list-style-type: none"> • Significant response in terms of addressing anti-social behaviour. • Need to strengthen tenant voice and engagement. • Need to improve engagement with larger social housing providers on local issues. • Concerns were raised at a lack of capacity within local authorities' standards and compliance teams to implement new legislative requirements. • Concerns about the wait time for social housing and ensuring a transparent bidding / allocations process. • Comments regarding the need for a quicker response to repairs and maintenance issues in social housing. • Tensions between existing fire safety regulations and equalities legislation. 	<ul style="list-style-type: none"> • Upcoming legislative changes will introduce new requirements for local authorities in relation to standards and compliance and will seek to ensure consistency across social and privately rented homes. • A recent partnership consultation response on the Reformed Decent Homes Standard for Social and Privately Rented Homes highlighted the need for better alignment across legislation and improved guidance for landlords. • The partnership shared learning and practice from regulatory judgements to drive improvements in practice. • The partnership is strengthening links to the Safer East Sussex Team to continue to develop our approach to anti-social behaviour. • The partnership have adopted a tenant voice charter, based on good practice from the National Housing Federation, and will continue to promote this.
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Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

<p>Housing Supply – Development and Enablement</p> <ul style="list-style-type: none"> • Strong opposition to building on greenfield sites and countryside. • Many say new homes are unaffordable and not suited to local needs. • Infrastructure (schools, doctors, roads) is not keeping up with development. • Developers often fail to deliver promised affordable housing. 	<ul style="list-style-type: none"> • Very significant response highlighting that infrastructure improvements need to keep pace with new developments. Concerns were raised about the impact of new housing on public services, including doctors, dentists and roads. • Strong support for increasing the supply of affordable housing. In particular, developing units for young people and housing for people to downsize as they get older. There needs to be great transparency about how affordable housing is defined. • Support for community-led housing schemes. • Several responses highlighted that brownfield land should be prioritised for development. • Housing development needs to be complemented by increasing employment opportunities and infrastructure. • Significant response on the need for new developments to include green spaces, which people highlighted as important for wellbeing. • Concerns were raised about the impact of second home ownership 	<ul style="list-style-type: none"> • It will not be possible to meet our housing needs through brownfield land and bringing empty properties back into use, therefore our strategy will need to include the use of greenfield sites too. Strengthening links between housing and planning will help balance the need to protect local countryside. • The final draft strategy will highlight that housing development as an enabler for infrastructure improvements. • Social and affordable rents are defined by a national formula. • Ensuring links to Local Plan making to include green spaces within developments. • Explore good practice examples from other areas in addressing the growth of second home ownership and Airbnb. • Strengthening links to the Local Plan-making process to ensure the right mix of commercial and residential units. • Partnership work is underway with the SPACES programme to support local authorities to develop housing directly, including accessing funding
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Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<p>and AirBnB in reducing the supply of housing.</p> <ul style="list-style-type: none"> • Local authorities should have more focus on ensuring consented developments are delivered and affordable housing requirements are met. • Vacant commercial properties in town centres should be re-purposed to provide housing, including supported housing. • Local authorities should share good practice and capacity for developing affordable homes. • Need to ensure accommodation options for key workers, particularly in the health and care sectors. • Strong support for measures to bring empty homes back into use. • Some responses referred to the creation of a new town within Sussex. • Support for councils developing and delivering housing directly. • Consideration of modular buildings and meanwhile use for sites to ease pressure on homelessness services. • Support for increasing housing density on new developments. • Significant response highlighting the local landscape in East Sussex and 	<p>through the Brownfield Land Release Fund.</p> <ul style="list-style-type: none"> • The Development and Enablement Group has been established to share good practice. • The housing authorities will be developing a joint empty homes strategy. • Since the draft strategy was published, the government has announced further reforms to Right to Buy.
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Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<p>the need to protect countryside and natural habitats.</p> <ul style="list-style-type: none"> • New social housing sites should include a mix of housing options, so people can move to more suitable housing as their needs change, without leaving the area. • A number of responses highlighted the challenges of a lack of affordable accommodation options for younger people in rural communities and villages. • Concerns about the impact of Right to Buy on the availability of social housing. 	
<p>Tackling Climate Change</p> <ul style="list-style-type: none"> • Mixed views—some support climate action, others see it as a distraction. • Many want solar panels, insulation, and heat pumps on all new builds. • Concerns about building on floodplains and loss of green spaces. • Some feel climate goals are unrealistic or poorly explained. 	<ul style="list-style-type: none"> • Promoting active travel and improving cycle lanes. • Concerns about new developments on flood plains. • Strong support for solar panels and upgrading insulation. • Use of planning measures to improve the energy performance of new builds e.g. solar panels, protecting green spaces, heat exchange networks. • Concerns about the use of public money to support what could be perceived as high-risk projects. • Concerns about the impact of rising energy costs. 	<ul style="list-style-type: none"> • Supporting links to a Health in All Policies approach to promoting active travel. • The new East Sussex Retrofit Strategy will include a communications workstream aimed at building trust and understanding of measures to improve energy performance. • There is a history of partnership working in East Sussex to deliver grant funded activity to upgrade homes. Partners will continue to explore future funding opportunities, following the re-commitment to the Warm Homes Plan.

Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<ul style="list-style-type: none"> • Concerns amongst homeowners about the affordability of home upgrades and lack of financial support available. • A number of responses highlighted the need to secure additional grant funding in this part of the sector to achieve the climate change targets. • Improve quality of information to help people plan upgrades, based on different building types. • A number of responses noted broader design adaptations to homes to meet rising temperatures. • Education support for climate change needs to be expanded. • Measures should be in place to minimise waste from the building process, including re-using materials. 	<ul style="list-style-type: none"> • The Retrofit Skills Plan includes partnership work with local education providers and will be expanding this to younger age groups.
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Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

<p>Private Rented Sector</p> <ul style="list-style-type: none"> • Private landlords are seen as inconsistent—some good, many poor. • Tenants fear eviction if they complain about poor conditions. 	<ul style="list-style-type: none"> • Feedback supporting the introduction of rent controls and local price caps. • Concern about landlords exiting the market ahead of the implementation of the new Renters Rights Bill. • Privately rented accommodation needs to be inspected more regularly to ensure it meets the required standard. • Concern re lack of security in the private rented sector. Seeking longer tenancies and improved protections from tenants. • Concern about the affordability of pre-paid meters in temporary accommodation. • Need to increase information and tenancy sustainment support for tenants in the private rented sector. • More support is needed for families on low incomes to access the private rented sector. • Housing benefit rates are not keeping pace with private rents. It needs to be easier for housing benefit payments to be made directly to landlords. • Make it easier for pet owners to rent properties. • Strengthen links to landlords organisations, including the National 	<ul style="list-style-type: none"> • Developing a partnership approach to the implementation of the new Renters Rights Bill. The proposed Bill includes additional measures to protect tenants from eviction and rent increases. The Bill will also expand the duties of local authorities to enforce compliance and standards in the private rented sector. • The Renters Rights Bill will establish a new ombudsman for the private rented sector. • A new county-wide Temporary Accommodation Policy will be developed. • The housing partnership works closely with the financial inclusion team. The local authorities offer financial incentives to support people to access the private rented sector. • Partners are seeking to expand tenancy sustainment support within our homelessness prevention services, including home visiting roles and links to wellbeing services.
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Draft East Sussex Housing Partnership Strategy – Feedback from Public Engagement

	<p>Residential Landlords Association, to improve access to training and support.</p> <ul style="list-style-type: none">• Increasing capacity for mediation support to prevent tenancy breakdowns.• Concern from landlords regarding the changes the changes to tenancy and eviction provisions within new legislation.• Keen to see a consistent approach to standards and enforcement across social and privately rented homes.• Tenants need an independent ombudsman to resolve complaints and issues.	
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Working Draft – Year 1 Mobilisation Plan

Preventing Homelessness and Ending Rough Sleeping		
Strategic Action	Deliverables / Milestones	Lead
Develop and implement an approach for ongoing lived experience involvement.	Working with the East Sussex Homelessness Forum, implement an approach for ongoing lived experience involvement in the mobilisation of the strategy and service design.	East Sussex Housing Partnership Lead
Adopt a new Care Leavers Protocol	Co-design a new protocol between housing and children's services to improve access to accommodation for care leavers.	Young Person's Housing and Accommodation Manager
Implement a new model for homelessness prevention	Develop an ongoing model for homelessness prevention, building on the existing housing-related floating support services, wellbeing programme, employability support and ensuring greater integration with the wider system.	East Sussex Housing Partnership Lead
Temporary Accommodation Policy	Adopt a shared temporary accommodation policy for East Sussex, setting out standards and compliance arrangements and access to services.	East Sussex Housing Partnership Lead
Temporary Accommodation Procurement	Develop a partnership approach to sourcing temporary accommodation cost effectively and supporting compliance and standards arrangements.	East Sussex Housing Partnership Lead
Intentionally Homeless Families	Joint working between housing and children's services to increase prevention support for families likely to be found intentionally homeless, provide cost effective temporary accommodation and improve move on support.	Young Person's Housing and Accommodation Manager
Crisis and Resilience Fund	Work with the financial inclusion team to co-produce a local approach to the Crisis and Resilience Fund, which will incorporate Household Support Fund and Discretionary Housing Payments.	Head of Partnerships
Duty to Prevent Protocols	Update existing protocols with partner services, to include additional measures to prevent homelessness, beginning with adult social care.	East Sussex Housing Partnership Lead

Working Draft – Year 1 Mobilisation Plan

Rough Sleeper Services	Design and implement an ongoing programme of activity supporting rough sleepers, using funding from the Rough Sleeper Prevention and Recovery Programme.	Head of Housing, Hastings Borough Council
Housing First	Implement recommendations from an earlier review of Housing First services against the national fidelity framework.	Rough Sleeper Prevention and Recovery Programme Co-Ordinator
Working together to reduce health inequalities		
Develop a new Hospital Discharge Protocol – Physical Health Services	Co-produce a new protocol with health and care partners to support people to be discharged from hospital from physical health settings as quickly and safely as possible.	East Sussex Housing Partnership Lead
Older People's Services	To work with adult social care to identify and develop the housing needs and outcomes as part of a broader review of older people's services to be carried out in 2026/27.	East Sussex Housing Partnership Lead
Supported Housing Regulations	Prepare for the implementation of the new regulations, including developing a new supported housing strategy.	East Sussex Housing Partnership Lead
Multiple Compound Needs and Rough Sleeping	Develop an ongoing multi-disciplinary team supporting people with a history of rough sleeping with multiple compound needs. Implement the recommendations from the earlier multiple compound needs assessment, including expanding multi-disciplinary working practice, implementing team around the person and trauma informed practice.	Head of Housing, Hastings Borough Council / Consultant in Public Health
Integrated Community Teams and Mental Health Neighbourhood Teams	To scope key housing specialisms to be aligned with the new community-based models in health and care.	Heads of Housing
Adult Social Care	Leading the implementation of the suitable home priority within the Adult Social Care Strategy, embedding the Adult Social Care Prevention Strategy and supporting recommendations from the older person's housing review.	East Sussex Housing Partnership Lead

Working Draft – Year 1 Mobilisation Plan

Deliver the Homes We Need		
Empty Homes Strategy	Develop a county-wide strategy to bring long-term empty properties back into use.	East Sussex Housing Partnership Lead
Communications	Developing a shared communications campaign, highlighting the importance of increasing housing supply to address homelessness and improve infrastructure.	East Sussex Housing Partnership Lead
Public Sector Assets – Pilot Projects	Mobilising the first 2 pilot projects in Hastings and Rother from the pipeline of assets identified with the SPACES programme.	SPACES Programme Lead
Land Assembly	Assembling development sites to maximise grant funding opportunities.	Chair of the Development and Enablement Group
Housing and Planning	Supporting the local plan-making process in each local authority. Working collaboratively with planning colleagues to identify and address barriers to bringing forward consented sites.	East Sussex Housing Partnership Lead
Community Led Housing	Continue to support community-led housing initiatives, including access to advice and funding opportunities.	Heads of Housing
Developers Sussex	Working closely with Developers Sussex to support collaboration between housing, planning and housing developers.	Chair of Developers Sussex
Improving Housing Management and Standards		
Regulatory Judgements	Sharing learning and practice from regulatory judgements and including key areas of work in the partnership action plan.	Chair of the Housing Management and Standards Group
Competency and Conduct Standard	Delivering shared training opportunities to support housing providers to meet the new competency and conduct standard.	East Sussex Housing Partnership Lead
Hoarding	Developing a partnership approach to hoarding, building on national examples of good practice, including links to safeguarding and health and care partners.	East Sussex Housing Partnership Lead

Working Draft – Year 1 Mobilisation Plan

Stock Condition Survey	Developing a partnership approach to validating stock condition information, as recommended by the Regulator of Social Housing.	East Sussex Housing Partnership Lead
Tenant Voice	Review local trends in tenant engagement and feedback and opportunities to develop the partnership's tenant voice charter.	East Sussex Housing Partnership Lead
Reformed Decent Homes Standard for Social and Privately Rented Homes	Develop a shared action plan to meet the requirements of the emerging Reformed Decent Homes Standard for Social and Privately Rented Homes, which the government consulted on in autumn 2025.	East Sussex Housing Partnership Lead
Tackling Climate Change		
East Sussex Retrofit Strategy	Adopt a strategy to support home upgrades across East Sussex. The strategy includes funding and finance, practical delivery, communications and skills.	Partnership and Programme Development Manager (Housing Retrofit)
Retrofit Skills Plan	Collaborate with partners in the employability and skills team, local businesses and education providers to implement phase 2 of the Retrofit Skills Plan.	East Sussex Housing Partnership Lead
Warm Homes Local Grant	Support the delivery of the Warm Homes Local Grant Programme, providing funding for home upgrades.	Specialist Advisor – Sustainability and Net Zero
Fuel Poverty	Continue to collaborate with Public Health to deliver a county-wide co-ordination role to improve access to funding and advice for households at risk of fuel poverty.	Health Improvement Principal

Working Draft – Year 1 Mobilisation Plan

Private Rented Homes		
Renters Rights Bill	Supporting the implementation of the Renters Rights Bill, including access to training and engagement with landlords.	East Sussex Housing Partnership Lead
Landlord Engagement	To host at least 2 landlord engagement events throughout the year, to share legislative and policy updates.	East Sussex Housing Partnership Lead
Landlord incentives	To continue to review and update the package of landlord incentives local authorities offer to improve access to the private rented sector.	East Sussex Housing Partnership Lead
Private Sector Leasing	Develop options for a shared leasing model for privately rented accommodation.	Head of Homelessness and Housing Options

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Equality Impact Assessment

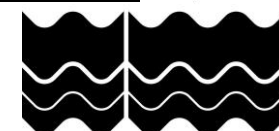
Equality Impact Assessment (EqIA) makes services better for everyone. It supports value for money by getting council services right the first time. It helps us make good decisions and evidence how we have met our legal duties¹.

EqIAs need to be done whenever a service, project, policy, strategy, activity or proposal is being started, needs to change, or is being reviewed. If there is potential for an impact on people, then do an EqIA. We use EqIAs to review information, consider possible disproportionate or specific impacts on different people, and then plan actions to reduce or avoid negative impacts and create positive outcomes². Embed any actions you identify into the relevant action plan to get the best outcomes for the Council, people who access services and our staff³.

Our legal duties to identify equality impacts don't stop us taking decisions or introducing changes that are needed. They do require us to take decisions and make changes conscientiously, and to deliberately confront the anticipated impacts on people.

This template sets out how to complete an EqIA. Guidance for sections is in *italics* in each section and 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.

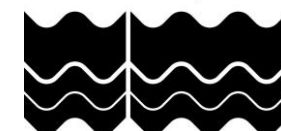
Title of Project / Service / Policy	East Sussex Housing Partnership Strategy
Team	Local Housing Authorities and Public Health
Department	Local Housing Authorities and Public Health
Provide a comprehensive description of your project (or service/policy, etc.) including its purpose and scope	<p>The East Sussex Housing Partnership is a multi-agency network, lead by the 5 local housing authorities. The partnership includes local housing providers, professional bodies from the housing sector, and partners from across health, social care, criminal justice and the voluntary and community sector. The aims of the partnership are to:</p> <ul style="list-style-type: none">• Set out a clear plan for housing in East Sussex for the next five years.• Help different organisations work together on shared goals and challenges.• Continue strengthening cross sector collaboration during devolution and local government re-organisation.• Be a collective voice for housing needs in East Sussex at local and national levels.• Support joint projects and funding bids.



	<ul style="list-style-type: none"> • Make the best use of skills and resources and developing capacity in the housing workforce. • Make sure short-term projects fit into a bigger, long-term vision. • Ensure new legislation and policy is followed consistently. <p>The partnership have been developing a place-based housing strategy, which will sit alongside and complement the individual strategies in each of the housing authorities. The strategy includes the following priorities:</p> <ul style="list-style-type: none"> • Preventing homelessness and ending rough sleeping • Work together to reduce health inequalities • Improving housing management and standards • Deliver the Homes We Need • Tackling Climate Change • Private rented housing <p>The strategy priorities are supported by the cross-cutting themes of collaboration, evidence based decision making and workforce.</p> <p>Once the strategy has been adopted, the partnership will develop an implementation plan of key areas of work for the coming year.</p>
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1. Update on previous EqlAs and outcomes of previous actions (Not Applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
Not applicable		



2. Review of information, equality assessment and potential actions

Consider the actual or potential impact of your project (service or policy) against each of the equality characteristics.

Age - people of all ages are protected under the Equality Act.

Consider: older adults, under 5s, transition-aged young people (16-24), working age adults etc.

(Age) What do you know? Summary of recent data, census information, research and insight about people who access your services and/or staff	East Sussex has a higher proportion of older people, compared to Rother and the rest of the South East. Rother has the highest rate of people over the age of 85 in the country. In 2022, people aged 65 and over made up 26% of the East Sussex population and 3.9% of people in county were aged 85 and over; higher than nationally (2.5%), and the South East (2.8%).			
	The age profile of the East Sussex population in 2024 is set out below, alongside the position for the South East and England.			
		East Sussex	South East	England
	Aged 0 to 4	24,243	494,455	3,072,243
	Aged 5 to 9	28,740	564,979	3,401,724
	Aged 10 to 14	31,815	605,228	3,581,732
	Aged 15 to 19	30,673	578,007	3,509,155
	Aged 20 to 24	22,861	509,778	3,526,018
	Aged 25 to 29	26,833	556,343	3,885,571
	Aged 30 to 34	30,144	624,332	4,101,144
	Aged 35 to 39	32,448	660,220	4,073,458

Aged 40 to 44	32,267	651,532	3,855,280
Aged 45 to 49	30,855	604,419	3,479,767
Aged 50 to 54	37,270	636,294	3,728,798
Aged 55 to 59	42,020	651,425	3,861,340
Aged 60 to 64	41,298	595,263	3,562,779
Aged 65 to 69	36,118	494,158	2,951,642
Aged 70 to 74	34,034	433,886	2,568,308
Aged 75 to 79	34,985	431,506	2,433,995
Aged 80 to 84	22,084	275,537	1,543,135
Aged 85 and over	22,194	275,580	1,484,012

The project population changes below are set out below:

Age Group	2024	2034	2024-2034
0 - 17	103,854	104,654	800
18 - 64	302,973	310,491	7,517
65 plus	151,559	194,268	43,708

The table above shows that 84% of population growth is expected to be in people aged 65 or over. The number of people aged 0 -17 will remain largely unchanged and there will be a small increase in the number of people aged 18-64.

