



CABINET

TUESDAY, 21 OCTOBER 2025

10.00 AM IN THE COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, OBE (Chair), Nick Bennett (Vice Chair), Bob Bowdler, Penny di Cara, Claire Dowling, Carl Maynard and Bob Standley.

A G E N D A

1. Minutes of the meeting held on 24 September 2025 *(Pages 3 - 6)*
2. Apologies for absence
3. Disclosures of interests
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. Devolution and establishment of the Mayoral Combined County Authority (MCCA)
(Pages 7 - 84)
Report by the Chief Executive
6. Care Quality Commission (CQC) Assessment of Adult Social Care *(Pages 85 - 136)*
7. Any other items considered urgent by the Chair
8. To agree which items are to be reported to the County Council

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13 October 2025

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

CABINET

MINUTES of a meeting of the Cabinet held on 24 September 2025 at Council Chamber, County Hall, Lewes

PRESENT Councillors Keith Glazier, OBE (Chair), Nick Bennett (Vice Chair), Bob Bowdler, Penny di Cara, Carl Maynard and Bob Standley.

Members spoke on the items indicated

Councillor Beaver	- item 6 (minute 18)
Councillor Denis	- items 5 & 6 (minutes 17 & 18)
Councillor Field	- item 6 (minute 18)
Councillor Glazier	- items 5 & 6 (minutes 17 & 18)
Councillor Robinson	- item 5 (minute 17)
Councillor Standley	- item 5 (minute 17)
Councillor Swansborough	- item 6 (minute 18)
Councillor Tutt	- items 5 & 6 (minutes 17 & 18)
Councillor Wright	- item 6 (minute 18)

13. MINUTES OF THE MEETING HELD ON 15 JULY 2025

13.1 The minutes of the Cabinet meeting held on 15 July 2025 were agreed as a correct record.

14. APOLOGIES FOR ABSENCE

14.1 Apologies for absence were received for Councillor Claire Dowling.

15. DISCLOSURES OF INTERESTS

15.1 All Members have been granted with a dispensation, in relation to their membership of the Council and any membership of a district or borough council, under the Localism Act 2011 and the Council's Code of Conduct to enable them to participate and to enable the Cabinet to vote on the items on the agenda.

16. REPORTS

16.1 Copies of the reports referred to below are included in the minute book.

17. LOCAL GOVERNMENT REORGANISATION: PROPOSAL FOR A SINGLE TIER OF LOCAL GOVERNMENT ACROSS EAST SUSSEX

17.1 The Cabinet considered a report by the Chief Executive.

17.2 It was RESOLVED to:

- 1) Approve the submission of the business case setting out the proposal for a single unitary council for East Sussex, based on a Continuing Authority model, (Appendix 1 of the report) to Government by 26 September 2025;

2) Agree to request Government to cancel or postpone the county council elections scheduled to be held in May 2026;

3) Delegate to the Chief Executive, in consultation with the Leader of the Council, authority to finalise and submit the business case setting out the proposal and a covering letter formally requesting the cancellation or postponement of the county elections and for the County Council to have Continuing Authority status; and

4) Note the next steps in the process.

Reasons

17.3 In response to the Government's invitation for a single tier of local government, a proposal was developed with district and borough involvement. The six councils collaborated to create an evidence-based business case based on resident and stakeholder feedback, financial analysis, and economic considerations. The report summarises the development and recommends, for the reasons set out in the report and in its appendices, the proposal for a single-tier government in East Sussex.

17.4 Should the proposal and suggested timetable be accepted by Government with an election anticipated in 2027 the cancellation of the County Council election in 2026 will address cost, resource constraints, the upcoming transition to a new authority, and the short term that new councillors would serve before re-election.

18. COUNCIL MONITORING REPORT - Q1 2025/26

18.1 The Cabinet considered a report by the Chief Executive.

18.2 It was RESOLVED to:

1) note the latest monitoring position for the Council; and

2) approve the amendment of the outturn for the unclassified roads measure set out in paragraph 2.2 of the report.

Reasons

18.3 The report sets out the Council's position and year-end projections for the Council Plan targets, Revenue Budget, Capital Programme, and Savings Plan, together with Risks at the end of June 2025.

18.4 The outturn of 31% for the unclassified roads measure will be replaced with a null outturn (represented as 'not available' in the Council Plan) for the 2024/25 year due to identified data quality issues as detailed at Appendix 6 of the report.

19. TRANSPORT FOR THE SOUTH EAST (TFSE) - TRANSPORT STRATEGY REFRESH 2025

19.1 The Cabinet considered a report by the Director of Communities, Transport and Environment.

19.2 It was RESOLVED to:

1) note the updated refreshed TfSE Transport Strategy 2025; and

2) note the continued support from East Sussex County Council towards the refreshed strategy as a constituent authority of TfSE's geography.

Reason

19.3 The delivery of the TfSE's refreshed Transport Strategy provides an opportunity to support and grow the economy, boost connectivity and speed up journeys whilst improving access to opportunities for all and protecting and enhancing our region's unique environment. Whilst it is now finalised, it will also need to continue to be cognisant of the fast-moving picture arising from the devolution and local government reorganisation proposals for East Sussex, and the new Sussex Mayoral Combined County Authority as well as other parts of its geography.

20. ASHDOWN FOREST TRUST FUND

20.1 The Cabinet considered a report by the Chief Operating Officer.

20.2 It was RESOLVED to:

1) note the report and the Ashdown Forest's Trust Income and Expenditure Account for 2024/25 and Balance Sheet as at 31 March 2025; and

2) approve the draw of £99,200 from the General Reserve to fund a programme of tree surveys and works across the forest.

Reason

20.3 The Trust made an operating surplus of £9,062 during 2024/25. The General Reserve as at 31 March 2025 amounts to £188,346. This fund is available to finance expenditure which meets the Trust's objectives.

21. TO AGREE WHICH ITEMS ARE TO BE REPORTED TO THE COUNTY COUNCIL

21.1 It was agreed that items 6 and 8 should be reported to the County Council.

[Note: The items being reported to the County Council refer to minute numbers 18 and 20]

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Report to:	Cabinet
Date of meeting:	21 October 2025
By:	Chief Executive
Title:	Devolution and establishment of the Mayoral Combined County Authority (MCCA)
Purpose:	To provide an update on the progress of devolution in Sussex, and to seek consent to the establishment of the Sussex and Brighton Combined County Authority.

RECOMMENDATIONS:

Cabinet is recommended to:

- 1) Approve and consent to the establishment of the Sussex and Brighton Combined County Authority;**
 - 2) Delegate authority to the Chief Executive, in consultation with the Leader, to agree the contents of, and consent to, the making of the Sussex and Brighton Combined Authority Order 2026 establishing the Combined County Authority; and**
 - 3) Delegate authority to the Chief Executive to take such action as necessary to give effect to the above recommendations and to facilitate the establishment of the MCCA.**
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1. Background

1.1 In December 2024, Government published its English Devolution White Paper which set out its ambitions for devolution and the eventual creation of Mayoral Strategic Authorities (MSAs) covering all areas of England. In February, East Sussex County Council (ESCC), jointly with Brighton & Hove City Council (BHCC) and West Sussex County Council (WSCC), was accepted on to the Devolution Priority Programme for the establishment of a Mayoral Combined County Authority (MCCA) for Sussex, with the three councils as Constituent Authorities. A public consultation was launched by the Ministry of Housing, Communities and Local Government (MHCLG), and on 17 July 2025 Government published the responses to the consultation and confirmed that the relevant statutory tests had been met to proceed with the MCCA's establishment.

1.2 On 10 July 2025, Government published the English Devolution and Community Empowerment Bill outlining the legislation necessary to implement the White Paper's proposals for expanding devolution and clarifying the powers of Strategic Authorities. The Bill aims to establish the automatic transfer of powers in the Devolution Framework to Strategic Authorities, with certain powers devolving from Government and others moving from constituent authorities.

1.3 Before the Bill is enacted, establishing a new MCCA will necessitate the introduction of secondary legislation in the form of a Statutory Instrument (SI). The Government plans to introduce an SI in Autumn 2025 to establish a new MCCA for Sussex. All proposed Constituent Authorities must agree to the SI before creating a Strategic Authority. The next step in establishing the Sussex MCCA is for the three Constituent Authorities to formally approve the laying of the Statutory Instrument (SI) in Parliament to begin the legislative process.

1.4 This report sets out the implications of the SI, and the related provisions within the Devolution Bill, for the Sussex MCCA and ESCC, together with proposed next steps in local implementation of devolution.

2. Enabling legislation

2.1. The Statutory Instrument (SI), which will be called the Sussex & Brighton Combined County Authority Regulations 2026, is the piece of secondary legislation by which the Sussex MCCA will be legally established. Under parliamentary procedure for the introduction of legislation, the full and final text of the SI would be made public at the point it is laid in Parliament. We do not currently have a date for this. While it is not anticipated that there will be material changes to the draft that has been produced (and summarised below) it is recommended that authority be delegated to the Chief Executive in consultation to the Leader to agree the SI so that any changes can be considered and agreement given in a timely way. To help Cabinet assess the proposed SI and its implications, a summary of its provisions and practical impacts is provided in Appendix 1.

2.2. The SI confers on the Combined County Authority (CCA) a fairly limited set of functions, due to the fact that the majority of functions will be transferred via the English Devolution Bill (further detail at paragraph 3.1). An overview of the provisions of the SI are set out below, with further detail in the appendix:

2.3. **Establishment of Combined County Authority (CCA)** - Establishes the CCA for the local government areas of East Sussex County Council, Brighton and Hove City Council, and West Sussex County Council and names it as the Sussex and Brighton Combined County Authority. The CCA will have the functions set out in SI although further functions may be conferred in the future through further regulations.

2.4. **Commencement date** – the SI will come into force and the CCA would be created the day after it is agreed by Parliament. Mayoral Functions will come into force on 11 May 2026, after the inaugural Mayoral election on 7 May 2026.

2.5. **Name** – the Mayoral Strategic Authority will be called the Sussex & Brighton Combined County Authority.

2.6. **Election of Mayor** – Sets out how Mayors will be elected every fourth year as well as how terms will begin and end. Sets out that the Mayor will be able to employ a single political advisor, who will be an employee of the CCA. The position will be a politically restricted post that is tied to the mayor who appoints them.

2.7. **Transport** – sets out the functions which the SI will transfer to the CCA from the Constituent Authorities. These relate to the requirement to produce a Local Transport Plan (LTP), and associated statutory requirements and guidance for producing and publishing a LTP. These functions will only be exercisable by the Mayor. There will be a transition period ending 31 March 2027 during which the powers will be held concurrently by the CCA and Constituent Authorities.

2.8. **Power to pay grant** – the mayor, on behalf of the CCA, may pay a grant to constituent authorities towards expenditure incurred or to be incurred by a constituent council. This power is exercisable only by the mayor. In determining the amount to be paid to a constituent council in relation to that council's highway functions, the CCA must have regard to the desirability of ensuring that the council has sufficient funds to exercise its highways function and decisions must take into account other sources of funding.

2.9. **Funding** – Constituent authorities must ensure the reasonable costs of the CCA and Mayor exercising their functions are met (to the extent that the Mayor has decided not to use other funds available to the CCA to meet these costs). Where this is the case, the Mayor must agree with the CCA, prior to incurring any costs. The "Mayor's budget" is the total expenditure of the exercise of the Mayor's functions and will be separate from the CCA's budget, which covers the costs of non-mayoral functions. The costs to the Constituent Authorities must be apportioned either through a mechanism of their own agreement, or if no agreement is in place, based on the population of each

Constituent Authority as a proportion of the population of the entire CCA area. For ESCC the voting rights (1/3rd) and the liability of (circa 31.9%) roughly align. Following Local Government Reorganisation the MCCA would become a Mayoral Combined Authority and the membership, apportionment of voting rights and allocation of any liability arising from an overspend would need to be reviewed to reflect any changes to the make up of local government across the region. The Mayor will be able to generate revenue for the delivery of all Mayoral and CCA functions through issuing a Council Tax precept.