The age profile of the number of people using homelessness services locally is set out below:

Age Range	2022/23	2023/24	2024/25
16-17	18	1	1
18-24	319	511	543
25-34	562	832	829
35-44	434	713	724
45-54	317	472	460
55-64	223	306	369
65-74	103	152	147
75 plus	40	67	74

It should be noted that returns for Eastbourne and Lewes Councils were not available for 2022/23.

The homelessness data illustrates that the most significant homelessness pressures are amongst working age people aged between 25 and 54.

The number of children living in temporary accommodation has increased over recent years. There are currently 1,394 children living in temporary accommodation, compared to 1,350 at the same point in the previous year.

The number of referrals for services for young people to local housing services are set out below:

	2022/2023	2023/2024	2024/2025
Referrals from Children's Social Services	17	19	24
Referrals from Children's Early Help	7	16	9
Referrals from Youth Secure Estate	0	0	0

<p>(Age) What do people tell you? Summary of feedback from people who access your service and/or staff feedback</p>	<ul style="list-style-type: none"> • Responses to the online survey commented on the range of accommodation options for older people locally: <p><i>“New social housing should include a wide variety of homes on the same site so that people can be moved to more suitable accommodation as their needs change, without having to relocate to a new neighbourhood. At present, older people living alone are still living in 3-bedroomed houses more suitable for a family, while growing families are squeezing into small flats.”</i></p> <p><i>“More bungalows would be welcomed by older people. ‘The Cedars’ in Hailsham is an excellent example of a housing community for older people.”</i></p> <p><i>“Need for sheltered accommodation is my priority.”</i></p> <p><i>“Empty shops could be turned into accommodation for the homeless and/or day centres for the elderly, also for young people during school holidays.”</i></p> <p><i>“Stop building high rise buildings for the old and disabled. The people I know who are frequently stuck in a tower block when lifts break etc is just horrible. I worked a long time and now can’t due to disability but why should someone like me end up stuck in a tower block. Small terrace style single story housing would be brilliant. Limited to the elderly and disabled.”</i></p> <p><i>“Priority should be given to pensioners with medical needs especially given Section 21 notices. To wait until the Bailiff notices is too stressful. More help with the move is necessary.”</i></p> <ul style="list-style-type: none"> • Significant concern about the long-term impacts of high numbers of children living in temporary accommodation, particularly for worsening health inequalities and access to education. It was highlighted that some parents might not feel comfortable letting their children’s school know if they are living in temporary accommodation and therefore miss out on support. • People of all ages highlighted a concern about a lack of affordable housing options in East Sussex and there was support for increasing the number of affordable rented homes.

- There was support for increasing the supply of smaller options (studio, 1 bed and 2 bed units) to provide options for older people to downsize as they get older and also starter homes for younger people.
- It was highlighted that more needs to be done to raised awareness of changes in housing availability and cost, compared to previous generations.
- More information about housing should be shared in schools, so people have realistic expectations and to help break down the stigma around homelessness.
- There needs to be stronger joint working between housing and children's services to support families who have been found or are likely to be found intentionally homeless. Ideally this should be early intervention to prevent them becoming homeless.
- Feedback from the Hastings Ageing Network meeting highlighted the need for closer working between housing partners on estate management and addressing anti-social behaviour.
- Concerns about older people living in the private rented sector becoming at greater risk of homelessness if their housing becomes unaffordable on a fixed income.

"Pensioners are usually on a fixed income and current rents for a one bed flat are more than their income."

<p>(Age) What does this mean⁴? Impacts identified from data and feedback (actual and potential)</p>	<ul style="list-style-type: none"> • All age groups highlighted a significant challenge of a lack of affordable housing options. • The number of children and young people living in temporary accommodation is high. This increases the risk of health inequalities and could disrupt access to education. • East Sussex is expecting to see an ageing population over the life of the strategy. Good quality, affordable housing is an important enabler for people to live healthy independent lives for as long as possible. • Concerns that the number of older people at risk of homelessness in the private rented sector may increase, as fixed incomes will not keep pace with rising rents. • There is a need to increase the range of accommodation options for older people, including accessible housing and accommodation with support.
<p>(Age) What can you do? All potential actions to remove or reduce barriers and increase equality.</p>	<ul style="list-style-type: none"> • Maximise grant funding and investment in delivery of new affordable housing, including exploring grant funding opportunities to provide self-contained accommodation for families. • Develop a county-wide temporary accommodation policy, setting out standards and access to services to help reduce the risk of worsening health inequalities. • Continue a shared role between housing and children's services to improve access to housing for young people and care leavers. • Expand co-location opportunities between housing, children's services and adult social care, including links to family hubs. • Launch a homelessness prevention project with local schools, to help raise awareness of local housing conditions and reduce the stigma of homelessness. • Ensure the needs of both young and older people are reflected in the new supported housing strategy. • Lead the implementation of the suitable home priority within the adult social care strategy and housing priorities within the new Adult Social Care prevention strategy. Strengthen links between housing and the new older person's commissioning team in housing. • Support the development of Age Friendly communities in East Sussex. • Ensure both youth organisations and support services for older people are engaged in the East Sussex Homelessness Forum.

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.

Consider: sensory and mobility impairments; fluctuating, recurring or developmental conditions; learning difficulties; mental health; and people with cancer, multiple sclerosis or HIV. Neurodivergence and effects of menopause can also apply.

(Disability)
What do you know?
Summary of data

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 & Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021.

Substance Misuse East Sussex is home to an estimated 2,300 people who use opiates and/or crack. Of these, 53.3% were in treatment at some point in 2021/22 which is above the national average of 46.3%. but it does indicate a possible further 1,050 people using opiates or crack who are not accessing treatment.

	2022/23	2023/24	2024/25
History of Mental Health Problems	604	1,153	1,281
Physical ill health	406	847	1,079
Drug dependency needs	83	171	152
Alcohol dependency needs	93	172	185
Learning Disability	167	361	477

In March 2025, Public Health published a Multiple Compound Needs (MCN) Assessment. MCN means people living with at least 3 support needs, including homelessness, poor mental health, substance dependency, domestic abuse and contact with the criminal justice system. The MCN Assessment drew on data from the Rough Sleeping Initiative (now the Rough Sleeper Prevention

and Recovery Programme and the Changing Futures programme. The assessment found that the number of people living with multiple compound needs in East Sussex was 1,360 between 2022 and 2023.

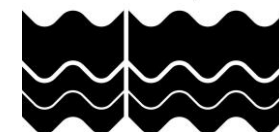
The needs assessment included the following overview of support needs:

MCN Type	Count	As a % (of people living with at least 3 support needs)
Mental Health	1,147	84%
Homelessness	1,095	81%
Substance Misuse	991	73%
Domestic Violence	656	48%
Probation	625	46%

The following referrals were made under the duty to refer:

	2022/2023	2023/2024	2024/2025
Hospital A&E, Urgent Treatment Centres or in-patient care	7	33	31
Mental Health in-patient care	9	21	10
Adult Social Services	33	35	27

<p>(Disability) What do people tell you? Summary of feedback</p>	<ul style="list-style-type: none"> • A number of responses to the online survey highlighted the links between homelessness and broader support needs, particularly mental health and substance dependency support needs: <p><i>“Homelessness is not always about unaffordable housing. I work in homeless hostels. Mostly they have chronic mental health disease and drug and alcohol addiction.”</i></p> <p><i>“I think additional help with alcohol and drug use/dependency also needs to be addressed as goes hand in hand with the same issue.”</i></p> <p><i>“I work with lots of people who are at risk of becoming homeless or are in temporary accommodation or in very unsuitable accommodation due to disability and illness”</i></p> <p><i>“I feel far more should be done for people with addictions. I am sure that the majority of homeless persons have either addictions or mental illness.”</i></p> <p><i>“Look at why people continue to sleep rough and whether allowances for alcohol increase the problem.”</i></p> <p><i>“People coming out of prison and rehabs should be followed up more and given more support (I speak from experience)”</i></p> <p><i>“There needs to be more rehab places.”</i></p> <ul style="list-style-type: none"> • Responses to the survey also highlighted the need for partnership working: <p><i>“I agree with this, but I would like to add that the Adult Social Care need to work closely with the council to prevent and reduce homelessness. Those that are under ASC need protection and support too.”</i></p> <p><i>“As stated above, having central points of contact, such as a hostel or health hubs with multi-agency/ multi-disciplinary teams would be able to provide wraparound coordination and better outcomes, again being more cost effective.”</i></p>
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“Additional focus needed on the integration or interface of housing needs and social (care) needs. Not simply more paid carers but how do you build neighbourhood systems that support people leaving hospital or with mental health issues e.g. a buddy system.”

- Other responses spoke about the range of housing, housing conditions, accessible housing and funding:

“I feel it would be appropriate for more housing to be allocated for people with special needs and their support workers, to live integrated people who don’t have special needs. This has to be the way forward in the 21st century, to get people out of residential care homes and into the community, with support. The amount of money that is spent by local authorities housing people with different needs in residential care homes is astronomical, I feel it would be more cost-effective.”

“I fully agree with more supported housing. I am under ASC in supported accommodation and I am looking to moving onto the next stage of my life with supported housing in my own flat or similar with PAs. I have accessibility needs too, while I am not in a wheelchair I struggle with too many stairs and some adaptations will be needed for me. So I think it’s very important to consider people like me who are young and vulnerable too.

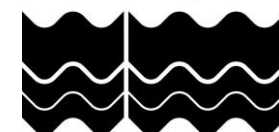
“More accessible homes should be built and only given to those in need. More bungalows instead of flats too small for wheelchairs. Only register disabled should be offered these homes.”

“Help people adapt their housing so they can stay at home”

“As a disabled tenant myself I don’t think enough is done to improve our homes.”

“I would like to see more help for people with disabilities and health and care needs who live in flats. I am a family carer for someone who is registered disabled and lives on the ground floor of a block of flats in East Sussex.”

“DFGs (Disabled Facilities Grants) are really important. Lots of people are living in unsuitable housing because of disability/illness, are on Band A but can wait for up to 5 years for suitable alternative accommodation. This needs to be urgently addressed.”



“Disabled facility grants should only be used if the size of the property matches the number of bedrooms”

“Grants to adapt people's homes to help live independently is to be commended. Often there is a situation where someone does not want to go into care and would prefer to live independently for as long as possible.”

- Responses to the survey highlighted the need for support to people leaving hospital:

“It is of vital importance that the care needs of people leaving hospital are dealt with swiftly.”

“Need help for elderly/ disabled when they leave hospital.”

“Much closer links between healthcare and social care so people are not stuck in hospital. Ideally this would be one integrated service.”

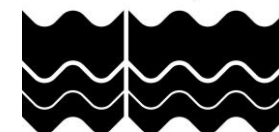
“There needs to be more supported accommodation for those with additional needs run by professionals. There should also be care packages and intermediate care for those coming out of hospital. Older people need more sheltered housing options with a 24 hr warden.”

“There needs to be much more help for those who have unfortunately found themselves moving from non-disabled to disabled due to a health impact. People need help moving back into their home or new accommodation.”

- Responses to the online survey regarding the priority for working together to reduce health inequalities highlighted the need for staff capacity to support people with multiple compound needs.

“Yes, good - need to genuinely have enough staff time to casework vulnerable people needing support”

“...you will need to employ a lot more staff.”



Feedback was gathered from people using and delivering services during the multiple compound needs assessment. Key feedback about links to homelessness included:

"I think the presenting need could fluctuate at different times as well, you know, as to what's most pressing, we certainly see that whilst people are in temporary accommodation, you know, they might have - mental health - might be the cause of their homelessness, but that might, you know, stabilise once they're in accommodation. But then you know, drug use might go up- or vice versa... Once you're in accommodation, the drinking or drug use goes down because it was a way of coping living on the street, but then the mental health then goes up, so the support from substance misuse services needs to back down but not disappear completely"

[Re: Warming up the Homeless] "It's a nicer place and you know a friendlier place for people to come into than, say, the council offices which, you know, serve a purpose, but you know it's not the same as, you know, somewhere you get a cup of tea and something to eat and more relaxed space, so a lot of the, um, engagement work has taken place in there, and that's been successful."

"If the government, for example, wants us to end rough sleeping, they really need to think about the legislation in and of itself because we feel the legislation rationalises homelessness rather than trying to actually reduce it altogether. So we're kind of at conflicting priorities where in the RSI we're trying to house everyone, whereas in the local authority, it's only certain types of people."

- Concerns about people from outside of the area placed in temporary accommodation in East Sussex without appropriate ongoing support.

<p>(Disability) What does this mean? Impacts identified</p>	<ul style="list-style-type: none"> • People living with a disability may be at a higher risk of homelessness and have fewer accommodation options. • The number of people living with MCN (at least 3 support needs linked to homelessness, poor mental health, substance dependency, domestic abuse and contact with the criminal justice system) is higher than previously estimated. The MCN Assessment highlights that it would not be possible to meet this need through grant funded activity alone and it is important to improve links between specialist services and mainstream provision. • There is a shortage of accessible accommodation options in East Sussex. • Disabled Facilities Grants are particularly important to helping people adapt their homes and continue living independently. • Collaboration and integration across housing, health and care services should be a priority to stop people missing out on support.
<p>(Disability) What can you do? All potential actions</p>	<ul style="list-style-type: none"> • Develop a new hospital discharge protocol with partners across housing, health and care. • Reviewing existing protocols and working practices between housing, health and care, including the Duty to Refer, to include a focus on preventing homelessness. • Implement the recommendations from the recent Multiple Compound Needs Assessment carried out by Public Health. This includes expanding multi-disciplinary teams and strengthening links to substance dependency and mental health services. • Ensuring substance dependency and mental health support are part of the ongoing multi-disciplinary team supporting rough sleepers when new funding allocations are announced at the end of 2025. • Continue to facilitate collaboration across housing and occupational therapy teams to make the best use of Disabled Facilities Grants. • New Supported Accommodation Strategy to be developed during 2026, with a string focus on engaging with existing and potential residents to understand good practice and gaps in provision. • Continue to lead the implementation of the suitable home priority within the adult social care strategy, with a focus on increasing the range of accommodation options for people living with disabilities in East Sussex.

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	
(Gender reassignment) What do you know? Summary of data	<p>The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+)¹ Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex.</p> <p>2021 Census: 1640 residents declared their gender identity was different to that assigned at birth which is 0.4% of the population.</p> <p>Stonewall research amongst health and social workers in 2015 found that Trans people were subject to discrimination, with negative remarks or offensive language being heard by 20% of patient-facing staff from their colleagues. This means that trans people may be reluctant to engage with services.</p>
(Gender reassignment) What do people tell you? Summary of feedback	<p>There were no specific comments about this protected characteristic to the online survey during the public engagement.</p> <p>During the public engagement period, housing colleagues met with Stonewall Housing, a national charity supporting LGBTQ+ people of all ages who live in the UK and are experiencing homelessness or living in an unsafe environment. Stonewater Housing have recently opened a supported accommodation provision in East Sussex. Stonewater Housing also invite housing providers to sign up to their LGBTQ+ housing pledge, which demonstrates a commitment to LGBTQ+ support and equality.</p>
(Gender reassignment) What does this mean? Impacts identified	<p>National evidence suggests that LGBTQ+ people are at higher risk of homelessness and may face stigma when accessing services.</p>
(Gender reassignment) What can you do? • All potential actions	<ul style="list-style-type: none"> • To continue to work with Stonewall Housing, and other local charities on the delivery of specialist to supported accommodation and to ensure these needs are reflected in the evidence based for new supported housing strategies. • To promote the LGBTQ+ pledge to local housing providers.

	<ul style="list-style-type: none">• To work with the Safer East Sussex team on the mobilisation of specialist LGBTQ+ refuge provision.• To ensure the voice of LGBTQ+ residents is included in ongoing work to strengthen tenant involvement.			
Pregnancy and maternity - Protection is during pregnancy and any statutory maternity leave.				
(Pregnancy & maternity) What do you know? Summary of data	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.			
	The number of households owed a main housing duty, that included a pregnant woman for each year are set out below:			
		2022/2023	2023/2024	2024/2025
	Household includes a pregnant woman	14	11	17
(Pregnancy & maternity) What do people tell you? Summary of feedback	There were no specific comments about this protected characteristic to the online survey during the public engagement.			
(Pregnancy & maternity) What does this mean? Impacts identified	<ul style="list-style-type: none">• The number of families with children experience homelessness across East Sussex is high, including a rising number of children living in temporary accommodation.• Pregnancy and maternity may put someone at risk of homelessness if their property becomes overcrowded or is no longer suitable for their needs.			
(Pregnancy & maternity) What can you do? All potential actions	<ul style="list-style-type: none">• Ensure maternity services are included in ongoing work to develop new working practices with health partners, to help identify people who may be at risk of homelessness earlier.• To update protocols and working practices with children’s services to help identify families who may be at risk of homelessness earlier.			

Race (ethnicity) - This includes ethnic or national origins, colour or nationality, and includes refugees and migrants⁵, and Gypsies and Travellers.

(Race / ethnicity)
What do you know?
 Summary of data

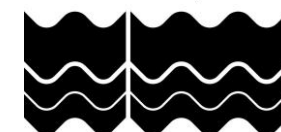
8.0% of the adult population in East Sussex is from an ethnic minority group (including White minority groups). This compares to 18.8% in England. In 2021, 93.9% (512,440) of usual residents in East Sussex identified their ethnic group within the high-level "White" category, a decrease from 96.0% (505,420) in the 2011 Census, but still significantly higher than the English national average (81.0%) and also higher than the average for the Southeast region (86.6%). 4.6% were of another white background; 1.6% were Asian/ Asian British, 0.5% were Black/ Black British and 1.3% were from other ethnic backgrounds. Those selecting a non -UK identity only accounted for 5.5% of the overall population (29,880 people), which is an increase from 4.3% of the population (23,090 people) in 2011.

In terms of the national picture of homelessness, a higher proportion of people identified as homeless in Census 2021 identified within the "Black, Black British, Black Welsh, Caribbean or African" (15.0%), "Mixed or Multiple ethnic groups" (5.1%), or "Other ethnic group" (6.1%) high - level categories, when compared with the rest of the population of England and Wales (4.0%, 2.9%, and 2.1%, respectively).

The ethnicity of people using homelessness services in East Sussex is set out below:

	2022/2023	2023/2024	2024/2025
White	1,701	2,579	2,551
Black / African / Caribbean / Black British	30	69	63
Asian / Asian British	25	45	58
Mixed / Multiple ethnic groups	35	44	65
Other ethnic groups	36	108	70
Not known	189	209	245

The MCN Assessment carried out by Public Health found that 91% of people living with MCN in East Sussex were white.