2.10. **Constitution** - the constitution of the CCA will be included as a Schedule of the SI and includes the following provisions:

- **Membership and substitution** – each constituent authority must appoint two members to join the CCA, and two substitute members, either of whom may substitute for either member.
- **Chair** – A Chair and Vice Chair will be appointed from the CCA members for the period before the mayoral election. Once elected, the Mayor will act as Chair and the Office of Vice Chair will be abolished. Strategic Authority Mayors are already required to appoint a member of the CCA to be the Mayor's Deputy and act for the Mayor if they are unable.
- **Non-constituent & associate members** – The CCA may have a maximum of six non-constituent and associate members in total, and each of these must nominate a substitute. Associate members may not vote; non-constituent members do not have voting rights unless the CCA resolves to give them voting rights.
- **Quorum** – before the first Mayor's term, quoracy will require the Chair or Vice Chair be present as well as 3 of the members appointed by the Constituent Authorities. After the Mayor is elected, quoracy requires the Mayor (or Deputy Mayor acting as Chair) and four Constituent Authority members be present.
- **Voting** – Ahead of the Mayor being elected the normal rule is that any decision of the CCA is by a simple majority (but must include the Chair (or Vice Chair)) and three constituent members. Once the Mayor is elected such a majority must include the Mayor (or the Deputy Mayor acting in place of the Mayor) and with 4 constituent members present. Each member of the CCA has one vote and there is no casting vote. The SI sets out 2 exceptions to the normal rule:
 - A two thirds majority vote is needed to veto the Mayor's budget
 - In the event of a tie, the Mayor has a casting vote on the Local Transport Plan
- **Remuneration** – Ordinary members of the CCA will not be remunerated except for travel and expenses. Remuneration will be allowed for the Mayor and the Deputy Mayor, provided they are not also a Leader of a Constituent Authority. Remuneration will also be allowed for members appointed to the Overview & Scrutiny Committee or Audit Committee of the CCA. Remuneration must be informed by the report of an Independent Remuneration Panel to be established by the CCA.

2.11. If all three Constituent Authorities agree to lay the SI, it must then be debated and approved by both Houses of Parliament. Parliament can only approve or reject SIs; it is not possible for them to be amended once they have been laid. Parliament is allowed up to 8 sitting weeks in which to approve the SI, and it is expected that this process would be completed at some point in early 2026, at which point the MCCA would formally come into existence.

3. The English Devolution and Community Empowerment Bill

3.1. Previously, devolution in England has been delivered through individually negotiated deals with specific areas, however the Devolution White Paper set out the Government's intention to move to a 'devolution by default' position based on a published Devolution Framework.

3.2. The English Devolution and Community Empowerment Bill will create in law a new category of authority in England, the 'Strategic Authority.' The government aims to introduce a Strategic Authority for each area in England. Under provision in the Bill, each Strategic Authority will belong to 1 of these levels of devolution:

- **Foundation** – available to those authorities without an elected Mayor, with more limited devolution.
- **Mayoral** – available to areas with an elected Mayor, with greater devolution.
- **Established Mayoral** – available to Mayoral Strategic Authorities who are able to satisfy additional governance requirements. Established Mayoral Strategic Authorities will have access to the broadest range of devolved powers and functions.

3.3. A Strategic Authority can progress through the levels of devolution, but each level is exclusive, meaning a Strategic Authority cannot be in more than one level at any one time.

3.4. The Bill introduces a Devolution Framework which is a standardised set of legal powers, funding commitments, and partnership/collaboration arrangements with Government and sets out what Strategic Authorities are entitled to at each level of devolution. The Bill will confer the legal powers set out in the Devolution Framework automatically on each level of Strategic Authority. The powers conferred on the CCA and/or Mayor by the SI are therefore very limited when compared with the SIs that have established existing MSAs. This reflects the fact that the majority of powers and functions that the MCCA will have will be automatically conferred via the Bill once it comes into force. For the most part, the purpose of the SI is for the legal establishment of the CCA. The Bill is currently before Parliament, having had its second reading on 2 September 2025, and it is the Government's intention that it will receive Royal Assent before the inaugural election of the Sussex Mayor.

3.5. The Bill also permits the Secretary of State to add areas to a combined authority without needing approval of the local authorities affected.

3.6. The powers that will be conferred on MCA once the Bill receives Royal Assent are set out in full in Appendix 2. This also outlines the associated governance arrangements for the discharge of each function and whether the functions are being drawn up from Constituent Authorities or being devolved down from Government. Until the Bill has been approved by Parliament the provisions within it remain subject to amendment.

The Bill includes provision that will enable Strategic Authorities to expand their powers over time:

- Power to expand the Devolution Framework over time using secondary legislation – giving more powers to devolved areas.
- Create the ability for specific Strategic Authorities to pilot devolved powers before the government decides whether to add them to the Devolution Framework and make them available to all Strategic Authorities.
- Empower Established Mayoral Strategic Authorities with a 'right to request' which allows them to propose further powers, funding and partnerships to expand the Devolution Framework. The government will be required to officially respond to these requests.

3.7. The Bill would make provision for the CCA and/or Mayor to have statutory functions in 7 "areas of competence" which are:

- Transport and local infrastructure
- Skills and employment support
- Housing and strategic planning
- Economic development and regeneration
- Environment and net zero
- Health, wellbeing and public service reform
- Public safety

3.8. It is important to note that while some of the powers and functions that will be conferred are held by the CCA, others are held only by the Mayor, and others are held by both the CCA and the Mayor. Appendix 3 sets out which devolved functions will be solely exercisable by the Mayor.

3.9. Should the Constituent Authorities all consent to the SI and the CCA be established, this would have significant and wide-ranging impacts for the Council and a number of its partners. While many of the functions are newly provided for powers devolved down from Government in the English Devolution and Community Empowerment Bill, a significant proportion of the CCA's functions will be drawn up from Constituent Authorities. Where powers are currently held by the Council, these would either transfer fully to the CCA, or the CCA would hold them concurrently with ESCC and other Constituent Authorities and for some of the functions listed, with District and Borough Councils as well.

4. Powers and duties of Strategic Authorities

4.1. A summary of the of the powers and duties of Strategic Authorities outlined in the Devolution Framework is set out below

4.2 **Transport and Local Infrastructure** – The provisions in the Bill that relate to transport are significant and would result in the transfer Local Transport Authority (LTA) functions and powers that are currently held by local authorities.