	<p>National evidence highlights that people from minority ethnic groups may face additional barriers when accessing housing and homelessness services.</p> <p>National evidence suggests that households from minority ethnic groups are more likely to live in multi-generational households and therefore require larger properties.</p> <p>The number of former asylum seekers owed a homelessness prevention or relief duty is set out below:</p> <table><tr><td></td><td>2022/2023</td><td>2023/2024</td><td>2024/2025</td></tr><tr><td>Former asylum seeker</td><td>18</td><td>30</td><td>37</td></tr></table> <p>Planning policy teams across the local authorities are working together closely to find suitable placements on pitch sites where required. A call for potential sites was published over summer 2025 and the outcomes will be considered as part of the local plan making-process.</p> <p>To note the 2022 briefing produced by Friends, Families & Travellers, <i>Accommodation issues facing Gypsies and Travellers in England</i>. This highlights a national problem with many local authorities failing to meet the needs of this group. The briefing recommends that local (and national) government should switch from an enforcement approach to encampments to an approach of provision, including permanent and transit sites and the promotion and adoption of negotiated stopping agreements. It also calls for the Government to reintroduce pitch targets and a statutory duty onto local authorities to meet the assessed need for Gypsy and Traveller sites, adopt a definition of a Traveller in planning terms that incorporates all Gypsies and Travellers who need a pitch to live on, and introduce a rolling programme of ring-fenced funding for local authorities to build Gypsy and Traveller sites.</p>		2022/2023	2023/2024	2024/2025	Former asylum seeker	18	30	37
	2022/2023	2023/2024	2024/2025						
Former asylum seeker	18	30	37						
<p>(Race / ethnicity)</p> <p>What do people tell you?</p> <p>Summary of feedback</p>	<ul style="list-style-type: none">• Significant response to the online engagement suggesting that migration is having an impact on pressure on local housing services and housing availability. <p><i>“The whole housing/homelessness problem has one root cause: net migration - whether it be legal or illegal.”</i></p>								

	<p><i>“Immigrants have been given far too much priority accommodating them with dwellings that should be allocated to our own people, this cannot be right and since you mention fairness perhaps you will remember this.”</i></p> <p><i>“Integration doesn't work so stop giving housing to illegal immigrants”</i></p> <p><i>“Stop housing illegal, economic migrants.”</i></p> <p>However, this is not reflected in the monitoring data from local homelessness services. There is no priority treatment to people from ethnically minoritised backgrounds or those who are migrants.</p>
(Race / ethnicity) What does this mean? Impacts identified	<ul style="list-style-type: none"> • East Sussex has a strong history of partnership working to deliver services for refugees, including the Vulnerable Persons Resettlement Programme.
(Race / ethnicity) What can you do? All potential actions	<ul style="list-style-type: none"> • Continue to support the call for gypsy and traveller sites as part of the local plan making process in each district and borough authority. • To develop a community-centred approach, working with partners to identify people at risk of homelessness earlier. To continue to support cross-sector working through the East Sussex Homelessness Forum and ensure the membership of the forum includes organisations supporting people from minority ethnic groups. • To work with the local migration partners and East Sussex Strategic Migration Partnership to support the co-ordination of local projects and services. • To support the implementation of recommendations from the Rapid Health Needs Assessment for Children and Adolescent Refugees and Asylum Seekers in East Sussex East Sussex in Figures – Data Observatory – JSNA – JSNA: Rapid Health Needs Assessment for Children and Adolescent Refugee and Asylum seekers in East Sussex 2024

Religion or 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.	
(Religion /& Belief) What do you know? Summary of data	<p>In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011. 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. This is low compared to both the Southeast Regional and the English national averages, with 3.3% of residents in the South East specified their religion as Islam, and 6.7% across the whole of England. People in East Sussex with the highest proportion of people with no religious belief is Hastings (37%), and Lewes (32.5%) also having a notably higher proportion of people with no religion than the national average.</p> <p>Some faith groups may require specific housing arrangements, such as communal living environments or designs that reflect particular architectural or spiritual traditions. Cultural customs within religious communities can also shape expectations around household composition, privacy, and proximity to places of worship. Additionally, factors such as age, family size, and socioeconomic status within faith groups play a role in determining housing needs.</p> <p>Religion and belief is not reported as part of the statutory homelessness returns.</p>
(Religion /& Belief) What do people tell you? Summary of feedback	<p>There were no specific comments about this protected characteristic to the online survey during the public engagement.</p>
(Religion /& Belief) What does this mean? Impacts identified	<ul style="list-style-type: none"> • Local faith-based organisations play a significant role in delivering local homelessness services, for example providing drop-in hubs and temporary accommodation for people who are rough sleeping.
(Religion /& Belief) What can you do? All potential actions	<ul style="list-style-type: none"> • Continue to support cross-sector collaboration through the East Sussex Homelessness Forum and ensure the membership of the forum is kept up to date to include local faith-based organisations. • Use established partnership networks to ensure the experience and insights from services delivered by faith-based organisations support the development of services for rough sleepers.

Sex - Women and men are protected under the Act.

(Sex)
What do you know?
Summary of data

Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male.

Homelessness and gender: Women are less likely to experience forms of homelessness that are immediately visible to the public and to services, so it can be assumed that women are less likely to be homeless. However, women make up a greater percentage (60%) of those who are homeless and in temporary accommodation. 32% of homeless women from the general population reported that domestic abuse contributed to their homelessness and 52% of domestic abuse survivors need support to help them stay in their own home or move to new accommodation. [Homelessness and domestic abuse spotlight - SafeLives](#)

Women in refuges are also not visible to the public and not included in homelessness statistics. If a woman is homeless but not in temporary accommodation or a refuge, they are less likely to be visibly rough sleeping. Instead, women tend to stay in precarious accommodation, refuges, sleep on trains or other less visible places. In the last 10 years, the number of women in England who are homeless has increased by 88%. [Myth Busting Women's Homelessness | Homeless Link](#)

The number of homelessness presentations as a result of domestic abuse are set out below:

	2022/2023	2023/2024	2024/2025
Homelessness Prevention	79	121	11
Homelessness Relief	173	230	288

(Sex)
What do people tell you?
Summary of feedback

- Feedback from the development sessions for the Hastings Housing Strategy highlighted the need to create refuge provision in the town.

(Sex)
What does this mean?
Impacts identified

- Work is underway, lead by the Safer East Sussex Team, to implement the requirements of the Domestic Abuse Act 2021 including increasing refuge provision in East Sussex.
- Domestic Abuse funding is invested in specialist support for services supporting victims with multiple compound needs, as part of a broader multi-disciplinary team created through the Changing Futures and Rough Sleeper Prevention and Recovery Programme.

<p>(Sex) What can you do? All potential actions</p>	<ul style="list-style-type: none"> • To work with the Safer East Sussex Team and the refuge provider to increase the supply of refuge accommodation, including identifying suitable properties. • Ensure refuge provision is included in preparations for the new Supported Housing Regulations. • To promote Domestic Abuse Housing Alliance (DAHA) accreditation to local housing partners and expanding co-location opportunities with specialist services including Independent Domestic Abuse Advisors. • To ensure links with specialist domestic abuse services are developed as part of the development of services for people living with multiple compound needs beyond March 2026.
<p>Sexual orientation - The Act protects bisexual, gay, heterosexual and lesbian people.</p>	
<p>(Sexual orientation) What do people tell you? Summary of feedback</p>	<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 bi people (56%).</p> <p>Economic and Social Research found that heteronormative assumptions as well as experience and / or fears of discrimination prevent LGB&T people from accessing mainstream services. For this reason, LGB&T people prefer and are more engaged with specialist LGB&T organisations. According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+ .</p> <p>The East Sussex LGBTQ+ Comprehensive Needs Assessment (2021), identified the following challenges:</p> <p>Discrimination in Housing Settings</p> <ul style="list-style-type: none"> • LGBTQ+ individuals, especially trans and non-binary people, reported feeling unsafe or unwelcome in shared housing environments. • Experiences of bullying, harassment, and misgendering were common in supported accommodation.

Older LGBTQ+ Adults

- Those aged 50+ expressed concerns about:
 - Loneliness and isolation
 - Lack of LGBTQ+-friendly housing
 - Limited access to specialist support services
- Services like Switchboard offer dementia support and bereavement groups tailored to LGBTQ+ elders.

Youth Housing Vulnerability

- LGBTQ+ young people were more likely to experience family rejection, leading to housing instability or homelessness.

Need for Inclusive Housing Services

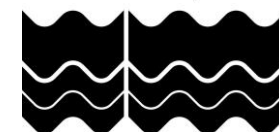
- The assessment highlighted the need for:
 - Training for housing staff on LGBTQ+ inclusion
 - Monitoring of sexual orientation and gender identity in housing services
 - Development of safe, inclusive housing options across East Sussex

According to the 2025 akt report, LGBTQ+ youth are:

- Twice as likely to experience hidden homelessness (e.g., sofa surfing, squatting).
- 26% of LGBTQ+ youth surveyed had experienced hidden homelessness, compared to 4% in government estimates.
- 33% of trans youth and 50% of non-white LGBTQ+ youth reported hidden homelessness

The East Sussex LGBTQ+ Needs Assessment (2021) found that:

- LGBTQ+ individuals are disproportionately impacted by homelessness.



	<ul style="list-style-type: none">Contributing factors include family rejection, discrimination, and lack of inclusive services.There are gaps in data collection, making it harder to tailor services effectively. <p>The sexual orientation of people using local homelessness services is set out below:</p> <table><tr><td></td><td>2022/2023</td><td>2023/2024</td><td>2024/2025</td></tr><tr><td>Heterosexual</td><td>1,111</td><td>1,937</td><td>2,010</td></tr><tr><td>Homosexual (gay / lesbian)</td><td>20</td><td>44</td><td>47</td></tr><tr><td>Bisexual</td><td>-</td><td>29</td><td>39</td></tr><tr><td>Other</td><td>37</td><td>19</td><td>8</td></tr><tr><td>Prefer not to say</td><td>848</td><td>1,025</td><td>1,014</td></tr><tr><td>Not known</td><td>0</td><td>0</td><td>0</td></tr></table>		2022/2023	2023/2024	2024/2025	Heterosexual	1,111	1,937	2,010	Homosexual (gay / lesbian)	20	44	47	Bisexual	-	29	39	Other	37	19	8	Prefer not to say	848	1,025	1,014	Not known	0	0	0
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<p>(Sexual orientation) What does this mean? Impacts identified</p>	<p>During the public engagement period, housing colleagues met with Stonewall Housing, a national charity supporting LGBTQ+ people of all ages who live in the UK and are experiencing homelessness or living in an unsafe environment. Stonewater Housing have recently opened a supported accommodation provision in East Sussex. Stonewater Housing also invite housing providers to sign up to their LGBTQ+ housing pledge, which demonstrates a commitment to LGBTQ+ support and equality.</p>																												
<p>(Sexual orientation) What can you do? All potential actions</p>	<ul style="list-style-type: none">To continue to work with Stonewall Housing, and other local charities on the delivery of specialist to supported accommodation and to ensure these needs are reflected in the evidence based for new supported housing strategies.To promote the LGBTQ+ pledge to local housing providers.To work with the Safer East Sussex team on the mobilisation of specialist LGBTQ+ refuge provision.To ensure the voice of LGBTQ+ residents is included in ongoing work to strengthen tenant involvement.																												

Marriage and civil partnership - Only in relation to due regard to the need to eliminate discrimination.				
(Marriage & civil partnership) What do you know? Summary of data	According to 2021 census data for East Sussex: <ul style="list-style-type: none"> • Single 29% • Married 46.5% • Civil Partnership 0.4% • Divorced 11% • Widowed 8% The number of people presenting as homeless due to a non-violent relationship breakdown is set out below:			
		2022/2023	2023/2024	2024/2025
	Homelessness Prevention	54	61	78
	Homelessness Relief	129	151	157
(Marriage & civil partnership) What do people tell you? Summary of feedback	There were no specific comments about this protected characteristic to the online survey.			
(Marriage & civil partnership) What does this mean? Impacts identified	<ul style="list-style-type: none"> • Relationship breakdown is recognised as a cause of homelessness nationally and in East Sussex. 			
(Marriage & civil partnership) What can you do? All potential actions	<ul style="list-style-type: none"> • Ensure mediation and wellbeing support are included as part of the broader approach to homelessness prevention. Ensuring that, when possible and safe to do so, couples can continue living together at the end of their relationship while they find alternative housing and avoid the need for temporary accommodation. 			

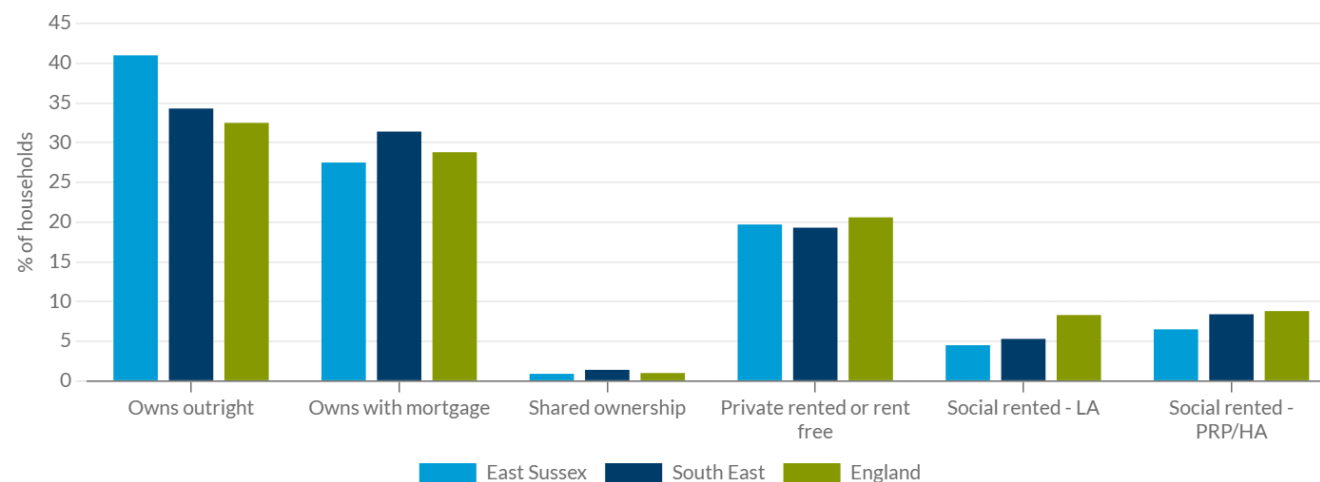
Armed Forces - protected by the Armed Forces Act 2021 which aims to help prevent service personnel, veterans and their families being disadvantaged when accessing public services. The duty applies to specifically housing, education or healthcare functions, but check whether any impacts may apply in your case.				
(Armed forces) What do you know? Summary of data	In 2021, 21,173 people in East Sussex reported that they had previously served in the UK armed forces (4.6% of usual residents aged 16 years and over). There were 19,917 households (8.3% of all households) in East Sussex with at least one person who had served in the UK armed forces. East Sussex had the 4th highest proportion of veterans in the 16 and over population (4.6%) in the Southeast.			
	The number of people using homelessness services in East Sussex who have served in HM Forces is set out below:			
		2022/2023	2023/2024	2024/2025
	Serve in HM Forces	16	23	20
(Armed forces) What do people tell you? Summary of feedback	<ul style="list-style-type: none">Responses to the online survey included “<i>Veterans should be prioritised</i>” and “<i>provide cheap social housing and prioritise ex armed forces</i>”.			
(Armed forces) What does this mean? Impacts identified	<ul style="list-style-type: none">Homelessness legislation makes provisions for veterans, including assessing a person as having priority need if they are vulnerable as a result of serving in the regular naval, military or air forces. UK Armed Forces Veterans are also exempt from rules that restrict access to social housing for those that do not have a connection to the local area.			
(Armed forces) What can you do? All potential actions	<ul style="list-style-type: none">Promoting opportunities to become an Armed Forces Champion to teams in housing and homelessness services.Ensuring organisations representing veterans are included in partnership networks, including the East Sussex Homelessness Forum.			

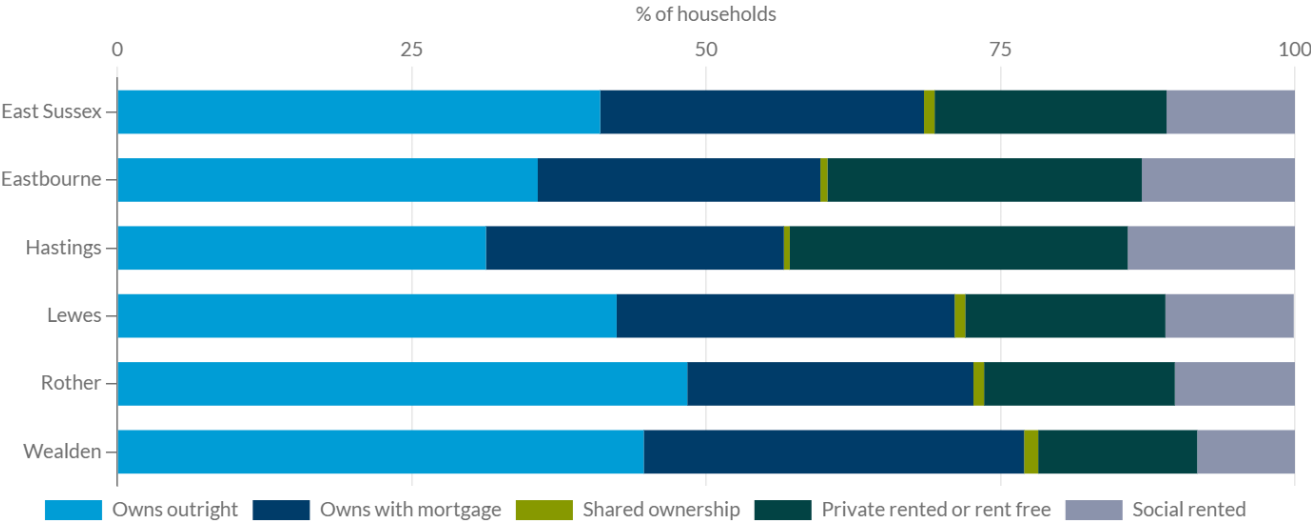
Impacts on community cohesion - Consider impacts on how groups see one another or how the council's resources are seen to be allocated. Include opportunities to positively impact on good relations between groups.

(Community cohesion)
What do you know?
 Summary of data

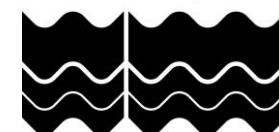
Housing authorities and landlords play an important role in promoting community cohesion.

The tenure mix of housing in East Sussex is set out below:



	<p>The tenure mix by district and borough is set out below:</p>  <table border="1"><caption>Estimated Tenure Mix by District (%)</caption><thead><tr><th>District</th><th>Owns outright</th><th>Owns with mortgage</th><th>Shared ownership</th><th>Private rented or rent free</th><th>Social rented</th></tr></thead><tbody><tr><td>East Sussex</td><td>45</td><td>35</td><td>1</td><td>15</td><td>4</td></tr><tr><td>Eastbourne</td><td>40</td><td>30</td><td>1</td><td>25</td><td>4</td></tr><tr><td>Hastings</td><td>35</td><td>30</td><td>1</td><td>30</td><td>4</td></tr><tr><td>Lewes</td><td>45</td><td>30</td><td>1</td><td>18</td><td>6</td></tr><tr><td>Rother</td><td>50</td><td>30</td><td>1</td><td>15</td><td>4</td></tr><tr><td>Wealden</td><td>45</td><td>30</td><td>1</td><td>18</td><td>6</td></tr></tbody></table>	District	Owns outright	Owns with mortgage	Shared ownership	Private rented or rent free	Social rented	East Sussex	45	35	1	15	4	Eastbourne	40	30	1	25	4	Hastings	35	30	1	30	4	Lewes	45	30	1	18	6	Rother	50	30	1	15	4	Wealden	45	30	1	18	6
District	Owns outright	Owns with mortgage	Shared ownership	Private rented or rent free	Social rented																																						
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<p>(Community cohesion) What do people tell you? Summary of feedback</p>	<ul style="list-style-type: none">• A shortage of affordable housing has been highlighted as a significant barrier to community cohesion.• Concerns were noted in the online survey about the growth of Air BnBs and holiday homes, reducing the supply of long-term housing: <p><i>“Agree. We must make renting property a positive thing. If letting becomes too onerous for private landlords there will be a temptation to move to the Air BnB model for renting out property. This is particularly the case along the South Coast. There has been an impact nationally on locally available rental properties in popular holiday spots due to the growth in the holiday homes market.”</i></p> <ul style="list-style-type: none">• A number of responses to the online survey referred to anti-social behaviour:																																										

	<p><i>"All good ideas, hope they work in practice and pathways don't get too complicated for making a difference. Greedy landlords must be kept in check, just as anti-social behaviour must be curbed."</i></p> <p><i>"Anti-social behaviour is a huge problem and again is at times the result of lack of knowledge and skills in how to live sociable i.e. for care leavers, homeless, people with severe mental health issues. Support to help them learn these skills could be one element in reducing anti-social behaviour."</i></p> <p><i>"Anti-social behaviour should be addressed quite often social housing areas become areas of high anti-social behaviour. More joined up services to prevent this. Social housing should not be large, grouped areas."</i></p> <ul style="list-style-type: none"> • Responses to the online survey included: <p><i>"Why, as in other areas of the country, do we not have a homeless hostel in East Sussex? This could be jointly funded by all the local authorities and provide a safe haven for homeless people to stabilise and engage with the support services. This would assist in people having to sleep on the streets, reduce crime and anti-social behaviour and help to remove homelessness across the county."</i></p> <p><i>"Smaller units for single homeless people to have a space of their own and with support hub"</i></p> <p><i>"Engage with the local community to see where they might volunteer help to these services and help build community relations and understanding"</i></p>
<p>(Community cohesion) What does this mean? Impacts identified</p>	<ul style="list-style-type: none"> • A shortage of affordable housing has been identified as a significant barrier to community cohesion. The growing number of households living in temporary accommodation has a significant negative effect on these individuals and families. • A number of responses to the online survey highlighted the important role housing providers can play in addressing anti-social behaviour. This is also a priority for the Regulator of Social Housing. • Access to stable housing on release from prison has been shown to have a significant benefit in reduce the re-offending rates.