- **Local Transport Authority Functions** - Strategic Authorities will automatically become the Local Transport Authority (LTA) for their area, with responsibility for preparing and publishing LTPs. These functions will transfer from constituent authorities but will be held concurrently with for a transitional period. As the LTA, Strategic Authorities will have powers and duties to secure the provision of passenger transport services, to prepare a bus strategy, enter into partnerships with bus operators, enter into franchising schemes, and manage travel concessions. Functions relating to LTPs and franchising schemes are exercisable only by the Mayor. However, final approval of a Local Transport Plan is subject to a simple majority vote of constituent members where the Mayor must be in the majority. If the vote is tied, the Mayor has an additional casting vote.
- **Transport Levy** - Power for Strategic Authorities to issue levies to their constituent authorities to meet the cost of exercising their transport functions, where otherwise not met.
- **Agreements between authorities and strategic highways companies** - This allows Strategic Authorities to enter into agreements with local highway authorities (upper-tier local authorities) and/or National Highways to delegate or share the maintenance and improvement of roads. Held concurrently between constituent authorities and Strategic Authorities.
- **Civil enforcement of road traffic contraventions** - Powers to enable Strategic Authorities to enforce parking, bus lane, and moving traffic contraventions through penalty charge notices. This is only possible if the relevant constituent council already has those functions and consents to the Strategic Authorities using them. Held concurrently between constituent authorities and Strategic Authorities.
- **Key Route Network** - Mayoral Strategic Authorities will have a duty to set up and coordinate a Key Route Network. Mayors will also hold a Power of Direction over constituent highway authority exercise of their traffic, permit, street and local highways authority powers on Key Route Network roads. This function is exercisable only by the Mayor.

- **Transfer of duty of principal councils to make reports on Key Route Network roads** - Mayoral Strategic Authorities will be required to prepare reports assessing local road traffic levels and forecasting their growth on their Key Route Network. These reports may include targets and proposals for achieving these targets. Mayoral Strategic Authorities will take over this duty for key route network roads. Constituent authorities will retain this duty for other local roads.
- **Road User Charging** - These powers enable a Strategic Authority to make a joint road user charging scheme (e.g. congestion charging) with relevant constituent councils. This function can only be exercised jointly with the relevant constituent local traffic authority (the upper-tier local authority) where the scheme would take place. Constituent authorities continue to be able to exercise this power independently.
- **On-Street Micromobility Schemes** - These powers enable Strategic Authorities, in their role as the Local Transport Authority, to license micromobility schemes operating on public roads and pavements.

4.3 Skills and employment support - The Bill will transfer adult education functions from central government to Strategic Authorities. This will enable the Department for Education to give Strategic Authorities a grant for adult skills. Strategic Authorities can use this as they see fit to meet the skills needs of adults in their region. Subject to a transition period, the Bill will automatically transfer functions relating to adult education to any new Strategic Authorities.

4.4 Housing and strategic planning

- **Spatial Development Strategies** - Strategic Authorities will have a duty to produce a Spatial Development Strategy. These documents enable them to strategically plan for development across their whole area. This function is exercisable by the Mayor. However, approval of the strategy requires a simple majority vote of the Mayor and constituent members.
- **Housing and Land Powers** - Powers to allow Mayoral Strategic Authorities to acquire housing and land for specific purposes. This includes powers to acquire land using the compulsory purchase powers previously solely held by Homes England. They also include the ability to provide financial assistance to any person. These functions are exercised concurrently with Homes England. Mayors exercise the compulsory purchase function on behalf of the Strategic Authority. Before exercising their compulsory purchase powers, Mayors must consult the local planning authority where the power is to be exercised.
- **Mayoral Development Corporations** - These powers enable Mayors of Strategic Authorities to designate a Mayoral Development Area and subsequently establish a Mayoral Development Corporation (MDC) for that area. These powers are exercisable by the Mayor. This means that the Mayor is responsible for establishing and overseeing a Mayoral Development Corporation. However, the designation of a Mayoral Development Area will be subject to a simple majority of voting members.
- **Strategic Development Management Powers** - These powers enable Mayors to intervene in planning applications of potential strategic importance and the ability to call in these applications.
- **Mayoral Development Orders** - These powers give Mayors the ability to prepare Mayoral Development Orders (MDOs). MDOs allow them to grant pre-emptive planning permission for a particular development instead of relying on an application to be submitted. These functions are exercisable only by the Mayor on behalf of the Strategic Authority. However, Mayors must consult and gain approval of the local planning authority where the order would have effect. Where the local planning authority does

not approve the order, the Mayor can request the Secretary of State approve the order instead.

- **Mayoral Community Infrastructure Levy** - These powers enable Mayors to charge developers a Mayoral Community Infrastructure Levy. This is a charge which can be imposed on new development in their area. It can be used to raise funds to deliver infrastructure needed to support development in their area.

4.5 Economic growth and regeneration – The Bill places a range of powers and duties on Strategic Authorities to support economic growth and regeneration. Central is the duty to produce a Local Growth Plan that will provide a long-term strategic framework for driving economic growth and investment priorities in a region.

- **Power to borrow up to an agreed cap** - This power will automatically confer on Strategic Authorities the power to borrow upon establishment for purposes relevant to their functions. However, Strategic Authorities must obtain consent from the Secretary of State before the first exercise of the power to borrow money for a purpose relevant to a function other than its transport, police or fire and rescue functions. This function is exercised concurrently with constituent authorities.
- **Local Growth Plans** - Mayoral Strategic Authorities will have a duty to produce a Local Growth Plan.
- **Duty to prepare an assessment of economic conditions** - Strategic Authorities must prepare and maintain an assessment of the economic conditions of their area. This is a separate duty from the duty to produce a Local Growth Plan but both duties could be satisfied simultaneously. This function is exercised concurrently with constituent authorities.
- **Powers to encourage visitors and provide entertainment** - These powers enable Strategic Authorities to encourage people to visit their area and provide, support, and/or contribute to the provision of entertainments, such as concerts, plays, or exhibitions, and incur expenditure for these purposes. This includes powers to provide premises, facilities, or publicity for cultural and recreational events. This function is exercised concurrently with constituent authorities.

4.6 Environment and climate change – The Bill provisions related to environment and climate change are limited to Heat Network Zoning coordination role and the role the Strategic Authorities in heat network zones and creating zone coordinators.

4.7 Health, wellbeing and public service reform – The Bill introduced ‘health in all policies’ duty to ensure that when a Mayor or Strategic Authority is considering whether or how to use any of its powers and functions they will have a duty to have regard to the need to improve the health of people in the Strategic Authority area and the need to reduce health inequalities in the local area.