<p>(Community cohesion) What can you do? All potential actions</p>	<ul style="list-style-type: none"> • The strategy includes a priority to maximise investment and delivery of affordable housing. • Collaboration between the Housing Partnership and the Safer East Sussex team to promote community and address shared priorities to reduce anti-social behaviour. • Expanding opportunities for co-location between local housing and probation services.
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Additional categories

(identified locally as potentially causing or worsening people's experience of inequality)

Rurality - issues can include isolation, access to services (eg: GPs, pharmacies, libraries, schools), low income / part-time work, infrequent public transport, higher transport and fuel costs and lack of affordable housing. Deprivation can be more dispersed and less visible.													
(Rurality) What do you know? Summary of data	<p>Rates of homelessness tend to be higher in the coastal urban towns of Hastings and Eastbourne, it also demonstrates the reach of the service into the rural areas of the county and proportionate with data population for East Sussex. 74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census). A report completed in 2023 Homelessness in the Countryside identified that rural areas receive 65% less funding per capita than urban for homelessness prevention and there is a 24% increase in rural rough sleeping in the past year.</p> <p>New housing delivery targets have been announced for East Sussex, with potential for significant delivery in rural areas of the county:</p> <table border="1"> <thead> <tr> <th>Area</th><th>Target</th></tr> </thead> <tbody> <tr> <td>Eastbourne</td><td>717</td></tr> <tr> <td>Hastings</td><td>722</td></tr> <tr> <td>Lewes</td><td>828</td></tr> <tr> <td>Rother</td><td>880</td></tr> <tr> <td>Wealden</td><td>1,397</td></tr> </tbody> </table>	Area	Target	Eastbourne	717	Hastings	722	Lewes	828	Rother	880	Wealden	1,397
Area	Target												
Eastbourne	717												
Hastings	722												
Lewes	828												
Rother	880												
Wealden	1,397												
(Rurality) What do people tell you? Summary of feedback	<p>The public engagement included a number of comments regarding the need for health, care and transport infrastructure keeping pace with new housing development.</p> <p>Issues regarding a shortage of affordable housing were also highlighted throughout the public engagement. There have also been some recent examples of successful community-led housing schemes which have increased the supply of affordable housing.</p>												

	<p>A response from Icklesham Parish Council was supportive of the strategy priorities, particularly in terms of homelessness prevention and support to adapt homes to support older residents continue living independently.</p> <p>Horam Parish Council highlighted their recently completed needs assessment in their response.</p> <p>Arlington Parish Council highlighted the role local Parish Councillors can play in terms of their strong links to their communities and sharing insights and intelligence.</p> <p>Heathfield and Waldron Parish Council commented “strategy is important, but is nothing without practical plans, and determined action. We wish you well in your work, support your goals, and hope to help wherever possible”.</p> <p>Through the financial inclusion steering group, the feedback around the barriers for rural communities included:</p> <ul style="list-style-type: none"> • A need for more outreach focused services to improve earlier access to support • A need to improve digital infrastructure to help reduce the risk of digital exclusion
<p>(Rurality) What does this mean? Impacts identified</p>	<p>A number of challenges are shared across rural and urban communities across the county, particularly a shortage of affordable housing and a need to ensure that infrastructure improvements keep pace with developments. In particular, gaps around outreach services to support homelessness prevention were identified.</p>
<p>(Rurality) What can you do? All potential actions</p>	<ul style="list-style-type: none"> • The strategy includes a commitment to review existing homelessness prevention activity, including expanding outreach and home-visiting roles. • The strategy includes support for community led housing initiatives.

Carers - A carer is anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.					
(Carers) What do you know? Summary of data		Care for the Carers estimates that there are 69,241 (11.7%) unpaid carers in East Sussex. It is difficult to know the actual number of carers because so many carers are hidden. There are over 10,000 people claiming Carers Allowance in East Sussex. (Source DWP Feb 2020) 8% of carers aged under 55 cannot afford their rent/mortgage payments. 14% of carers are in debt as a result of caring. This increased to 23% for carers in receipt of Carer’s Allowance.			
(Carers) What do people tell you? Summary of feedback		Feedback from the online survey included: <i>“Unpaid carers need to be involved always in hospital discharge, making sure people leaving hospital are being discharged into suitable accommodation with enough support”</i>			
(Carers) What does this mean? Impacts identified		Feedback from the public engagement has highlighted opportunities to strengthen involvement of carers in service planning across housing, health and care. Both care leavers organisations and housing partners are represented on partnerships promoting financial inclusion.			
(Carers) What can you do? All potential actions		<ul style="list-style-type: none">Ensuring the experience of carers is reflected in ongoing work to strengthen joint working across housing, health and care including the development of a new hospital discharge protocol.Ensure organisations representing carers are			
People with care experience: the term ‘care experienced’ refers to anyone who has been, or is currently, in care or from a looked after background at any stage in their life, no matter how short. Consider financial impacts for things like travel or access to projects; maintaining continuity of care and support (including mental and physical health and wellbeing, community and social connections), and access to opportunities.					
(Care experience) What do you know? Summary of data		The number of care leavers presenting as homeless is set out below:			
			2022/2023	2023/2024	2024/2025
		Care Leavers Age 18 - 20	20	24	33
		Care Leavers Age 21 - 24	21	8	26
		Care Leavers Age 25+	-	19	32

	Partners have highlighted that people leaving care are often reliant on accessing accommodation in the private rented sector, which is becoming increasingly challenging and unaffordable.
(Care experience) What do people tell you? Summary of feedback	<p>Responses to online survey included:</p> <p><i>“The term ‘affordable’ housing is a red herring. What is urgently needed is Social Housing with especial consideration for young people leaving care.”</i></p> <p><i>“A ‘half-way house’ for care leavers would provide a safe environment for young care-leavers where they could gradually become independent at their own pace and receive advice and support when needed.”</i></p> <p>Feedback gathered during the MCN assessment included:</p> <p><i>“For example, if somebody is a care leaver, but maybe they had a tenancy and it failed, and it failed because of all the obvious reasons, but it failed and it was ultimately their fault, we just say “well you’re intentionally homeless, and therefore we’ve got no duty to you”... it’s just very frustrating sometimes because it’s not the wrong decision, it’s the right decision in terms of the legislation... But it’s wrong”</i></p>
(Care experience) What does this mean? Impacts identified	Continuing to strengthen collaboration across housing partners and children’s services is identified as a priority in the strategy.
(Care experience) What can you do? All potential actions	<ul style="list-style-type: none"> • Co-produce a new care leavers protocol between housing and children’s services partners. • Ensure the needs of care leavers are reflected in scoping the new supported housing strategies to meet the new regulations. • Continue to review and develop our support services to improve access to accommodation.

Other people that may be differently affected and/or whose views are seldom heard - this will vary by service, but includes people who:

- are homeless or in insecure housing,
- in prison,
- with low levels of literacy,
- are digitally excluded,
- experiencing severe loneliness (a feeling of lack or loss of companionship)
- experiencing or in recovery from drug and alcohol addiction (and their families),
- have or are experiencing domestic or sexual abuse

(Other impacts)
What do you know?
Summary of data

- There is a significant link between homelessness and re-offending. The housing partnership works closely with criminal justice partners to reduce the risk of homelessness on release.
- The East Sussex Multiple Compound Needs Assessment sets out the number of people living with at least 3 supported needs in East Sussex:

MCN Type	Count	As a % (of people living with at least 3 support needs)
Mental Health	1,147	84%
Homelessness	1,095	81%
Substance Misuse	991	73%
Domestic Violence	656	48%
Probation	625	46%

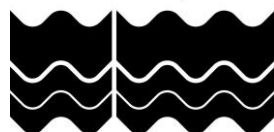
- People experience homelessness have been identified as at higher risk of digital exclusion.

(Other impacts)
What do people tell you?
Summary of feedback

- There was a significant response to the public engagement highlighting the need to continue strengthening alcohol and substance dependency support for people experiencing homelessness.
- Learning from the tackling loneliness programme, delivered in partnership with Public Health and Sussex Community Development Association explored the links between housing and homelessness and loneliness, in particular the additional risks faced by people living in temporary accommodation or sheltered housing. The programme includes recommendations about the use of communal spaces to help reduce loneliness.

(Other impacts) What does this mean? Impacts identified	<ul style="list-style-type: none"> The aim of the housing partnership is to support cross sector collaboration to ensure the needs of people who may otherwise be seldom heard are met.
(Other impacts) What can you do? All potential actions	<ul style="list-style-type: none"> Continue to strengthen collaboration between housing and criminal justice partners, including exploring co-location opportunities with probation partners. Continue to work with the Multiple Compound Needs Board to implement the recommendations from the recent needs assessment. Continue to work with the financial inclusion steering group to promote digital inclusion. Support the implementation of the connection test developed through the tackling loneliness programme within local housing and homelessness services.
Staff impacts: if your proposal affects staff, have you consulted with the Staff Networks? (contact details are on the equality pages of the intranet: search for 'staff networks')	
<p>The draft strategy has been developed with colleagues from across housing and partner services.</p>	

Assessment of overall impacts, summary of actions and any further recommendations
<p>The aim of the Housing Partnership is to set a long-term vision for the development of the housing services in East Sussex. Key feedback from the public engagement has included:</p> <ul style="list-style-type: none"> Strong support for preventative services and providing support for people at risk of homelessness at an earlier stage. Many people said homeless people need better help with mental health problems and drug or alcohol problems. Support for partners working together more collaboratively to reduce the risk of people missing out on support. A shortage of affordable housing was highlighted as a significant challenge across the county. Housing is an important enabler for people to live healthy, independent lives as they get older. <p>The partnership are keen to continue to improve the quality of our equalities monitoring information across housing and to strengthen lived experience involvement in designing and delivering services.</p>



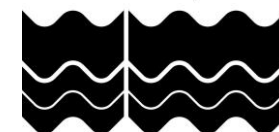
3. List detailed data and/or community feedback that informed your EqIA

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data (were there any people you didn't hear from? Does research include information on all characteristics?)	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
<i>Strategy priorities have been co-produced with partners in housing and partner sectors since November 2024</i>			
<i>Online Survey</i>	<i>June - August 2025</i>	<i>Risk of digital exclusion.</i>	<i>Partners were encouraged to promote the survey through their networks and paper copies of the survey were made available.</i>
<i>H-Clic Homelessness Returns</i>	<i>March 2022 - March 2025</i>	<i>Some local authority returns were missing for 2022/23.</i>	<i>Insights are cross checked against feedback from partner services and national trends.</i>
<i>Alongside census data, the EQIA also draws on data from recent needs assessments carried out by Public Health.</i>			

4. Prioritised Action Plan

NB: The Council's duties are ongoing: actions must be completed and further equality assessment made if needed. Review the actions identified above and prioritise by considering actions that will have benefits for multiple characteristics, actions that remove the biggest barriers or have greatest impact, and actions that are possible within current resources. **Transfer these actions to service or business plans and monitor to ensure they achieve the outcomes identified.** Your departmental equality lead will follow up at an agreed time to ensure actions are being implemented.

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
<i>To jump back to potential actions identified above, click on the relevant hyperlink: Actions from previous EqlA, Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race, Religion & Belief, Sex, Sexual Orientation, Armed Forces, Community Cohesion, Rurality, Carers, Care Experience, Other Impacts, Staff Impacts</i>				
All Characteristics	Work with local housing partners to continue to improve the monitoring of equalities information for housing allocations and social housing tenants.	Improved monitoring will enable the local authorities to identify service improvements.	Annual equalities monitoring report shared with the housing management and standards group.	By December 2026
All Characteristics	Strengthen ongoing lived experience involvement in the local housing services.	Lived experience involvement helps to shape service design and delivery.	Approach to lived experience involvement agreed by the housing partnership.	By September 2026.
Age Disability Carers	Review existing protocols between housing, health and care to strengthen partnership working, beginning with a new hospital discharge protocol.	Improved experience for people using housing, health and care services. Reduced number of delayed discharges from hospital.	Hospital discharge protocol co-produced and adopted.	By September 2026
Age Disability	Work with colleagues in adult social care to identify housing	Learning and feedback from the strategy engagement shared as	Review completed and housing	Review to be completed in 2026/27.



	outcomes from a broader review of older people's services.	part of the review. Opportunities to increase the range of accommodation options and support for older people agreed.	recommendations agreed.	
Age Care Leavers	New Care Leavers Protocol developed and agreed.	Improved pathways between children's services and housing, helping to reduce the risk of care leavers becoming homeless.	Care Leavers Protocol adopted.	By September 2026.
Disability	Implement the recommendations from the Multiple Compound Needs Assessment.	The multiple compound needs assessment included recommendations to improve multi-disciplinary working.	Action plan of recommendations from the assessment agreed by the Multiple Compound Needs Board.	By April 2026.
(Add more rows as needed)				

EqlA sign-off: (for the EqlA to be final the following people must review and agree it)

Staff member completing Equality Impact Assessment: Michael Courts

Date: 7 November 2025

Equality lead: Kaveri Sharma

Date: 28 November 2025

Directorate Management Team rep or Head of Service: Kaveri Sharma

Date: 28 November 2025

¹ Our duties in the Equality Act 2010

Under the Equality Act 2010 we have a legal duty to demonstrate 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. This template provides evidence of this consideration.

In the Act we must give ‘due regard’ (pay conscious attention) to the need to:

- **avoid, reduce, minimise or eliminate any negative impact** (if you identify unlawful discrimination, you must stop the action and take advice immediately).
- **promote equality of opportunity** by removing or minimising disadvantages; taking extra steps to meet people’s needs; encouraging participation; and treating disabled people differently, including more favourably where necessary.
- **foster good relations** by tackling prejudice and promoting understanding.

² **EqlAs are always proportionate.** The greater the potential adverse impact on a protected group (e.g. disabled people), the more thorough our process must be. Consider:

- 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

³ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** all Council employees must be aware of our legal duties and comply with them appropriately in our daily work.
- **Timeliness:** assessment must be completed and considered at the time a 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 more is needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted services, which are provided on its behalf, can and do comply with these legal duties.

-
- **Review:** this continuing duty applies when you develop/agree a policy or service and when it is implemented and reviewed.
 - **Proper Record Keeping:** you must keep records of the process, the impacts and the actions that you will implement.

⁴ Your EqIA must get to grips fully and properly with actual and potential impacts. Our legal duties to identify equality impacts don't stop us taking decisions, or introducing changes that are needed. They do require us to take decisions and make changes conscientiously and deliberately confront the anticipated impacts on people.

⁵ **Refugees and migrants** means people whose intention is to stay in the UK for at least one year (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.

Report to: Lead Member for Adult Social Care and Health

Date of meeting: 15 December 2025

By: Director of Adult Social Care and Health

Title: The future of the Circle Room Sexual Health Service.

Purpose: To present the outcome of the public consultation and seek approval on the proposal for the future of the Circle Room Sexual Health Service.

RECOMMENDATIONS:

The Lead Member is recommended to:

- 1) Note the outcome of the consultation and Equality Impact Assessment; and
 - 2) Approve the proposal to maintain the Circle Room Sexual Health Service under a new contract as set out as option 2 in Appendix 4 of this report.
-

1 Background

1.1 As part of East Sussex County Council's (ESCC) Reconciling Policy, Performance and Resources (RPPR) process for 2025/26, a proposal was made to decommission the Circle Room sexual health service in Lewes as de-commissioning the drop-in services would deliver a revenue saving of £45,000 annually. The proposed closure date is 31 March 2026, as this is also the expiry date of the current contract.

1.2 [On 4 June 2025 the Lead Member for Adult Social Care](#) and Health approved a targeted consultation to evaluate the Circle Room sexual health service in Lewes, and an Equality Impact Assessment (EqIA) was conducted to inform the decision-making process.

1.3 Recommendations regarding the future of the Circle Room are based on consultation findings, equality and financial considerations, and identified risks.

2 Supporting information

2.1 The consultation findings are summarised in the Consultation Report (Appendix 1). The key themes from the consultation were:

- The overwhelming opposition to closure
- The clinic is valued for accessibility and confidentiality
- There are concerns about the negative impact the closure will have
- Many felt alternative services were either unknown, unsuitable, or inaccessible, and that any financial savings would be offset by increased pressure elsewhere in the healthcare system.

2.2 Summary of anecdotal evidence from the service providers:

- Young people prefer the drop-in clinic model over traditional GP appointments.
- The GP-led service allows holistic assessments and immediate referrals for mental and physical health, offering broader support than specialist sexual health services.
- Young people value and respect the service, with some avoiding online or postal options due to personal circumstances or being aged under 16.
- ESCC's safeguarding team notes that children we care for in Newhaven favour this clinic.
- Data shows cost savings, with contraception services preventing repeat unintended pregnancies, saving £9 for every £1 spent ([Contraception: Return on Investment \(ROI\) report](#)).
- The cost of one unwanted child being provided care is approximately £700-£7,000 a week. [Children's social care cost pressures and variation in unit costs](#)
- This service reaches young people who are stating they may not go to their GP or access any services for contraception.

2.3 A Consultation Impact report has been written in response to the themes highlighted via the consultation. This document acknowledges challenges and barriers to access but also signposts to already available solutions, mitigating actions and to opportunities for change in service provision. The Consultation Impact report is Appendix 2 to this report.

2.4 Equality Impact Assessment (EqIA) has been carried out by the Inclusion and Support Services team (see Appendix 3). The EqIA highlighted, the proposed closure may have the following negative implications:

- on those aged under 16 who do not have an alternative online option, the clinic saw 255 under 16s in the last year 2024-25.
- may present an increased risk for young women, with the potential consequence of unintended pregnancies due to unmet contraceptive needs.
- may negatively impact on young people residing in areas of high deprivation in Lewes District e.g. northwest of Lewes Castle and 'the Havens'.

2.5 The proposal to close the Circle Room clinic as part of the RPPR process has been reconsidered, as commissioners identified alternative savings within the sexual health budget due to a negotiated cost avoidance with the local Integrated Care Board (ICB).

2.6 This cost avoidance is related to the introduction of an ICB contract for the fitting of coils for non-contraceptive use. Previously, identifying the coils that were fitted for non-contraceptive reasons in women of fertile age was challenging, and the associated costs were covered by ESCC. Due to the new ICB contract, a cost avoidance has been identified for ESCC. This saving will meet the RPPR requirement as well as support the continuation of the Circle Room service.

2.7 In addition, the consultation clearly demonstrated the clinic's cost effectiveness and vital role to the community. This means that RPPR financial targets can be met and that the young person's clinic can be maintained. It is important to note that the ESCC sexual health budget used to fund the Circle Room only covers staff costs, while other expenses (eg. the physical building) are funded by the provider. This financial arrangement ensures the service remains accessible without compromising its quality or reach.

2.8 Following an options appraisal and consultation, maintaining the Circle Room service under a new contract of the value of £45,000 with revised specifications is recommended. This is

option 2 within the options appraisal, which is appendix 4 to this report. This approach enhances focus on alternative services, including online provision, and supports young people transitioning to the over-25 offer. It also enables referrals to wider support. The model may inform service expansion in underserved areas such as Uckfield and Bexhill. Outcome indicators will be monitored quarterly, with annual reviews. Future collaboration with Integrated Community Teams may extend services, subject to budget constraints. Funding is proposed for two more years to sustain and adapt the service based on findings.

3 Conclusion and Recommendations

3.1 The consultation and discussions on the future of The Circle Room Sexual Health Service demonstrated its cost effectiveness and crucial role in reducing unwanted pregnancies, Sexually Transmitted Infections (STIs), and HIV amongst people under 25 years old. The young people's sexual health service specifications will be reviewed. The required RPPR savings will be met by using sexual health budget identified through a negotiated cost avoidance with the local ICB.

3.2 The Lead Member is therefore recommended to:

- 1) Note the outcome of the consultation and Equality Impact Assessment; and
- 2) Approve the proposal to maintain the Circle Room Sexual Health Service under a new contract as set out as option 2 in Appendix 4 of this report.

MARK STANTON

Director of Adult Social Care and Health

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Email: tony.proom@eastsussex.gov.uk

Background Documents:

None

Appendices:

Appendix 1: Consultation Findings Report

Appendix 2: Consultation Impact Summary

Appendix 3: Equality Impact Assessment

Appendix 4: Options appraisal

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Consultation results report

Circle Room sexual health clinic

About this consultation

This consultation was about the proposed closure of the Circle Room sexual health clinic for young people in Lewes and the surrounding areas. The consultation started on 21 July 2025 and closed on 28 September 2025.

The focus was on hearing from people who currently attend the clinic or who have attended in the past. Based on the comments, we know we also had responses from people who haven't used the clinic themselves but know others who value it.

The consultation survey was available to complete online, and a print version was available from the provider or from the Council on request. Flyers about the consultation were given out to clinic attendees and the provider promoted it directly to people and on its website.

Who took part in the consultation

We received 120 survey responses to the consultation. The comments given suggest that the majority of respondents were current users of the service (90 people or 75% of the total). Of the remaining respondents, 10% were previous users of the service and 15% had not used the service.

Everyone was asked for their postcode, although people could answer 'prefer not to say'. 78% told us their postcode (94 respondents), with most people living in the Lewes and the surrounding towns and villages (85 respondents). The remaining postcodes were for elsewhere in East Sussex (6) or outside the county (3).

People were also given the option of answering an 'about you' equality section at the end of the survey, with 78 people (65%) choosing to answer one or more of these questions. A summary of the main findings is below, while the full results can be found in the 'Equality survey questions' section later in this report.

- Nearly two thirds of respondents told us their age (59%). The age range of respondents ran from 15 to 64 years old (some won't have used the service themselves as it's for people aged up to 25 years old). The average age was 23, although among current service users it was lower at 20 years old.
- The majority of respondents were female (53%). Only 9% were male, although we don't know the sex of the 35% of respondents who skipped this section.
- The majority were a registered patient with Foundry Healthcare (78%). The rest were registered with a different GP practice in East Sussex (19%) or with a GP practice outside the county (6%). One person wasn't registered with a GP practice.

Key messages

These key messages reflect the feedback received in the survey. For detailed charts, tables and comment themes please see the later sections.

- Almost everyone who responded to the consultation strongly disagreed with the proposed closure. This was true of current service users, former service users, and those who had not personally used the clinic.
- They described the service as vital for young people in the local area.
- Many knew the Circle Room as a well-established and well-respected local resource, offering a range of specialist advice, all located in one place.
- The clinic was praised for its supportive and safe environment. Users felt comfortable visiting it and discussing their concerns.
- Young people valued the Circle Room for the confidential nature of the support and advice it offered.
- Staff were appreciated for the non-judgmental support they provided, and the trustworthy advice and sexual health education they offered.
- The clinic was seen as accessible, due both to its location and the relative speed with which users could see staff. For these reasons, the walk-in service at the clinic compared favourably with waiting lists for GP appointments.
- The closure of the clinic was believed likely to reduce young people's access to sexual and reproductive health services. It was believed that this would lead to possible consequences such as riskier sexual health practices, a rise in teenage pregnancies, and greater anxiety and stigma around testing for young people.
- Fears were expressed about longer-term consequences of closure. These included: rises in teenage abortion rates, less early treatment of sexually transmitted infections, and youth disillusionment with public healthcare.
- Many regarded travelling further afield to similar services as either unappealing or impossible. This reflected both a lack of similar, confidential options, and practical or financial difficulties of travelling.
- Asked where else they might go for sexual health services, respondents were most likely to say they did not know.
- For those who suggested another service, the most popular options were a sexual health clinic outside East Sussex, or the Foundry Healthcare GP practice for contraception.
- Few were willing to use online services as an alternative. Seeing a professional in person was seen as more reassuring.
- Any financial savings were seen by some as likely to be negated by costs and pressure being transferred to other parts of the healthcare system, which themselves are already at capacity.
- Some were concerned that closure would send a message that younger people's health and welfare was not a priority.

Sample quotes

These comments are a small selection of the responses we received in the consultation. They reflect the key themes or offer a specific suggestion.

- “I strongly disagree that this irreplaceable service be closed. I have been using this service since I was 15/16 and am now 23 and STILL [emphasis in original] use it. It saves on nurse appointments that can be given to patients that aren’t in need of Circle Room services. This service encourages young people to access sexual health advice and treatment when some home situations don’t allow them to and keeps them safe...”
- “There is nowhere else in Lewes that does this, and having to travel outside Lewes would mean I couldn’t access this sort of help.”
- “Confidential spaces for young people to discuss and seek help surrounding sexual issues are so very important. I don’t know what I would have done otherwise because the next service like this is relatively far away.”
- “I would have to wait weeks for an appointment, maybe even have to pay privately to be seen in a good amount of time.”
- “Going to Eastbourne or Brighton as two of the other ‘nearest’ clinics is difficult for us as school kids. It’s a long, costly journey. Dropping in to local clinics is much easier and much more accessible for all Lewes under 25s.”
- “I wouldn’t want to travel a long way on my own to access services like this and [would] be embarrassed to go to the GP and have to raise the problem myself. At the clinic they know more why you’ve come.”
- “[Closure] would make Eastbourne and Hastings clinics jam packed. They’re already full and [it’s] hard to get appointments/help. We are just told to do it online. I’m a young person and like talking to nurses/doctors in real life.”
- “[C]linics are better equipped than GPs for sexual health queries because they specialize in this area, offering comprehensive testing, treatment, and expert advice. This focused expertise ensures more accurate diagnoses and effective management of sexual health issues.”
- “The Circle Room is of fundamental importance to the local community. The doctors create such a warm, non-judgmental and welcoming environment. Without it, I’d never have been brave enough to seek the help I needed with contraception. Many friends have had the same experience. It’s vital young people have access to safe, private sexual health advice. The Circle Room is undoubtedly the best for this. It’d be an immense detriment to the community and frankly foolish to shut it down.”
- “Without [these services], there’s higher risk of untreated infections, unplanned pregnancies, and increased pressure on already overstretched NHS services.”
- “It’s an essential service for young people, especially given that heterosexual HIV infections are rising. Sexual health clinics need to be as easily accessible as possible and the Circle Room is exactly that.”

Results summary across all methods

Views on the proposal

98% of respondents disagreed with the proposal to close the Circle Room sexual health clinic. The vast majority chose 'strongly disagree' over 'disagree' (92% and 6% respectively). The only person who ticked that they agreed with the proposal went on to explain why they disagreed with it.

110 people added a comment, and the top themes for why people agreed or disagreed with the proposal are:

- The service is vital for young people (41 comments)
- There would be poorer access to support (31)
- The service provides a safe environment (30)
- The service is vital in a general sense (24)
- Comments about the respondent's personal circumstances, such as healthcare history and current living arrangements (21)
- The service is beneficial (21)
- The service is confidential (19)

Some people also made suggestions in response to the proposal:

- Review number of managers/staff in other roles (1 comment)
- Encourage more people to use service (1)
- Listen to the consultation feedback (1)

Potential impacts of the proposal

How they would be affected if the clinic closed

88 people answered this question, and the top five themes were:

- There would be poorer access to support (34 comments)
- Comment about the respondent's personal circumstances, and how closure would affect these (21)
- More inconvenience for those using the service (17)
- There would be reduced access to advice (17)
- Journey costs to another service would be more expensive/harder to justify (13)

What services they would access instead

This was a multiple-choice question, with everyone giving at least one answer. The most common answer people selected was that they did not know what they would access instead (30%).

The next most common responses were:

- A sexual health clinic outside East Sussex (18%)
- The Foundry Healthcare GP practice for contraception (14%)
- I wouldn't use another service - although a quarter of these people hadn't used the Circle Room service (12%)

Other comments and suggestions

59 people added a comment or view, and the top 5 themes were:

- Comment that the service is vital in general terms (9 comments)
- Comment that the clinic offers a safe or confidential service (8)
- View that there would be reduced access to advice or sexual health education (8)
- Comment that the service is vital to young people (8)
- View that the proposal is detrimental to young people (7)

Some people also made suggestions in response to the proposal:

- Not to cut the service (31 suggestions)
- Consider wider impact of decisions on health system (3)
- Increase service rather than cut it (3)
- Consider wider message this conveys about young people (2)
- East Sussex County Council should manage resources better (1)
- Cut non-emergency services (other Council spend) (1)
- Cut non-essential parts of the service (1)
- Keep parts of the service running (1)
- Manage resources better using AI for appointments (1)

Charts and tables

This section presents respondents' answers to quantitative questions using charts and tables, and to free text comments using tables.

The free text comments from the survey have been thematically analysed. This involves developing a coding framework to capture the themes raised by the comments and converting the comments into quantitative data by producing counts for the number of times a theme was raised.

Survey responses

Q1) What is your postcode?

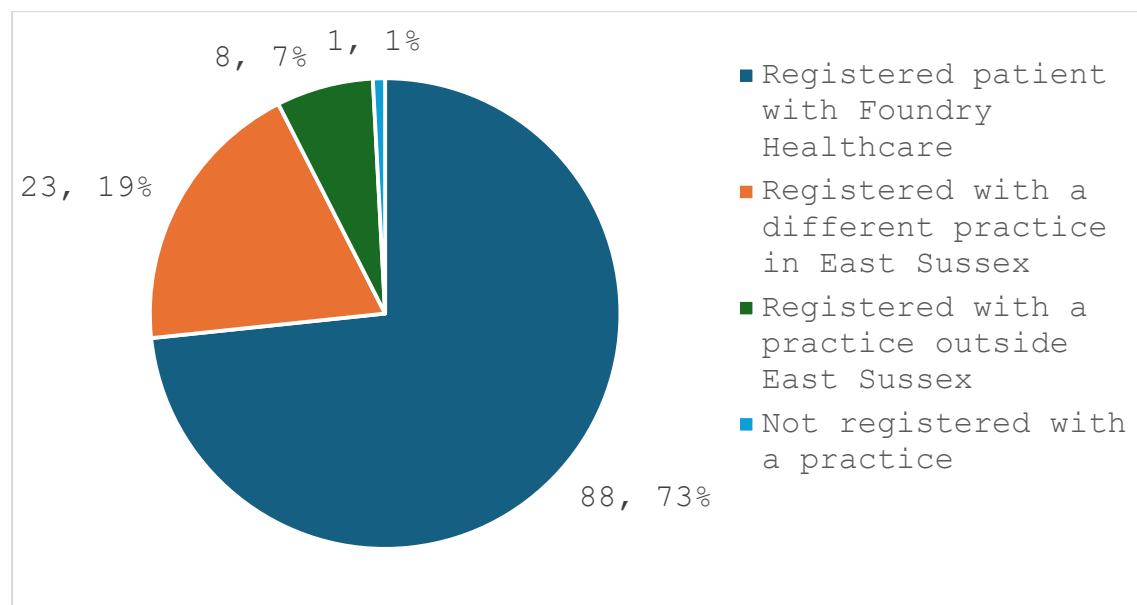
There were 94 responses to this question. In all, 26 people didn't answer. Three postcodes belonged to respondents from outside East Sussex.

Postcode area	Total	Percent
Eastbourne	1	1%
Wealden	5	4%
Lewes	85	71%
Rother	0	0%
Hastings	0	0%
No postcode provided	26	22%

Q2) Are you a registered patient with Foundry Healthcare?

Nearly three quarters of respondents (88 people) were a registered patient with Foundry Healthcare. The proportion was slightly lower for previous users of the service (7 out of 12, or 58%).

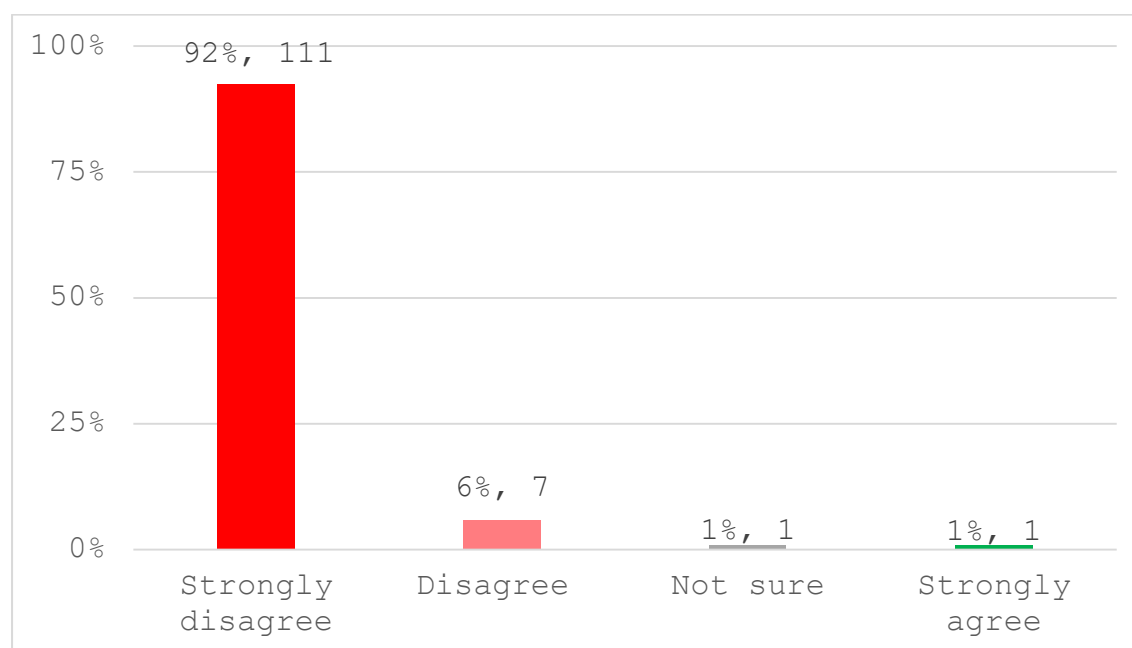
Chart 1: Registration with a GP practice



3) How much do you agree or disagree with the proposal to stop funding the Circle Room sexual health clinic?

All 120 people responded to this question. Of these 118 (98%) disagreed with the proposal. Nearly all of these (111) strongly disagreed.

Chart 2: Views on the proposal



Note: The person who ticked "Strongly agree" went on to explain why they disagreed.

Please use the box below to tell us why you agree or disagree:

In all, 110 people responded to this question, with 10 people not answering. Reasons why respondents felt as they did are themed and listed below.

A number of comments focused on other issues besides why the respondent viewed the proposal as they did. These are also listed, in a separate table.

Reasons for views about the proposal

Comment themes	Total
The service is vital for young people	41
There would be poorer access to support	31
The service offers a safe environment	30
The service is vital in general terms	24
The service is beneficial	21
The service is confidential	19
There would be reduced access to advice	18
The proposal is detrimental to young people	15
Closure would be more inconvenient for those using the service	14
Those using the service would adopt more risky sexual behaviour	11
Service users would have poorer physical health	10
There would be a loss to the community	10
This is the only service of its sort	10
Concern for where service users would go instead	10
Costlier for service users to go elsewhere	9
Service users would feel less comfortable going to a GP	7
The journey to other services would be complex	6
Increased stigma associated with using other services	5
Alternative services are not adequate	5
The service is well used	4
The service is cost effective	4
The service is immensely valued	4
There would be increased pressure on other services	3
The service is of high quality	3
Alternative services are not suitable	3
Proposal is short sighted	3
Service users would have poorer mental health	3
The proposal would add more costs in the long term	3
The service is well run	2
The need for this service is increasing	2

The service is efficient	2
The service offers other key support	2
The proposal is detrimental to women	2
Relationships built between staff and service users may end	2
Closure would cause upset to service users	2
Respondent understands the importance of making savings	1
Young people deserve this service	1
People's needs won't be met	1
Routine change would be disruptive for service users	1
Foundry Healthcare is already stretched - longer wait to be seen	1
Closure would reduce service users' wellbeing	1
Service users' confidence would reduce	1
Service offers a stable environment	1
Respondent is concerned about the impact on them	1
Alternative services are too far away	1
Cuts are unfair/unequal	1
The service provides peace of mind	1
These services are already limited	1
Would feel less reassured if using other service or GP	1

Other themes

Comment themes	Total
Comment about personal circumstances (e.g., healthcare history)	21
Praise for staff	13
Praise of service	12
Disagree with proposal	11
Don't close service	9
Proposal is shocking/saddening/upsetting	5
Respondent said the closure would not affect them personally	1
Criticism of council	1
Suggestion: Review number of managers/staff in other roles	1
Suggestion: Encourage more people to use service	1
Suggestion: Listen to the consultation feedback	1

Q4) How would you be affected if the sexual health clinic closed?

In all, 88 people responded to this question, with 32 people not answering. Ways in which people said they were affected are themed and listed below.

A number of comments focused on other issues besides how the respondent would be affected by the proposal. These are also listed, in a separate table.