4.8 Public safety – The Bill provides for the transfer of Policing and Crime Commission and Fire and Rescue Authority functions as well as duties to share information relating to crime and disorder:

- **Sharing of information in relation to crime and disorder** - These powers both enable and place a duty on Strategic Authorities to disclose information relating to the reduction of crime and disorder, including anti-social behaviour, to other relevant authorities (such as local authorities, social landlords and the police). This function is exercised concurrently with constituent authorities.

- **Police and Crime Commissioner Functions** - Mayors will be, by default, accountable for the exercise of Police and Crime Commissioner (PCC) functions where mayoral boundaries align with police force boundaries, or with two police force boundaries when taken together. Transfers will be subject to secondary legislation and we understand that the functions will transfer in 2027. These functions will be exercisable by the Mayors, but Mayors will have to delegate PCC responsibilities to a Deputy Mayor (for Policing, Fire and Crime for each police force area for which they have PCC functions).
- **Fire and Rescue Authority Functions** - Mayors will be, by default, accountable for the exercise of Fire and Rescue Authority (FRA) functions where FRA and mayoral boundaries align, subject to secondary legislation. These functions will be exercisable by the Mayors, but Mayors will have the option to delegate FRA responsibilities to a Deputy Mayor for Policing, Fire and Crime, or a Public Safety Commissioner. We understand that these functions will transfer in 2027.

4.9 Mayoral Powers of Competence - The Bill will also give Mayors of Strategic Authorities new powers known as ‘the Mayoral Powers of Competence.’ These powers will strengthen the role of a mayor, by giving them the means to drive growth, collaboration and improvements within their areas. The Mayoral Powers of Competence are made up of:

- the General Power of Competence – a broad general power enabling Mayoral Strategic Authorities, and their Mayors, to do anything an individual can legally do
- a power to convene – enabling Mayors to convene local partners to address local challenges
- a duty to respond – placing a duty on local partners to respond to a mayor’s request when they make use of the power to convene
- a duty to collaborate – ensuring that Mayors have a formal process by which they can collaborate with neighbouring Mayors to deliver projects and strategies together

4.10 Detailed work is underway to understand the precise impacts that the SI and the Bill would have for County Council functions and services, including the implications for staff, funding streams and contracts where the MCCA would fulfil functions currently held by ESCC.

4.11 Once the effects are more fully understood, ESCC, BHCC, and WSCC will look to agree a single interpretation of the functions of the CCA to ensure that, where this impacts on the current delivery and responsibilities of councils, a cohesive approach is taken to transition arrangements as required.

5. Financial implications

5.1. The establishment of the Sussex MCCA would have significant ongoing financial implications for the County Council. Government has indicated that funding for functions for which the MCCA will have responsibility will transfer, and we await details of what funding will transfer but understand that it will likely include funding for LTP and highway maintenance. Further clarity is being sought and an assessment is being undertaken on the implications of this where those functions will continue to be performed by the local authority on behalf of the CCA/Mayor. The Mayor will have the discretionary power to reimburse the authority by way of a grant.

5.2. The creation of a 30 year investment fund - A long-term investment fund for the area has been a key incentive from Government for areas to pursue devolution, and this remains a core part of the offer to devolved areas. The annual amount that MCCA would receive is £38m. This figure has been calculated on a per capita basis to ensure consistency and fairness across areas in the Devolution Priority Programme. The letter from Government sets out that this would initially be paid in 26/27, following the election of the Mayor in May 2026, and would be split 50/50 between capital and revenue. Beyond that split, the new MCCA will have complete flexibility to spend this funding on the priorities for the area as identified by it.

- 5.3. **Cost of establishing the new MCCA** - In order to meet the costs of establishing the MCCA, Government has confirmed that once the SI has been laid, mayoral capacity funding of £1m for 2025/26 across Sussex, will be made available to support the set-up of the MCCA. Government has indicated that further capacity funding will be provided in 2026/27 and 2027/28 to support the ongoing development of the CCA.
- 5.4. **Transport** – As a new MCCA takes on Local Transport Authority functions it anticipated that relevant funding currently provided by government will transfer. This could include the transfer of funding for Bus Services Improvement Plans (BSIP), the Integrated Transport Block and Local highway maintenance. In 2025/26 the combined funding allocated to ESCC under these three schemes was £34.3 million.
- 5.5. **Power to issue levies** - new MCCAs will also have the power to issue levies to their constituent authorities to meet the cost of exercising their transport functions.
- 5.6. **Power to make a grant** - Mayors will also have the power to make grants to constituent authorities to carry out functions on behalf of the MCCA, which is commonly used by existing mayors to pass funding for maintaining local roads to councils.
- 5.7. **Travel Concessions** - Responsibility for managing travel concessions will transfer from constituent authorities to a new MCCA. Currently there is no specific funding to ESCC for travel concessions (concessionary fares and supported bus routes). In 2025/26 the cost of providing concessionary travel in ESCC is estimated to be £5.7 million and the net (of BSIP) cost of supported bus routes is £2.3m. In the future, concessionary travel could be funded by a new MCCA through a transport levy on constituent authorities.
- 5.8. **Adult skills** – From April 2027, functions relating to the delivery of adult education and training will transfer to a new MCCA and it is anticipated that at this point adult skills funding will also transfer. Currently, this funding is paid directly to providers, including many local authorities. In 2025/26 ESCC received circa £0.2 million from the Adult Skills Fund. In the future the distribution of this funding will be devolved to a new MCCA.
- 5.9. **The power to issue a precept** – The Mayor will have the power issue a precept to generate revenue across all Mayoral and MCCA functions.
- 5.10. **The cost of running the Mayoral election** - The election of the mayor will be administered by the Returning Officers at district level with the respective authority incurring cost which must then be reimbursed by the MCCA. Draft Maximum Recoverable Amounts based on the Police and Crime Commissioner Elections (Local Returning Officers' and Police Area Returning Officers' Charges) Order 2024 estimate that delivery of the election will cost £4.337 million across the region if no other polls take place on the same day. At the election, the Combined County Authority Returning Officer (CCARO) is also required to post a mayoral booklet containing manifestos to each elector in the area. It is estimated this will cost a further £1.1 million and must be recovered from the MCCA.

6. Consultation and engagement

- 6.1. The government conducted an 8-week public consultation from 17 February to 13 April 2025 to seek views from various stakeholders in the region. Activities included issuing press notices at the beginning and end of the consultation for local and regional media, running a social media advertising campaign, and distributing flyers, posters, and printed consultation documents. Officials from the Ministry of Housing, Communities and Local Government ran an in-person event on 31 March in Sussex and attended a range of stakeholder meetings.
- 6.2. ESCC promoted the government consultation to our residents through local media, on social media, on the council website, and through partners.

6.3. The County Council's response was considered by Cabinet at its meeting on 20 March 2025.

6.4. Overall, the consultation resulted in 6,122 responses from individuals and organisations including: 5,959 from members of the public and 163 from a range of organisations including the prospective constituent and other local councils, businesses, the voluntary and community sectors and academic institutions. A full summary of the consultation responses was published by the government (Appendix 4)

6.5. As a public body receiving public funds the new MCCA will be subject to an Equality Duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share protected characteristics (like age, disability, race, religion, sex, and sexual orientation) and those who don't. The new MCCA must "have due regard" to these needs in their day-to-day work, considering the impact of their policies, decisions, and services on people with protected characteristics.

6.6. As a public body receiving public funds, the new MCCA will be subject to the Public Sector Equality Duty under the Equality Act 2010 in relation to the legally protected characteristics (age, disability, gender reassignment, pregnancy/maternity, race, religion/belief, sex, sexual orientation and marriage/civil partnership) to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share protected characteristics and those who don't. The new MCCA must have "due regard" to these duties in their day-to-day work, considering the impact of their policies, decisions, and services on people sharing protected characteristics.

6.7. The process of creating a MCCA is not expected to disproportionately affect any specific group sharing any of the legally protected characteristics. Its aim is to move decision making closer to those affected, which should help people sharing protected characteristics access services and economic opportunities more fairly than if decisions remained at the central government level.

6.8. The MCCA could play a key role in improving health and wellbeing, underpinned by a new bespoke duty in relation to health improvement and health inequalities. This would mean that the Mayoral Combined Authority would need to have regard to the need to improve health, and reduce health inequalities, in the exercise of its functions. Combined with an expectation that the mayor would be appointed to one or more of the relevant Integrated Care Partnerships in the area. By establishing a tailored health obligation, the MCCA would be formally recognising the importance of addressing health disparities within the community. A "health in all policies" approach could lead to dedicated policies and programmes aimed at tackling broad determinants of health, such as housing, employment, skills and access to healthcare services. In practice, the mayor's involvement with Integrated Care Boards or Integrated Care Partnerships, or equivalent, could foster collaboration among various stakeholders—such as NHS organisations, local councils, voluntary sector groups, and community leaders—enabling the alignment of strategies and resources. This coordinated effort could help ensure a more cohesive response with investment directed towards the most pressing local health challenges. Through these initiatives, the MCCA has the potential to contribute towards helping to improve overall population health and bridge the gap between different social groups.

7. Implementation

7.1. Should the Constituent Authorities all consent to the laying of the SI, work will continue to prepare for the establishment of the CCA in early 2026. An informal Partnership Board has been established and met on the 10 October 2025. A wider Stakeholder Forum will also meet to ensure wider engagement from interested bodies and organisations. Both the informal Partnership Board and the Stakeholder Forum will inform decisions relating to the establishment of the CCA to be taken by the individual Constituent Authorities, including ESCC.

7.2. Using the capacity funding provided by MHCLG an interim Chief Officer for the MCA has been appointed through WSCC. The interim Chief Officer will offer strategic guidance, governance

oversight, programme management, organisational design, and stakeholder engagement support to ensure the MCA is legally constituted, operates efficiently, and is poised for sustained success. The role reports to three council Chief Executives and leads the programme across East Sussex, Brighton & Hove, and West Sussex councils. It involves working with central government, district and borough councils, and key stakeholders, including Police, Fire and Rescue Services, Health, representatives from further and higher education, and local businesses to ensure a smooth transition and establish the MCA.

7.3. It will be necessary to prepare a draft of the Local Assurance Framework (LAF) which incorporates the requirements of the English Devolution Accountability Framework. The Local Assurance Framework outlines the structures and processes established to ensure effective management of public funds. It encompasses governance, accountability, and transparency measures, as well as the strategies Strategic Authorities employ to achieve local objectives while delivering value for money. This will need to include details around:

- the Governance Structure,
- the checks and balances,
- transparency public accountability and engagement,
- scrutiny and oversight
- Value for money and delivery assurance

7.4. The Framework will need to be submitted to Government by the end of October 2025 and assessed and approved by Government by February 2026.

7.5. The inaugural meeting of the MCCA would be held shortly after the SI coming into force, where the constitution would need to be agreed and officers appointed. A notice of election for the Mayor of Sussex must be published no later than 30 March 2026.

8. Conclusion and reasons for recommendations

8.1. Devolution and the establishment of Mayoral Combined County Authority has the potential to present significant benefits to the region. The Government has confirmed that a £38m a year investment fund over 30 years (£1.14bn) to spend on agreed regional priorities. The funding will potentially boost economic growth, support jobs, and enhance local services. The Bill also devolves new transport, housing, and adult skills powers for more local decision-making. The cross Place and People Scrutiny Committees' Member Reference Group (MRG) met on 11 September 2025 and Scrutiny Reference Group and their comments are set out in Appendix 5.

8.2. Some powers now held by ESCC will transfer to the new MCCA, enabling strategic collaboration on key regional issues like infrastructure and skills. While in some areas there are fewer statutory duties, such as environment and climate change, the MCCA can still support and enhance cross-Sussex partnerships.

8.3. It is recommended that authority be delegated to the Chief Executive, in consultation with the Leader, to agree to the SI so that consent can be given in a timely manner and within the timescales set by Government. It is also proposed to delegate authority to take any action needed to enact the recommendations and facilitate the establishment of the MCCA.