Reasons for being affected

Comment themes	Total
There would be poorer access to support	34
There would be more inconvenience for service users	17
Closure would reduce access to advice	17
The journey cost to another service would be more expensive	13
Service users' journey to services would be more complex	10
The service provides a safe environment not available elsewhere	10
Concerned where people would go instead	7
Would not want to use a different service	6
There would be a loss to the community	6
Those using the service would adopt more risky sexual behaviour	5
Service users would have poorer physical health	5
Service users would feel less reassured if using other service or GP	4
Closure would cause upset to service users	3
Relationships built between staff and service users may end	3
Foundry Healthcare is already stretched - longer wait to be seen	3
People's needs won't be met	2
Respondent said the closure would not affect them personally	2
Respondent is concerned about the impact on them	2
There would be increased pressure on other services (e.g., NHS)	1
Service users would have poorer mental health	1
The routine change would be disruptive for service users	1
Service users' confidence would reduce	1
Would feel less comfortable going to a GP	1

Other themes

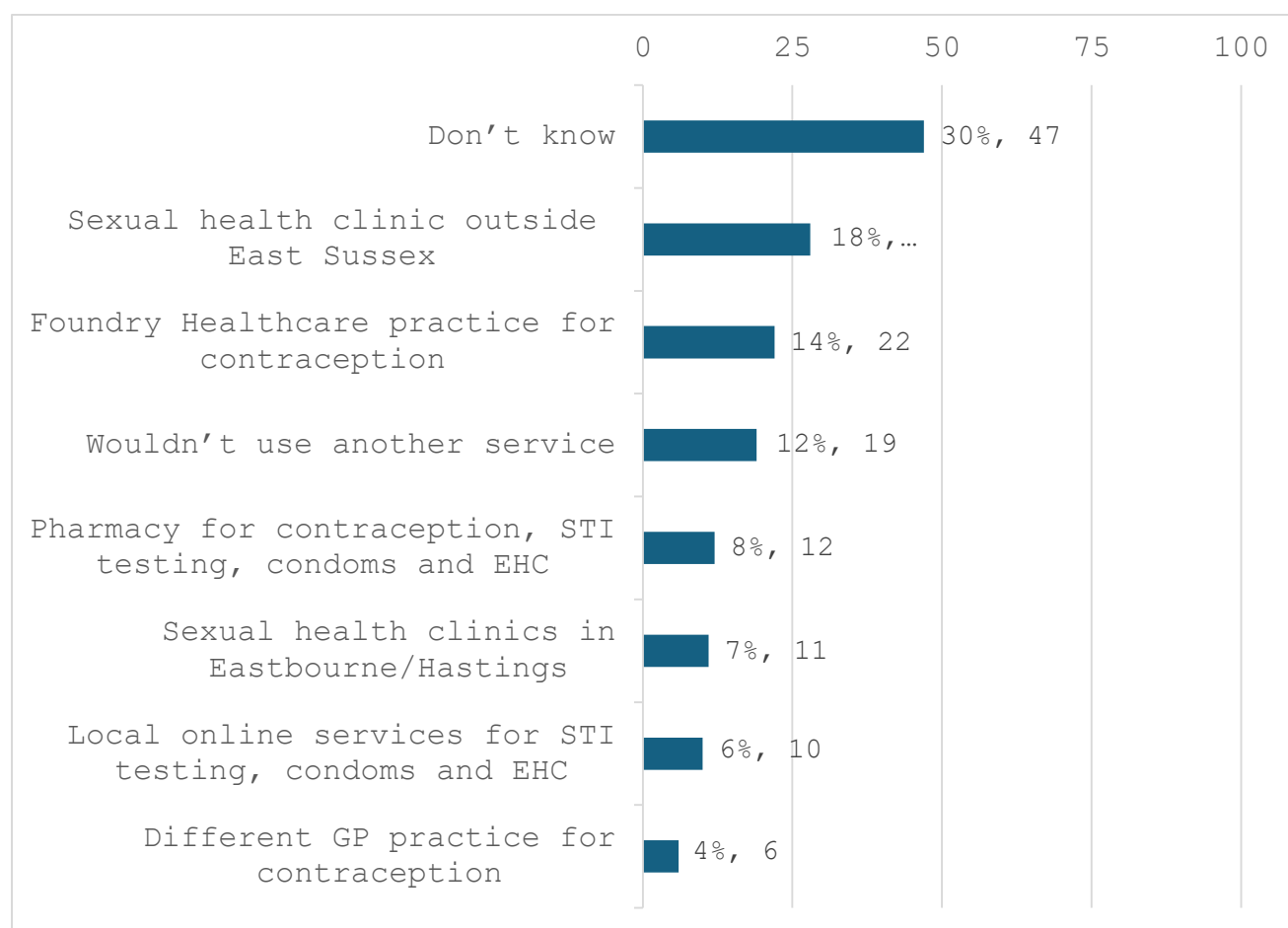
Comment themes	Total
Comment about personal circumstances (e.g., healthcare history)	21
The service is vital for young people	12
The service is confidential	10
This is the only service of its sort	7
The service is efficient	5
Praise for staff	4
The service is very accessible	3
Proposal is shocking/saddening/upsetting	3
The proposal is detrimental to women	3
Negative impact (unspecified)	2
The service is vital in general terms	2
The proposal is detrimental to young people	2
Praise of service	1
The service is immensely valued	1
The service is well used	1
The service is key to users' wellbeing	1
Alternative services are not adequate	1
Alternative services are not suitable	1
The system of service provision is already complex	1
The proposal is detrimental to disabled people	1
Respondent disagrees with the proposal	1
The service is beneficial	1
The service provides peace of mind	1
Services of this sort are already limited	1

Q5) If the clinic closed, where would you get sexual health services instead?

Everyone gave at least one answer to this question. The most common, mentioned by 47 respondents, was that they did not know where they would get sexual health services if the Circle Room closed.

A greater proportion of those who were a registered patient with Foundry Healthcare said that they did not know where else they would get services (36 of 88 or 41%), compared with those not registered there (11 of 32 or 34%).

Chart 3: Services they would access instead



Note (1): STI - Sexually Transmitted Infections. EHC - Emergency Hormonal Contraception. Pharmacy services: for contraception, STI testing, condoms and EHC. East Sussex online services: for STI testing, condoms and EHC.

Note (2): People could tick multiple answers to this question. Between them, the 120 respondents gave 155 responses. The percentages in the chart for each option are calculated using these 155 responses, not the 120 respondents.

Note (3): 5 of the 19 respondents who said they would not use another service were among those who had never used the Circle Room.

Other responses

There were 11 further free text responses to this part of the question. Some responses mentioned alternative options, not all of which were within East Sussex. Most of those who mentioned these did so with little enthusiasm, as they were some distance away, with longer waiting times than the Circle Room, and less valuable support. Others reiterated that they, or those they knew, would likely feel less comfortable and more embarrassed accessing unfamiliar GP surgeries, pharmacies, or other facilities - leading to riskier sexual behaviour.

Q6) Do you have any other comments or suggestions ... to make?

59 people responded to this question, while 61 people did not answer. The themes from the responses are shown below, divided according to whether the comments reflected views about the proposal, opinions about the potential impact of closure, suggestions for actions, and other themes.

Views about the proposal

Comment themes	Total
The service is vital in general terms	9
The service is safe and confidential	8
The service is vital for young people	8
The proposal is detrimental to young people	7
The proposal is short sighted	4
Financial savings will be small compared to negative effects on clinic users	3
The service is well used	3
Services in the Lewes area are already limited	3
Young people deserve this service	3
The proposal is detrimental to women	2
Online support for sexual health is insufficient	2
Access to support elsewhere is hard	1
Users would not want to go to a different service	1
The service is beneficial	1
Alternative services are not adequate	1
Alternative services are not suitable	1
Cuts target the most vulnerable	1
There is no other similar confidential service	1
Recognise need to make savings	1
Services are already under pressure with capacity	1
This service cannot be replaced	1
These services are already limited	1

The service provides peace of mind	1
Respondent is shocked/saddened/upset by proposal	1
Service is valued by the local community	1

Opinions about the potential impact of closure

Comment themes	Total
There would be reduced access to advice or sexual health education	8
Service users would be more likely to adopt risky sexual behaviours	6
Poorer access to support	4
Closure would cause upset to service users	2
Fewer safe spaces would exist to access this support	2
Loss to the community	2
Service users would feel less reassured using other service or GP	2
Costlier for service users to get support	1
Increased pressure on other healthcare services	1
Increased stigma for people accessing less specialist services	1
More inconvenience for service users	1
People's needs won't be met	1
Service users would have poorer physical health	1
People's view of public healthcare will worsen	1
Service users' journey to services would be more complex	1

Suggestions for actions

Comment themes	Total
Don't cut this service	31
Consider wider impact of decisions on health system	3
Increase service rather than cut it	3
Consider wider message this conveys about young people	2
East Sussex County Council should manage resources better	1
Cut non-emergency services (other Council spend)	1
Cut non-essential parts of the service	1
Keep parts of the service running	1
Manage resources better using AI for appointments	1

Other themes

Comment themes	Total
Comment about personal circumstances (e.g., healthcare history)	1
General criticism of East Sussex County Council	1
Reiterates disagreement with proposal	1

Equality survey questions

People were given the option of answering the ‘about you’ equality questions, with 78 (65%) choosing to take part and 42 (35%) choosing not to. The percentages are based on all 120 respondents, including those who skipped the entire section and those who chose not to answer certain questions.

Based on their comments, 15% of people who took part in the consultation haven’t used the service themselves (18 people). Of these, 12 answered the about you questions and 6 skipped this section.

What age are you?

There were 71 responses to this question. 49 people didn’t answer.

Option	Total	Percent
Under 18	18	15%
18-24	38	32%
25-34	6	5%
35-44	1	1%
45-54	4	3%
55-59	3	2%
60-64	1	1%
65+	0	0%
Did not answer	49	41%

What is your gender?

There were 78 responses to this question. 42 people didn't answer.

Option	Total	Percent
Female	63	53%
Male	11	9%
Non-binary	1	1%
Prefer to self describe	1	1%
Prefer not to say	2	2%
Did not answer	42	35%

Is the gender you identify with the same as your sex registered at birth?

There were 77 responses to this question. 43 people didn't answer.

Option	Total	Percent
Yes	72	60%
No	3	3%
Prefer not to say	2	2%
Did not answer	43	36%

What is your ethnic group?

There were 78 responses to this question. 42 people didn't answer.

Option	Total	Percent
White English/Welsh/Scottish/Northern Irish/British	61	51%
Any other White background	8	7%
Any Asian background	2	2%
Any Black background	1	1%
Any Mixed or Multiple background	5	4%
Prefer not to say	1	1%
Did not answer	42	35%

Which of the following best describes your sexual orientation?

There were 78 to this question. 42 people didn't answer.

Option	Total	Percent
Straight/Heterosexual	47	39%
Gay or Lesbian	5	4%
Bisexual	22	19%
Prefer to self-describe (pansexual)	2	2%
Prefer not to say	2	2%
Did not answer	42	35%

What is your religion or belief?

There were 78 responses to this question. 42 people didn't answer.

Option	Total	Percent
No religion	61	51%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	9	8%
Muslim	2	2%
Prefer not to say	6	5%
Did not answer	42	35%

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

There were 77 responses to this question. 43 people didn't answer.

Option	Total	Percent
Yes	14	12%
No	56	47%
Prefer not to say	7	6%
Did not answer	43	36%

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

There were 62 responses to this question. 58 people didn't answer.

Option	Total	Percent
Yes, a lot	5	4%
Yes, a little	10	8%
Not at all	38	32%
Prefer not to say	9	8%
Did not answer	58	48%

Consultation impact summary

Consultation learning, actions and mitigations

This consultation was about closing the drop-in sexual health clinic for young people in Lewes and the surrounding areas. The consultation started on 21 July 2025 and closed on 28 September 2025. 120 people took part in the consultation.

The table below sets out the key learning identified from respondents' comments on the proposed change and how people would be affected. It also sets out clarifications, actions and mitigations aimed at addressing each point.

Table: You said, we did

You said	What we will do in response
<p>You disagree with the proposal to stop funding the clinic because it is a vital service for young people in the local area.</p>	<p>The consultation has demonstrated strong support for what is seen as a valuable local service. The initial funding was focused on young people accessing the drop in who were not registered with the GP practice running the service however it became clear through this consultation that the majority of young people who use the service are registered patients, but importantly do not see the service as a GP service due to its drop in facility in a non GP surgery site.</p> <p>The danger that young people would refrain from accessing services if the circle room drop in were not in operation was clear. This is a concern that young people have a lack of knowledge of other locally accessible services. The council and providers need to ensure that we assist the young person's journey from local young persons to general sexual health services for those aged over 25.</p> <p>An example of the difficulty with online and generic GP service access were identified in the consultation as follows. Young people at school are not allowed phones and therefore cannot easily access alternative online services. To book a GP appointment takes online access or sitting waiting in a phone system and some young people will feel excluded due to this.</p> <p>Action</p> <p>Recognise the value of the local face to face drop in service model and acceptability. Review initial targeting of non-registered patients and adapt service model to ensure awareness and practise use of the</p>

	<p>wider sexual health system in preparation for being aged over 24 or not being resident in the Lewes area anymore . Introduce online service kits, signup to the local condoms distribution scheme</p>
<p>The Circle Room offers a range of specialist and confidential advice from supportive staff in one place that isn't available from other services locally.</p>	<p>We recognise that the Circle room does offer a good range of specialist services at a local level, and the consultation identifies the value of these services to the respondents. It is evident that there would feel to be a significant gap for the current service users.</p> <p>However, this also highlights a lack of knowledge of other services available via the community pharmacy and online.</p> <p>However in meetings with the service leads and through some feedback it is strongly apparent that having this drop in has resulted in avoidance of unwanted pregnancies, and related costs.</p> <p>Action</p> <p>We will maintain specialist input whilst ensuring awareness of alternative services available beyond 25 years old. We will make sure that transition methods are in place for young people using Young persons services, eg staff to encourage service users to familiarise with online offer (STI testing Smartkits' and online condom scheme)</p>
<p>GP services don't offer the same specialist support, and it would be harder to get an appointment.</p>	<p>This is a GP service, but funding is provided for a drop in session outside of the normal rules around GP appointments. It is recognised that the immediacy of a set drop-in session is much more accessible compared to trying to book appointments and travel to services.</p> <p>Action</p> <p>Although we cannot directly address issues with GP access generally, we can discuss with the local NHS Sussex organisations how these barriers can be overcome.</p> <p>All local GPs do provide an excellent contraception service across the county which is demonstrated by most women accessing contraception through their GP. There are other access points for contraception and STI testing that are alternatives to GPs for example</p>

	<p>Community pharmacies offer Contraception condoms and EHC.</p> <p>Specialist sexual health clinics offer STI and HIV testing, contraception and HIV PrEP</p> <p>Online services offer service as follows <u>for over 16s</u>:</p> <ul style="list-style-type: none"> • STI and HIV testing • Emergency hormonal contraception • Condoms <p>The online service works with the specialist service, and any complications or issue are managed face to face by the staff at the specialist sexual health services.</p> <p>STI tests that test positive are followed up by specialist sexual health services and any complexity is directly managed by a face-to-face specialist consultant led service.</p>
<p>The clinic is accessible, both due to its location and the fact it's a walk-in service. Travelling further to get to services isn't appealing and, in some cases, would be impossible.</p>	<p>Whilst this is correct for the current under 25 service users, it is also apparent that the provider needs to ensure that young people are prepared for service access post leaving the local area (i.e. university/college/work/migration), understand the mixed sexual health services to be used aged 25 and over which include community pharmacy, other clinics and online (the latter which should be nearly always accessible 24/7).</p> <p>Action</p> <p>Review of service outcomes to include experiencing other services and preparation for accessing over 24 years old services.</p> <p>Use Smart kits (postal STI testing kits) or online condoms scheme within existing face to face services to introduce to online services.</p> <p>ESCC to better advertise alternative service for all East Sussex residents with a particular target at the 15-24 age range, through sexual health website, social media, youth services and school health.</p>
<p>It would reduce young people's access to sexual and reproductive health services. This could lead to riskier sexual health practices, a rise in teenage pregnancies, and greater anxiety and stigma</p>	<p>The consultation does identify the potential to reduce access to services, however similar services are available. It is possible that using one service may mean young people fail to recognise what other services are available nor do they access them, it is important that this is addressed in the Circle room attendance as part of a mixed access offer for when they leave the area and are older than 25.</p>

around testing for young people.	
You don't know where you go for services instead and you might use a clinic outside East Sussex. You are unwilling to use online services instead, as seeing a professional in person is more reassuring.	It is apparent using one service means young people fail to recognise what other services are available nor do they access them, it is important that this is addressed as part of an access offer in particular for when they leave the area and are older than 25.
Any financial savings would be negated by costs and pressure being transferred to other parts of the healthcare system.	<p>This is a very strong argument for example avoiding unintended pregnancy through specialist contraceptive advice is suggested to return £9 for every £1 spent Contraception: Return on Investment (ROI) report mainly due to the avoidance of costs of intended/unwanted pregnancy.</p> <p>Failure to get STI tested and diagnosed and treated can result in long term health issues.</p> <p>Failure to access HIV testing and treatment can result in permanent life-threatening events and long term treatment expense.</p> <p>Failure to access condoms and HIV PrEP can result in transmittable infections</p> <p>Qualitative feedback demonstrates the success of this service addressing young women who had already had an unwanted pregnancy leading to abortion being able to access reliable and appropriate contraception preventing further unwanted pregnancy or subsequent unwanted child.</p>

Equality Impact Assessment

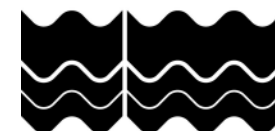
Equality Impact Assessment (EqIA) makes services better for everyone. It supports value for money by getting council services right the first time. It helps us make good decisions and evidence how we have met our legal duties¹.

EqIAs need to be done whenever a service, project, policy, strategy, activity or proposal is being started, needs to change, or is being reviewed. If there is potential for an impact on people, then do an EqIA. We use EqIAs to review information, consider possible disproportionate or specific impacts on different people, and then plan actions to reduce or avoid negative impacts and create positive outcomes². Embed any actions you identify into the relevant action plan to get the best outcomes for the Council, people who access services and our staff³.

Our legal duties to identify equality impacts don't stop us taking decisions or introducing changes that are needed. They do require us to take decisions and make changes conscientiously, and to deliberately confront the anticipated impacts on people.

This template sets out how to complete an EqIA. Guidance for sections is in *italics* in each section and 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.

Title of Project / Service / Policy	Closure of the Circle Room young persons' sexual health clinic Lewes
Team	Public Health East Sussex
Department	Adult Social Care & Health
Provide a comprehensive description of your project (or service/policy, etc.) including its purpose and scope	<p>To meet ESCC savings requirements, this proposal aims to cut funding to the existing Circle room young persons clinic run in Lewes; the service is targeted at those aged under 25 and is a self-referral drop in clinic . It is run by the foundry healthcare GP federation, this is a private business subcontracted to the NHS to provide primary care health services.</p> <p>The main national Public Health Outcomes Framework (PHOF) relating to this service are:</p> <ul style="list-style-type: none">• Under-16 conceptions.• Under-18 conceptions.• Chlamydia detection rate (15-24-year-old women).• People presenting with HIV at a late stage of infection.



	<ul style="list-style-type: none"> • Uptake of LARC in primary care <p>There is the potential for a worsening of East Sussex national standing in relation to the public health outcomes framework national indicators.</p> <p>Those currently using the service aged over 16 would have to access services online or if under 16 and over, at other clinics.</p> <p>We received 120 survey responses to the consultation. The comments given suggest that the majority of respondents were current users of the service (90 people or 75% of the total). Of the remaining respondents, 10% were previous users of the service and 15% had not used the service. Almost everyone who responded to the consultation strongly disagreed with the proposed closure. This was true of current service users, former service users, and those who had not personally used the clinic. Of 120 responses, 118 (98%) disagreed with the proposal. Nearly all of these (111) strongly disagreed.</p>
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1. Update on previous EqlAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
Not applicable		

2. Review of information, equality assessment and potential actions

Consider the actual or potential impact of your project (service or policy) against each of the equality characteristics.