BECKY SHAW

Chief Executive

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Summary of Draft SI: The Sussex & Brighton Combined County Authority Regulations 2026

1.	The SI will establish the Sussex & Brighton Combined County Authority (CCA) and confirm the statutory tests are met, the Constituent Authorities (CAs) have consented, and the process of approval has been completed.
2.	Commencement date – all Regulations will come into force the day after they are made except Mayoral Functions which come into force on 11 May 2026 (post Mayoral election on 7 May).
3.	<p>Establishes CCA</p> <ul style="list-style-type: none"> Establishes the Combined County Authority and names it as the Sussex and Brighton Combined County Authority. The Authority will have the functions set out in SI although further functions may be conferred in the future through further regulations. Confirms how the Local Audit and Accountability Act 2014 provisions (statement of accounts) will be met during the first and subsequent years. References that the Constitution is included as a Schedule (see below). <p>Confirms first financial reporting required from the date Regulations in force to 31 March 2027.</p>
4.	<p>Election of Mayor</p> <p>Sets out how mayors will be elected every fourth year as well as how terms will begin (the first on 07.05.26) and end.</p> <p>Sets out that the mayor will be able to employ a single political advisor, who will be an employee of the Combined Authority. The employment of an advisor is tied to the mayor who recruits them, meaning that they cannot be employed after the end of a term or after a mayor resigns. The position will be a politically restricted post. The advisor will not be responsible for other employees of the Combined Authority.</p> <p>Incorporates LGHA 1989 provisions relating to political advisors, including restrictions on pay.</p>

5.	<p>Transport</p> <p>Transfers the functions set out in Ss108, 109 and 112 of Transport Act 2000 to the CCA from the Constituent Authorities.</p> <p>There will be a transition period which will end 31 March 2027 during which the powers will be held concurrently.</p> <p>S108 TA 2000 – is the requirement to develop policies for the promotion and encouragement of safe, integrated, efficient and economic transport to, from and within their area and requirement to produce a Local Transport Plan setting out the Policies and how they will be implemented.</p> <p>S109 TA 2000 – sets out the details of who to consult and how to publish the Local Transport Plan</p> <p>S112 TA 2000 – sets out the requirement to have regard to Guidance from Secretary of State and to the needs of disabled people when producing Local Transport Plans.</p> <p>Power to pay a grant</p> <p>A CCA may pay a grant to CA towards expenditure incurred or to be incurred by a constituent council This power is exercisable only by the mayor. In determining the amount to be paid to a constituent council in relation to that council's highway functions, the CCA must have regard to the desirability of ensuring that the council has sufficient funds to exercise its highways function and decisions must take into account other sources of funding.</p>
6.	<p>The following functions can only be exercised by the Mayor:-</p> <p>Ss108,109 and 112 Transport Act 2000 (Local Transport Plans)</p> <p>S31 LGA 2003 – power to pay grants (under Reg 8 above)</p> <p>The Mayor can also do anything that a Combined Authority can do under section 49 of the Levelling Up and Regeneration Act (general power of the CCA).</p>

	However the Mayor may enter into joint committee arrangements pursuant to S101(5) of the LGA 1972 (with the CCA, the CAs and other LAs) for the discharge of the above functions.
7.	<p>How the CCA will be Funded</p> <p>Constituent Authorities to ensure costs of CCA and Mayor are met (to the extent Mayor has decided not to use other funds) reasonably attributed to the exercise of function.</p> <p>The constituent councils must meet the costs of expenditure associated with regulation 10 (Part 5 - mayoral functions above). However, the mayor must agree with the CCA the total expenditure in advance of incurring the expenditure. Any precept issued in relation to this expenditure under section 40 of the Local Government Finance Act 1992 is to be disregarded from the cost of expenditure.</p> <p>The constituent councils must be apportioned either through a mechanism of their own agreement or if no agreement is in place, based on the number of their residents as a proportion of the total population of the CCA area.</p> <p>CCA can raise its own funds through a precept.</p>
8.	<p>CCA duty to share information in relation to Crime & Disorder (plus other additional functions)</p> <p>The functions of the constituent councils set out in section 17A of the Crime and Disorder Act 1998 (sharing of information), exercisable concurrently with the constituent councils. The Combined Authority also becomes the relevant authority for the purposes of Section 115 of the Act (disclosure of information).</p> <p>The Localism Act functions of the CAs exercisable for the purpose of economic development (<u>not</u> economic *assessments*) may also be exercised by the MCCA.</p>

Constitution

	Detail
Membership	<p>The Constitution sets out that each constituent authority must appoint two members to join the CCA.</p> <p>The Constitution outlines that a member of the CCA would cease to be a member if they were no longer a member of the appointing constituent authority, or the appointing constituent authority ended the appointment. Process for termination of appointment (by CA - not CCA) or resignation by written notice to the appointing CA (in latter case takes effect on date of receipt).</p> <p>Where above has happened, a process whereby the CA 1) gives written notice to the CCA & 2) appoints another member 'as soon as practicable'</p> <p>Any new appointment starts/ terminated appointment ends between one week (min) from notice or later specified period of up to 4 weeks.</p>
Substitution	One substitute to be appointed per member – i.e. two for each CA (either of whom may sub for either member)
Chair	<p>Chair and Vice Chair</p> <p>Mayor to act as Chair once elected.</p> <p>Process for appointing a Chair and Vice Chair from the CCA members for the period before the mayoral election.</p> <p>Ahead of the mayor being elected, the CCA will appoint a Chair and Vice Chair. The Chair appointed by the CCA will cease to be Chair following the election of the mayor and the Office of Vice Chair will be abolished. The Chair will also cease holding the position if they are no longer a member of the CCA.</p> <p>Vice Chair to act where Chair unable to/ office vacant.</p>

	<p>A vacancy in the chair or vice-chair must be filled at the next meeting of the CCA unless this date is within 14 days, then the vacancy is to be filled at the following meeting.</p> <p>No meetings of the CCA can happen if for any reason <u>both</u> the Chair & Vice Chair are unable to act or both their offices are vacant.</p>
Non-constituent & associate members	<p>Non-Constituent and Associate Members</p> <p>CCA may have a maximum of six non-constituent (NC) members & associate members (AMs) <u>in total</u>.</p> <p>Requirement that each of the above also nominate a sub.</p> <p>See the LURA 2023 for voting & appointment:</p> <ul style="list-style-type: none"> • AMs may not vote • The NCs are designated by a 'nominating body' only if the CCA approves this and that body agrees. These NCs do not have voting rights <u>unless</u> the CCA resolves to give them voting rights.
Voting	<p>Any decision of the CCA ahead of a mayor being elected is by a simple majority, subject to the exceptions listed below. Once a mayor is elected, any decision of the CCA is by simple majority but must include the mayor (or deputy mayor acting in their place).</p> <p>Ahead of a mayor being elected, no business can be transacted without the chair (or vice chair) and three constituent members being present. Once a mayor has been elected, no business can be conducted without the mayor (or deputy) and four constituent members being present.]</p> <p>Decisions regarding the Local Transport Plan (section 108 of the 2000 Act) will be decided by a simple majority.</p> <p>Each member has one vote and there is no casting vote. In the event of a tie in relation to the power of the Local Transport Plan only, the Mayor (or Deputy, acting as Chair) shall have a casting vote.</p>