Age - people of all ages are protected under the Equality Act. Consider: older adults, under 5s, transition-aged young people (16-24), working age adults etc.		
(Age) What do you know? Summary of recent data, census information, research and insight about people who access your services and/or staff	The population by age breakdown for East Sussex is:	
	Age	Population
	15-29	83,791
	30-44	90,220
	45-64	147,613
	65+	120,722
	East Sussex has a higher-than-average older population with around 23% of people aged over 65, compared to the national average of 16%. There are 228,881 people aged 50+ (43.4%) in East Sussex, and 20,022 (3.8%) of these are aged over 85 - East Sussex has one of the highest populations of people aged 85+ in the UK.	
	In a normal year (2019) the sexual health services currently see predominantly the younger age groups who are targeted and recognise the need to use the services. Young people experience the highest diagnosis rates of the most common STIs, which has been linked to greater rates of partner change among 15 to 24 year old people. In the South East, the highest new STI diagnosis rate is in the 20-24 year old age category. (UKHSA, 2024).	
	See total service figures below.	

Age Group	Eastbourne			Hastings			ESHT
	F	M	Total	F	M	Total	Total
Under 16	214	40	254	202	33	235	489
16 to 17	514	99	613	498	90	588	1,201
18 to 24	2,499	916	3,415	2,130	745	2,875	6,290
25 to 29	1,147	498	1,645	1,037	391	1,428	3,073
30 to 34	688	377	1,065	655	260	915	1,980
35 to 39	484	259	743	484	199	683	1,426
40 to 49	703	336	1,039	633	272	905	1,944
50 Plus	335	516	851	319	368	687	1,538
Total	6,584	3,041	9,625	5,958	2,358	8,316	17,941

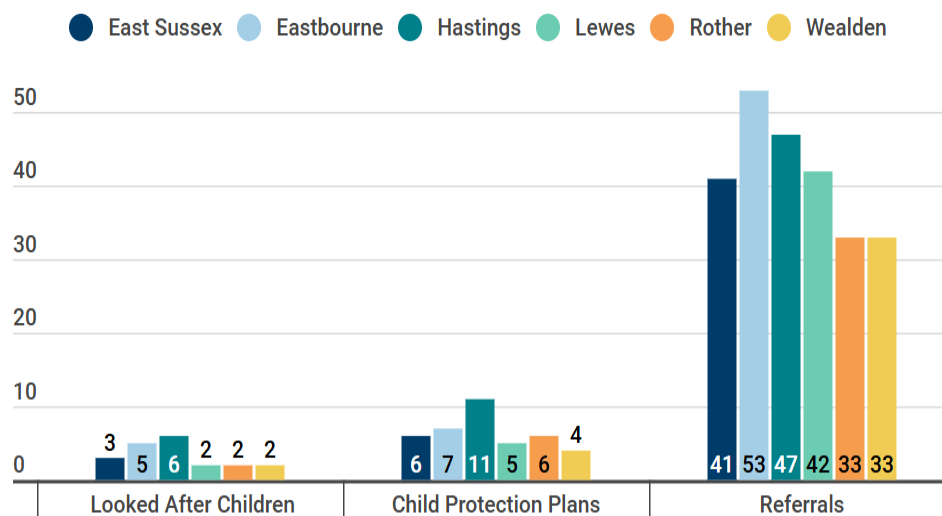
Lewes district has a higher number of young people living in the worst two indices of deprivation areas Lewes Castle and Newhaven.

Table 1 Lewes district age profile for deprivation quintiles, 2020

National IMD Quintile	0-4	5-19	20-64	65+
1 = most deprived 20% areas in England	6%	21%	60%	13%
2	5%	18%	55%	22%
3	4%	16%	53%	27%
4	4%	17%	52%	27%
5 = least deprived 20% areas in England	4%	16%	49%	31%

Lewes district also have a significant rate for looked after children and children with child protection plan.

Chart 43 Children's social care - Looked after Children, Child Protection plans rate per 1,000 and referrals, 2022/23



(Age)
What do people tell you?
Summary of feedback from people who access your service and/or staff feedback

The consultation has demonstrated strong support for what is seen as a valuable local service. The initial funding was focused on young people accessing the drop in who were not registered with the GP practice running the service. However, it became clear through this consultation that the majority of young people who use the service are registered patients but importantly do not see the service as a GP service due to its drop in facility in a non GP surgery site.

The danger that young people would refrain from accessing services if the circle room drop in were not in operation was clear. This is a concern that young people have a lack of knowledge of other locally accessible services. The council and providers need to ensure that we assist the young person's journey from local young persons to general sexual health services for those aged over 25.

An example of the difficulty with online and generic GP service access were identified in the consultation as follows. Young people at school are not allowed phones and therefore cannot easily access alternative online

	<p>services. To book a GP appointment takes online access or sitting waiting in a phone system and some young people will feel excluded due to this.</p> <p>Online services currently only service those aged 16 upwards though this is soon expected to change to a lower age range.</p> <p>Young people valued the Circle Room for the confidential nature of the support and advice it offered.</p> <p>The closure of the clinic was believed likely to reduce young people's access to sexual and reproductive health services. It was believed that this would lead to possible consequences such as riskier sexual health practices, a rise in teenage pregnancies, and greater anxiety and stigma around testing for young people.</p> <p>Fears were expressed about longer-term consequences of closure. These included: rises in teenage abortion rates, less early treatment of sexually transmitted infections, and youth disillusionment with public healthcare.</p> <p>For example, one person said "I strongly disagree that this irreplaceable service be closed. I have been using this service since I was 15/16 and am now 23 and STILL [emphasis in original] use it. It saves on nurse appointments that can be given to patients that aren't in need of Circle Room services. This service encourages young people to access sexual health advice and treatment when some home situations don't allow them to and keeps them safe..."</p>
<p>(Age) What does this mean⁴? Impacts identified from data and feedback (actual and potential)</p>	<p>The service is open to those aged 24 and under therefore the impact will be on that age range.</p> <p>The consultation does identify the potential to reduce access to services, however similar services are available. It is possible that using one service may mean young people fail to recognise what other services are available and don't access them. It is important that this is addressed in the circle room attendance as part of a mixed access offer for when they leave the area and are older than 25.</p>

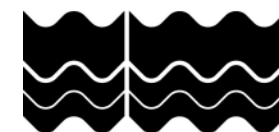
<p>(Age) What can you do? All potential actions to remove or reduce barriers and increase equality.</p>	<p>This is an open access service for any age and marketing and website guidance will ensure balanced messages to encourage signposting to alternative services such as online, community pharmacy primary care and specialist services.</p> <p>Social media messaging can be targeted at specific age groups.</p> <p>Website www.eastsussexsexualhealth.co.uk can assist in signposting appropriately for these age groups.</p> <p>Attendance at this and other allied services are reported monthly in contract monitoring and as such will be monitored and services adapted to suit these age ranges.</p> <p>ESCC to better advertise alternative service for all East Sussex residents with a particular target at the 15-24 age range, through sexual health website, social media, youth services and school health.</p> <p>Monitor how the service prepares young people for using other service if they leave the area (migration, further/higher education, work) or as they enter adult only sexual health services .</p>
<p>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. Consider: sensory and mobility impairments; fluctuating, recurring or developmental conditions; learning difficulties; mental health; and people with cancer, multiple sclerosis or HIV. Neurodivergence and effects of menopause can also apply.</p>	
<p>(Disability) What do you know? Summary of data</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 & Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021.</p> <p>HIV (diagnosed prevalence) rate in the county remains consistently below the national rate of 2.34/1000 head (15-59) population. Pre exposure prophylaxis access was opened to all individuals at risk in October 2020 and is hoped to continue the general downward trend in new HIV diagnosis and in particular reduce late HIV diagnosis.</p>

	<p>Mencap have identified that those with learning disabilities rarely receive adequate Relationships and Sex Education (RSE), and this places them at risk of unintended pregnancy and STIs (Mencap, 2025).</p> <p>Disability data on people using this service is not available from the provider.</p>
<p>(Disability) What do people tell you? Summary of feedback</p>	<p>Of those responding to the consultation, 12% said they were disabled. One disabled person said their disability impacts their sexual health and makes it slightly more difficult to arrange GP appointments so they particularly value that is easier to access the clinic.</p>
<p>(Disability) What does this mean? Impacts identified</p>	<p>If people cannot use online services or call centre due to their disability or age, if over 16 they can access drop in Face to face services which are in accessible buildings but in Eastbourne and Hastings which is a significant distance. .</p>
<p>(Disability) What can you do? All potential actions</p>	<p>Online services have been introduced that will increase access to this client group aged over 16 if they have a smart phone or internet.</p> <p>No impact perceived with caveat regarding digital exclusion, mitigated against by call centre approach and outreach or face to face attendance</p> <p>All staff receive equality and diversity training and child/adult safeguarding training.</p> <p>Disability will be monitored through the online and face to face service demographic data reports through quarterly contract monitoring and outreach.</p> <p>Complaints and comments are recorded and themed on a monthly basis in order to provide swift response to issues that are raised by service users including perceived access</p> <p>All staff receive equality and diversity training and child and adults safeguarding training.</p> <p>These characteristics will be monitored through the service demographic data reports through quarterly contract monitoring and outreach</p>

	<p>Complaints and comments are recorded and themed on a monthly basis in order to provide swift response to issues that are raised by service users including perceived access.</p> <p>Training and an in service patient survey is part of the annual monitoring required by the service provider and has to be demonstrated in contract monitoring meeting agenda.</p>
<p>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</p>	
<p>(Gender reassignment) What do you know? Summary of data</p>	<p>The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+)¹ Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex.</p> <p>2021 Census: 1640 residents declared their gender identity was different to that assigned at birth which is 0.4% of the population.</p> <p>Stonewall research amongst health and social workers in 2015 found that Trans people were subject to discrimination, with negative remarks or offensive language being heard by 20% of patient-facing staff from their colleagues. This means that trans people may be reluctant to engage with services.</p>
<p>(Gender reassignment) What do people tell you? Summary of feedback</p>	<p>3% of those responding said the gender they identify with is not the same as the one they were given at birth. One person said that as a transgender person, they find sexual health a difficult topic and being able to go to the Circle Room for easy, confidential and non-judgemental advice was very useful for building their confidence and comfort with the subject and also taught them more about what being sexually healthy actually was - which was much more diverse and factual than the information on the internet had been. They said that without this service they (and many they know, both cisgender and transgender) would be much less educated or equipped to deal with their sexual health, which would likely lead to more anxiety and stigma around sexual health with young people; less safe sex and thus more spread of STIs; and a harmful allowance of misinformation.</p>
<p>(Gender reassignment) What does this mean?</p>	<p>Data is not available for this characteristic.</p>

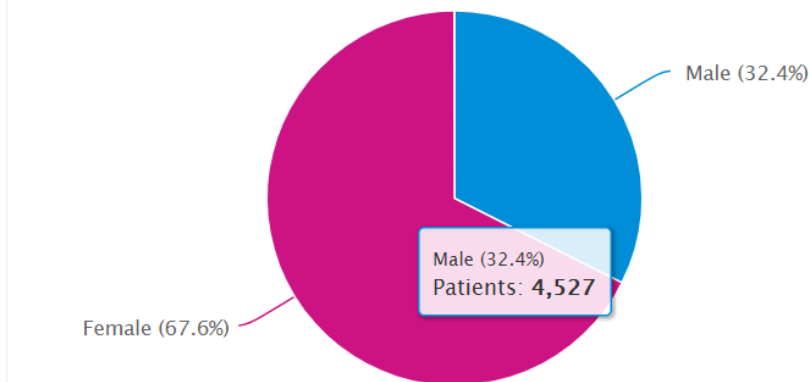
Impacts identified	
(Gender reassignment) What can you do? <ul style="list-style-type: none"> • All potential actions 	All staff receive equality and diversity training which includes LGBTQ+ awareness. Complaints and feedback will continue to be monitored based on protected characteristics.
Pregnancy and maternity - Protection is during pregnancy and any statutory maternity leave.	
(Pregnancy & maternity) What do you know? Summary of data	<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.</p> <p>East Sussex and the Lewes district is not currently an outlier for teenage pregnancy.</p> <p>There is a concern about increasing use of abortion services which represent unintended and unwanted pregnancy, the concern is mainly due to the cost of abortion to the public purse, but East Sussex is not a national or regional outlier in this respect. These rates have been climbing since 2017 and hypothesised to be due to multiple factors (ease of access, cost of living, reduction in use of hormonal contraception, change in stigma etc).</p> <p>There is open access to all and a clear referral process to pregnancy advice services such as maternity services, GP and abortion provider.</p>
(Pregnancy & maternity) What do people tell you? Summary of feedback	Some people responding to the consultation believed that the closure of the clinic was likely to reduce young people's access to sexual and reproductive health services and that this would lead to possible consequences such as riskier sexual health practices and due to lack of easy access to contraception a rise in teenage pregnancies.
(Pregnancy & maternity)	One of the aims of this service is to provide contraception to manage fertility or unwanted pregnancy.

What does this mean? Impacts identified	<p>Those found to be pregnant have care pathways in place for pregnancy advice, maternity or abortion services.</p> <p>A key outcome is to reduce unwanted pregnancy, so effective access to emergency hormonal contraception and pregnancy testing along with stable and secure referral pathways between services is key and in place.</p>
(Pregnancy & maternity) What can you do? All potential actions	<p>There will continue to be open access to all, a clear referral process to pregnancy advice services such as maternity services, GP and abortion provider.</p> <p>All staff are trained in fertility and contraception and as such pregnancy should not reduce access to services nor result in a negative impact</p> <p>A service is funded by ESCC where women attending antenatal services are offered contraceptive advice antenatally and can be supplied with contraception at birth to assist women who want to plan pregnancy schedule and prevent swift unplanned repeat pregnancy which is suggested to have potential negative impact on women and child health and social aspects.</p> <p>Midwives are trained to provide the consultation and the provision of contraception within the maternity services.</p> <p>The impact on this characteristic will continue to be monitored via the performance dashboard.</p>
Race (ethnicity) - This includes ethnic or national origins, colour or nationality, and includes refugees and migrants ⁵ , and Gypsies and Travellers.	
(Race / ethnicity) What do you know? Summary of data	<p>In 2021, 11.7% of usual residents of East Sussex said that they belonged to a Black or Minority Ethnic Group (including White minority groups). This compares to 26.5% in England.</p> <p>88.3% of usual residents in East Sussex said that they belonged to the White: English, Welsh, Scottish, Northern Irish or British ethnic group. This is higher than the English national average (73.5%) and also higher than the average for the South East region (78.8%).</p> <p>7.5% were of another white background (this includes people who identified as Irish, Gypsy or Irish Traveller, and Roma); 3% belonged to mixed or multiple ethnic groups; 2.1% were Asian/Asian British, 0.8% were Black/Black British and 2.2% were from other ethnic backgrounds.</p> <p>According to the 2025 Rapid Needs Assessment, the rate of HIV infections is disproportionately higher amongst those with Black African ethnicity (DHSC, 2021).</p>



(Race / ethnicity) What do people tell you? Summary of feedback	51% of those responding to the consultation were white British, 7% white other, 2% Asian, 1% Black, 4% mixed and 35% did not answer this question. There were no comments on how people's ethnicity would lead to differences in impact of this proposal.
(Race / ethnicity) What does this mean? Impacts identified	<p>The service is open to all regardless of societal or self-defined ethnicity; there are however potential barriers as follows:</p> <ul style="list-style-type: none"> • New entrants into the country may not understand need or how to access sexual healthcare • If spoken or understanding of verbal or written English is limited, failure to provide interpretation may hinder access and compete assessment and service provision • potential impact for those who are digitally excluded
(Race / ethnicity) What can you do? All potential actions	<p>The face to face specialist service uses language line (to avoid inadvertent interpreting by known interpreters who may be from same community or be traffickers or spouses), google translate is often used by people using the service.</p> <p>Outreach already link into services that work with refugees, asylum seekers and failed asylum seekers to assist in access to testing and contraception and use of services.</p> <p>All staff have equality and diversity training.</p> <p>Service will be reporting demographic data annually alongside informal comments, themes and once a year month long every service user survey.</p> <p>Interpretation through phone interpretation will be offered, phone rather than face to face avoids issues with small communities and avoids conflict that arise if partners, family members or potential pimp/people traffickers act as interpreters</p> <p>Online uses google translations and there is a phone option with translation.</p>

	<p>Engagement and pathways developed with LINKS project who work with new asylum and refugee arrivals in the area.</p> <p>Sexual health outreach team work with organisations who cater for asylum seeker organisations to mentor to provide a sexual health signposting service and access point.</p> <p>Data will be monitored via regular quarterly performance management dashboard and contract monitoring meetings (meetings can also be called more frequently to mitigate any identified issues).</p>
Religion or 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.	
(Religion /& Belief) What do you know? Summary of data	<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. This is low compared to both the South East Regional and the English national averages, with 3.3% of residents in the South East specified their religion as Islam, and 6.7% across the whole of England.</p> <p>Religion of service attenders in 2017-19 has not been collected but will be in the future.</p>
(Religion /& Belief) What do people tell you? Summary of feedback	<p>Of those responding to the consultation, 51% said they had no religion, 8% were Christian and 2% Muslim. There were no comments on how religion would lead to differences in impact of this proposal.</p>
(Religion /& Belief) What does this mean? Impacts identified	<p>There are no barriers in place from a service perspective barring those with differing beliefs as it is a self referral and secular process.</p>

<p>(Religion /& Belief) What can you do? All potential actions</p>	<p>Data, complaints and comments/ feedback will be monitored in contract monitoring meetings.</p>									
<p>Sex - Women and men are protected under the Act.</p>										
<p>(Sex) What do you know? Summary of data</p>	<p>Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male. There is open access to all, however it is recognised that men are less likely to access face to face health care services (source https://www.menshealthforum.org.uk/key-data-understanding-health-and-access-services) hence provision of on line STI testing and condom facility. Men accessing online testing in 2021 accounted for 32.45 of all testing compared to the norm for GUM clinics of 20%.</p> <div><p>Patient Gender</p><table><thead><tr><th>Gender</th><th>Percentage</th><th>Count</th></tr></thead><tbody><tr><td>Female</td><td>67.6%</td><td>3,000 (approx)</td></tr><tr><td>Male</td><td>32.4%</td><td>4,527</td></tr></tbody></table></div>	Gender	Percentage	Count	Female	67.6%	3,000 (approx)	Male	32.4%	4,527
Gender	Percentage	Count								
Female	67.6%	3,000 (approx)								
Male	32.4%	4,527								

<p>(Sex) What do people tell you? Summary of feedback</p>	<p>Local insight gathering has identified that young men under the age of 25 prefer to use online services and so these have been commissioned separately as an alternative to reach this group. A report was commissioned through Social Marketing Gateway (SMG) looking at sexual health amongst young men living in Rother and Wealden. This found that barriers for young men accessing sexual healthcare include psychosocial issues such as lack of knowledge, perceptions of stigma, social pressure, underestimating risk, low engagement with health services and lack of access to services.</p> <p>The majority of respondents to the consultation were female (53%). Only 9% were male, although we don't know the sex of the 35% of respondents who skipped this section. There were many comments from young women about how essential this service is, and it is clear that young women would be disproportionately affected by the closure of this service.</p>
<p>(Sex) What does this mean? Impacts identified</p>	<p>Online self sexually transmitted infection (STI) sampling facility which attracts more men than traditional face to face sexual health services. This doesn't address contraception which currently must be accessed via a face to face service if accessing tax payer funded contraception. Removal of the service especially a 'drop in' service will reduce perceived easy access to contraception for the current service users most of whom are female, and potentially lead to unintended and unwanted pregnancy and children</p>
<p>(Sex) What can you do? All potential actions</p>	<p>Continue open access to all regardless of gender, drop in service, signposting and marketing via www.eastsussexsexualhealth.co.uk</p> <p>Quarterly reported performance indicators are in place to assess numbers of self-defined gender reached. These will be monitored via contract monitoring meetings and performance indicators, alongside national performance figures.</p>

Sexual orientation - The Act protects bisexual, gay, heterosexual and lesbian people.

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). According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+.

The National Institute of Economic and Social Research found that heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services. For this reason, LGB&T people have a preference for and are more engaged with specialist LGB&T organisations.

Sexual orientation of people using the main specialist sexual health service 2023-24

Sexual Orientation													
	West			East			Cross Site			ESHT			
Sexual Orientation	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	%
Heterosexual or Straight	3,446	1,165	4,611	3,170	988	4,158	3,470	694	4,164	10,086	2,847	12,933	84.8%
Bisexual	218	141	359	203	92	295	204	66	270	625	299	924	6.1%
Gay or Lesbian	18	612	630	22	442	464	18	219	237	58	1,273	1,331	8.7%
Not known (not recorded)	1	1	2	1	0	1	3	0	3	5	1	6	0.0%
Not stated (person asked but declined to provide a response)	8	4	12	9	2	11	14	1	15	31	7	38	0.2%
Other sexual orientation not listed	4	1	5	2	2	4	3	2	5	9	5	14	0.1%
Person asked and does not know or is not sure	3	0	3	1	1	2	3	0	3	7	1	8	0.1%
Not Completed	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Total	3,698	1,924	5,622	3,408	1,527	4,935	3,715	982	4,697	10,821	4,433	15,254	

According to the 2025 Needs Assessment, men who report sex with men (MSM) face specific and substantial health inequalities in the UK today: compared with the general population, MSM have worse sexual health including HIV and sexually transmitted infections (STIs), but conversely many MSM are more likely to test and use services and take preventative action such as vaccination and HIV PrEP.

Men who report having had sex with men (regardless of their stated sexual orientation) receive enhanced testing and are offered hepatitis A,B, Mgen, Mpox and HPV immunisation from specialist sexual health services.

	There are no specific LGBT+ clinics. The alternative services are well used by LGBT+ individuals including those who do not identify as such but do have sex with people of the same sex.
(Sexual orientation) What do people tell you? Summary of feedback	This data has not been provided for the service users of the circle room but will be in the future. Of those responding to the consultation, 39% said they were straight/heterosexual, 4% gay or lesbian, 19% bisexual, 35% did not answer this question. There were no specific comments about the impact of the proposal on this protected characteristic.
(Sexual orientation) What does this mean? Impacts identified	<p>The data tells us that there is a higher proportion of people from LGB+ communities using sexual health services of which the circle room is one.</p> <p>Online activity demonstrates that not only are people aged over 16 with differing sexual orientations using the online service but also that we are targeting testing effectively at those with increased risk.</p> <p>All staff are trained in equality and diversity training, the nature of the alternative sexual health services means that staff are well versed in working with LGBT+ individuals.</p>
(Sexual orientation) What can you do? All potential actions	We will continue to monitor service user consultation and demographic data, performance indicator dashboard collects stated sexuality data, complaints system and comments themes at contract monitoring. Staff training will continue.

Marriage and civil partnership - Only in relation to due regard to the need to eliminate discrimination.

(Marriage & civil partnership)
What do you know?
Summary of data

According to 2021 census data for East Sussex:
Single 29%
Married 46.5%
Civil Partnership 0.4%
Divorced 11%
Widowed 8%

We do not have data for the circle room but the Specialist sexual health service attenders reporting marital status 2017-18

	Eastbourne			Hastings			ESHT
Marital Status	F	M	Total	F	M	Total	Total
Apart	1	0	1	11	5	16	17
B. Separated	6	3	9	1	0	1	10
Civil Partnership	44	36	80	20	32	52	132
Cohabiting	283	89	372	204	70	274	646
Divorced	11	4	15	13	3	16	31
In Relationship	1,681	440	2,121	1,567	455	2,022	4,143
Married	585	180	765	402	116	518	1,283
Other	0	0	0	2	0	2	2
Single	2,032	1,179	3,211	1,729	922	2,651	5,862
Widowed	5	1	6	1	0	1	7
Missing	1,936	1,109	3,045	2,008	755	2,763	5,808
Total	6,584	3,041	9,625	5,958	2,358	8,316	17,941

(Marriage & civil partnership)
What do people tell you?
Summary of feedback

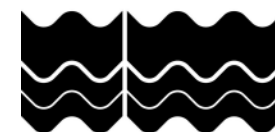
No feedback received in relation to this protected characteristic.

(Marriage & civil partnership)
What does this mean?

This service is open access to all regardless of relationship status, so no negative nor positive affect expected.

Impacts identified	
(Marriage & civil partnership) What can you do? All potential actions	<p>Anyone found to be positive for an infection will have their sexual partners traced regardless of societal measure of the relationship, this is done by highly experienced staff who have enhanced communication training in order to attempt to protect current relationships; there are strict codes of confidentiality which prevent discussing partners details with contacts.</p> <p>We will continue to monitor demographic data through performance indicator dashboards, complaints procedure and comments.</p>
Armed Forces - protected by the Armed Forces Act 2021 which aims to help prevent service personnel, veterans and their families being disadvantaged when accessing public services. The duty applies to specifically housing, education or healthcare functions, but check whether any impacts may apply in your case.	
(Armed forces) What do you know? Summary of data	<p>In 2021, 21,173 people in East Sussex reported that they had previously served in the UK armed forces (4.6% of usual residents aged 16 years and over).</p> <p>There were 19,917 households (8.3% of all households) in East Sussex with at least one person who had served in the UK armed forces.</p>
(Armed forces) What do people tell you? Summary of feedback	No specific feedback received on this characteristic.
(Armed forces) What does this mean? Impacts identified	N/A

(Armed forces) What can you do? All potential actions	N/A
Impacts on community cohesion - Consider impacts on how groups see one another or how the council's resources are seen to be allocated. Include opportunities to positively impact on good relations between groups.	
(Community cohesion) What do you know? Summary of data	N/A
(Community cohesion) What do people tell you? Summary of feedback	There were comments from those responding to the consultation that this proposal would disproportionately and negatively impact young people, women and those living in Lewes.
(Community cohesion) What does this mean? Impacts identified	This has been considered within the action plan.
(Community cohesion) What can you do? All potential actions	Please see action plan.



Additional categories

(identified locally as potentially causing or worsening people's experience of inequality)

Rurality - issues can include isolation, access to services (eg: GPs, pharmacies, libraries, schools), low income / part-time work, infrequent public transport, higher transport and fuel costs and lack of affordable housing. Deprivation can be more dispersed and less visible.	
(Rurality) What do you know? Summary of data	74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).
(Rurality) What do people tell you? Summary of feedback	There was no feedback within the consultation specifically on rurality.
(Rurality) What does this mean? Impacts identified	Switching to an online service will enhance access for those living in rural areas who are aged over 16. However, contraception is not currently an online service.
(Rurality) What can you do? All potential actions	Data will continue to be monitored via contract monitoring meetings and demographic data available regionally and locally to assess how many in the outlying areas appear to be having to go out of East Sussex for services.
Carers - A carer is anyone, of any age, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.	
(Carers) What do you know? Summary of data	There are over 10,000 persons claiming Carers Allowance in East Sussex. (Source DWP Feb 2020) The proportion of residents providing unpaid care in East Sussex fell from 11.9% in 2011 to 11.7% in 2021. This was driven by a substantial fall in the proportion of people who provided 19 hours or less of unpaid care in a typical week (7.5% in 2011, compared with 5.0% in 2021) coupled with an increase in people devoting more hours to unpaid care (the proportion of residents providing 20 hours or more of unpaid care a week rose from 3.8% in 2011 to 4.9% in 2021)

	Care for the Carers estimates that there are 69,241 unpaid carers in East Sussex, and below are the estimated figures for each area. It is difficult to know the actual number of carers because so many carers are unreported.
(Carers) What do people tell you? Summary of feedback	There was no specific feedback received from carers within the consultation.
(Carers) What does this mean? Impacts identified	Online services and training to GPs to offer services attempts to fulfil rural and carer provision. Online services may extend access for carers as they are available 24/7 however only available to over 16s and don't provide contraception.
(Carers) What can you do? All potential actions	Start collecting the data on this field to assess use and access.
People with care experience: the term 'care experienced' refers to anyone who has been, or is currently, in care or from a looked after background at any stage in their life, no matter how short. Consider financial impacts for things like travel or access to projects; maintaining continuity of care and support (including mental and physical health and wellbeing, community and social connections), and access to opportunities.	
(Care experience) What do you know? Summary of data	N/A No data available.
(Care experience) What do people tell you? Summary of feedback	No feedback specifically received within the consultation.
(Care experience) What does this mean? Impacts identified	N/A
(Care experience) What can you do? All potential actions	Start asking if service users have had care experience.

Other people that may be differently affected and/or whose views are seldom heard - this will vary by service, but includes people who: <ul style="list-style-type: none"> • are homeless or in insecure housing, • in prison, • with low levels of literacy, • are digitally excluded, • experiencing severe loneliness (a feeling of lack or loss of companionship) • experiencing or in recovery from drug and alcohol addiction (and their families), • have or are experiencing domestic or sexual abuse 	
(Other impacts) What do you know? Summary of data	According to the 2025 Sexual Health Needs Assessment amongst the most at risk groups are those experiencing substance misuse, sex workers, those in prison, people living in deprived areas. People who are experiencing homelessness are at increased risk of adverse sexual health outcomes, as well as poor uptake of traditional services due to unstable living conditions.
(Other impacts) What do people tell you? Summary of feedback	No specific feedback relating to these groups received within the consultation.
(Other impacts) What does this mean? Impacts identified	N/A
(Other impacts) What can you do? All potential actions	Lewes prison sexual health in-reach service is a service commissioned by NHSE to provide a complex GUM clinic within the prison setting. Other services the outreach team work with include homeless and rough sleepers, substance misuse services, probation service, sex workers and the LINKS project- a multi-agency support and advice service for migrants, refugees, and asylum seekers in East Sussex.
Staff impacts: if your proposal affects staff, have you consulted with the Staff Networks? (contact details are on the equality pages of the intranet: search for 'staff networks')	
Staff who are residents and Lewes and havens and their younger relatives can be affected and potential or current service users.	

Assessment of overall impacts, summary of actions and any further recommendations

The service is not a new service The sexual health system this service sits in has undergone changes within the last four years (in particular in covid lockdown (2019- 2020) that increased access, such as online services, enhanced Pharmacy/GP training provisions have increased access and choice to many. One group who remain nationally non targeted and of concern are heterosexual self identifying men who use health services less and tend to present at late stages of illness, die younger than women and carry a higher burden of infection, however partner notification for STIs and HIV locally is robust and attempts to address this. To address this element for this service there are specific measures to monitor men's usage of the service and developments such as online testing that arose from deep insight work with young men introduced to attempt to address this continuing societal inequality for men's health

By adhering to all legal and national requirements set out in the service specification the new provider will ensure that the aforementioned requirements are fulfilled. This will be monitored at;

- quarterly performance meetings
- monthly, bimonthly, half year and annual reports

Demographic data will be collected, quarterly reports sent to commissioner of attendance figures, yearly service consultations with people using the service. Performance indicators measure attendance and individual characteristics and are reported via service performance dashboard to commissioner and nationally. National guidelines relating to clinical staff are adhered to.

3.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 (were there any people you didn't hear from? Does research include information on all characteristics?)	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
Data collected from people using services (only non patient identifying data available)	2017-20	No, we only have reported data from the service of sex and age.	This will be addressed, and all other minimum data characteristics will be collected .
East Sussex in Figures - Data Observatory - Welcome to East Sussex in Figures	2021 Census data		
Consultation	2025		
sexual-health-needs-assessment-exec-summary-july-2019.pdf	2019		
rapid-sexual-health-needs-assessment.pdf	2025		

4. Prioritised Action Plan

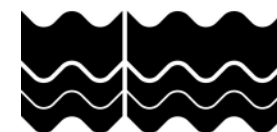
NB: The Council's duties are ongoing: actions must be completed and further equality assessment made if needed.

Review the actions identified above and prioritise by considering actions that will have benefits for multiple characteristics, actions that remove the biggest barriers or have greatest impact, and actions that are possible within current resources.

Transfer these actions to service or business plans and monitor to ensure they achieve the outcomes identified.

Your departmental equality lead will follow up at an agreed time to ensure actions are being implemented.

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
To jump back to potential actions identified above, click on the relevant hyperlink: Actions from previous EqlA , Age , Disability , Gender Reassignment , Marriage & Civil Partnership , Pregnancy & Maternity , Race , Religion & Belief , Sex , Sexual Orientation , Armed Forces , Community Cohesion , Rurality , Carers , Care Experience , Other Impacts , Staff Impacts				
All characteristics	Communicate changes early in process, remembering need for Easy Read and translated versions	Clients and carers are aware of timeframe for changes and can plan accordingly	Clients and carers are well informed and experience minimum disruption	From 6 months before project start
All characteristics	Ensure data is collected from patients and reported	A more rounded picture of who attends and who doesn't	Quarterly reports	Before March 2026
Young people	Recommend keep service but develop along side online for under 16s, explore extension of service model across county (budget dependant)	Monitoring of service model with a formal annual review	Cost effectiveness	Before March 2026
Young women	Recommend keep service but develop along side online for under 16s, explore extension of service model across	Monitoring of service model with a formal annual review	Cost effectiveness	Before March 2026



	county (budget dependant)			
Under 16s	Develop the under 16 online service option	To service those aged under 16	Project with online provider and specialist service provider	September 2026
(Add more rows as needed)				

EqlA sign-off: (for the EqlA to be final the following people must review and agree it)

Staff member completing Equality Impact Assessment:

Tony Proom Strategic commissioning manager - sexual health

Date: 13/10/25

Equality lead: Michelle Hickman

Date: 13/10/25

Directorate Management Team rep or Head of Service: Kaveri Sharma

Date: 28/10/25

Guidance endnotes

¹ Our duties in the Equality Act 2010

Under the Equality Act 2010 we have a legal duty to demonstrate 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. This template provides evidence of this consideration.

In the Act we must give 'due regard' (pay conscious attention) to the need to:

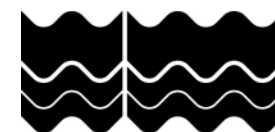
- **avoid, reduce, minimise or eliminate any negative impact** (if you identify unlawful discrimination, you must stop the action and take advice immediately).
- **promote equality of opportunity** by removing or minimising disadvantages; taking extra steps to meet people's needs; encouraging participation; and treating disabled people differently, including more favourably where necessary.
- **foster good relations** by tackling prejudice and promoting understanding.

² **EqlAs are always proportionate.** The greater the potential adverse impact on a protected group (e.g. disabled people), the more thorough our process must be. Consider:

- 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

³ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** all Council employees must be aware of our legal duties and comply with them appropriately in our daily work.
- **Timeliness:** assessment must be completed and considered at the time a 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 more is needed to give proper consideration.
- **No delegation:** the Council is responsible for ensuring that any contracted services, which are provided on its behalf, can and do comply with these legal duties.
- **Review:** this continuing duty applies when you develop/agree a policy or service and when it is implemented and reviewed.
- **Proper Record Keeping:** you must keep records of the process, the impacts and the actions that you will implement.



⁴ Your EqlA must get to grips fully and properly with actual and potential impacts. Our legal duties to identify equality impacts don't stop us taking decisions, or introducing changes that are needed. They do require us to take decisions and make changes conscientiously and deliberately confront the anticipated impacts on people.

⁵ **Refugees and migrants** means people whose intention is to stay in the UK for at least one year (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.

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OPTIONS APPRAISAL

Option	Description	Pros	Cons
1	To continue funding the service as it is - there will be a new contract with the same specification.	<p>Well used service</p> <p>Well liked service</p> <p>Retains a holistic sexual health service with direct referral ability to other elements for mental and physical health</p> <p>Can demonstrate cost savings in avoided unwanted pregnancy alone</p> <p>Vulnerable young people retain a service (ie ESCC CWCF etc)</p> <p>Lewes district offer of sexual health services maintained.</p>	<p>The original purpose of initial funding has changed, and the new contract would need new specifications to consider the new ICB and sexual health landscape.</p> <p>Individuals using the service seem unaware of alternatives and the wider sexual health service system and are not appearing to be prepared for recognition of services if they leave the area or when they are too old for the service.</p> <p>Initially maintains an argument that funding is only supporting a service in Lewes. However, Eastbourne and Hastings have a specialist drop-in sexual health clinic.</p> <p>Brighton is the nearest town and have a drop-in clinic that ESCC will be charged for if used by an East Sussex resident.</p>
2	Maintain service but with a new contract with reviewed and adapted service specification.	<p>Well used service</p> <p>Well liked service</p> <p>Can demonstrate cost savings in avoided unwanted pregnancy alone</p>	<p>Initially maintains an argument that funding is only supporting a service in Lewes. However, Eastbourne and Hastings have a specialist drop-in sexual health clinic.</p> <p>Brighton is the nearest town and have a drop-in clinic that ESCC will be charged for if used by an East Sussex resident.</p> <p>Unlikely to be able to replicate service model across county without further funding</p>

		<p>Can add in elements such as smoking cessation, healthy weights, physical activity assessment and referral.</p> <p>Specification will be changed to measure the use of the alternative methods available within the East Sussex sexual health system including promotion of the East Sussex sexual health website, the use of online test kits, the use of online condom distribution as well as signposting to alternative face to face services.</p> <p>Learning can be rolled out across primary care in targeted high need areas, possibly replicating the model (subject to funding)</p> <p>Lewes offer of specialist sexual health services maintained.</p>	
3	Withdraw funding and close circle room	<p>The funding could be redeployed to other sexual health priorities.</p>	<p>Loss of access for young people in Lewes and Havens to access a well-used and respected holistic health sexual health service that can also serve other referral needs such accompanying mental health or physical health issues</p> <p>Increasing vulnerability of the young, in particular the under 16s who do not currently have an online offer.</p> <p>Increased risk for unintended and unwanted pregnancies amongst young women in the area: contraception is not an online offer and requires a face-to-face service, this closure would negatively impact young women who use this service.</p> <p>ESCC reputational risk: this is highlighted by high interest raised by ESCC councillors, local MPs, local and regional press (mentioned in The Argus https://www.theargus.co.uk/news/25196268.council-</p>

			<p>considering-closure-lewes-sexual-health-service/) including BBC Politics South East where the closure was discussed https://www.bbc.co.uk/iplayer/episode/m002k89z/politics-south-east-28092025</p> <p>In addition, public dissatisfaction at consultation process and loss of service.</p> <p>Loss of the demonstrated cost savings in avoided unwanted pregnancy alone</p> <p>Loss of potential ‘add in’ elements such as smoking cessation, healthy weights, physical activity assessment and referral.</p> <p>Loss of ability for young people’s preparation to utilise wider sexual health system</p> <p>Gap in face-to-face sexual health service in Lewes District</p> <p>Increase of expenditure of Sexual Health Budget to pay for out of area provision should East Sussex Residents chose to attend Brighton drop-in clinic</p> <p>Learning would not be rolled out across primary care in targeted areas (but this was subject to funding anyway)</p> <p>Children we care for currently relying on the service (as reported by anecdotal evidence by the safeguarding team) will no longer have access to this service locally but will be able to access the Hastings/Eastbourne ones.</p>
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