	<p>Business conducted by the CCA will not be deemed void as a result of a membership vacancy, or a clerical error in the appointment of a member or substitute.</p> <p><u>Exceptions</u> to normal rule:</p> <ul style="list-style-type: none"> • a two thirds majority vote needed to veto the Mayor's budget • in a tied vote on a local transport plan, the Mayor has a casting vote <p>Each member (i.e. voting member) to have one vote and the status quo prevails if vote is tied.</p> <p>No member to have a casting vote – with exception of Mayor on local transport plan.</p>
Quorum	<p><u>Before the first Mayor's term</u> starts: requirement that the Chair/ Deputy be present and also three of the members appointed by each constituent council'.</p> <p><u>After Mayor is elected</u>, the following must be present 1) the Mayor and/or Deputy Mayor acting as Chair and also 2) any four CA members</p> <p>NB If Deputy is chairing, they do <u>not</u> count also as a CA member</p>
Minutes & records of meetings; Standing Orders & Constitution	<p>Minutes and records required (5); Standing Orders to regulate proceedings (6) and a Constitution (8) permitted.</p> <p>Sets out that the CCA can make provisions about its constitution and Standing Orders.</p>
Remuneration of members	<p>Ordinary members not remunerated (other than travel & expenses).</p> <p>Remuneration only allowed to following appointees:</p> <ul style="list-style-type: none"> • Mayor, the Deputy (provided not leader or elected mayor of a CA & receiving an SRA for that)

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| | <ul style="list-style-type: none">• Members appointed to the O&S of the CCA and any Sub Committee under it OR to the Audit Committee |
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.. provided that the CCA has established an IRP, considered a report recommending it, and sets a level which does not exceed its recommended allowances

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The framework below sets out the statutory functions of **Mayoral Strategic Authorities (MSAs)** as set out in the English Devolution and Community Empowerment Bill and other legislation.

As set out in the Devolution Framework in the English Devolution White Paper, different categories of Strategic Authorities are also guaranteed access to other non-statutory offers, including partnership and funding arrangements.

General Mayoral Powers – not included in the Devolution Framework but included in the English Devolution and Community Empowerment Bill:

The Mayoral Powers of Competence are suite of powers which will be conferred on Mayoral Strategic Authorities. The powers provide new legal force to Mayors’ existing “soft powers” and convening role, and will help drive growth, collaboration and improvement across geographies. **The MPC is made up of:**

Statutory Function	Governance – where “Standard” means: <ul style="list-style-type: none"> • Voting is a simple majority inc. the Mayor • Exercised solely by the SA 	Related Clauses	Tier of Functions devolved from Central Government
The General Power of Competence This is an existing broad general power which will enable Mayoral Strategic Authorities, and their Mayors, to do anything an	To be used at the discretion of the Strategic Authority and its Mayor independently of each other.	Clause 20 of the English Devolution and Community Empowerment Bill &	MSAs – new power provided for in the EDCE Bill.

individual can do in relation to their areas of competence		Schedule 4 in the English Devolution and Community Empowerment Bill	
A Power to Convene and a Duty to Respond This will enable Mayors to convene local partners to address local challenges. It will also place a duty on local partners to respond to a Mayor's request when they make use of the power to convene. The specific local partners covered will be set out in subsequent secondary legislation.	To be used at the discretion of the Mayor of a Strategic Authority.	Clause 21 of the English Devolution and Community Empowerment Bill	MSAs – new power provided for in the EDCE Bill
A Duty to Collaborate This will ensure that Mayors of neighbouring Strategic Authorities have a formal process by which they can enter into collaboration with one another.	To be used at the discretion of the Mayor of a Strategic Authority.	Clause 22 of the English Devolution and Community Empowerment Bill	MSAs – new power provided for in the EDCE Bil

Area of Competence – Transport and Infrastructure

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
<p>Local Transport Authority functions</p> <p>Strategic Authorities are the Local Transport Authority for their area, with responsibility for preparing and publishing a local transport plan and powers to secure the provision of passenger transport services where not otherwise provided. Strategic Authorities also have powers and duties to prepare a bus strategy for carrying out their bus functions, enter into partnerships with bus operators, enter into franchising schemes, and manage travel concessions.</p>	<p>Standard, with the exception that functions relating to Local Transport Plans and the decision on whether to make a proposed franchising scheme are exercisable only by the Mayor.</p> <p>However, final approval of a Local Transport Plan is subject to a simple majority vote of constituent members where the Mayor must be in the majority. If the vote is tied, the Mayor has an additional casting vote.</p>	<p>Clause 29 and Schedule 9 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Transport Act 2000 – Part 2</p> <p>Transport Act 1985 – Parts 4 and 5</p>	<p>MSA - powers consolidated over a strategic geography (but with transitional concurrency)</p>

<p>Transport Levy</p> <p>Strategic Authorities can issue levies to their constituent authorities to meet the cost of exercising their transport functions, where otherwise not met.</p>	<p>Standard.</p> <p>Apportionment between constituent councils is subject to the Transport Levying Bodies Regulations 1992.</p>	<p>Clause 13 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Local Government Finance Act 1988 – s.74</p>	<p>MSAs – new power provided for in the EDCE Bill</p>
<p>Agreements between authorities and strategic highways companies</p> <p>This allows Strategic Authorities to enter into agreements with local highway authorities (upper-tier local authorities) and/or National Highways to delegate or share the maintenance and improvement of roads.</p>	<p>Standard, with the exception that:</p> <ul style="list-style-type: none"> • The function is exercised concurrently with local authorities. • Use of these functions requires the consent of the relevant constituent authority where the function would be exercised. 	<p>Clause 24 and Schedule 6 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Highways Act 1980 – s.6 and 8</p>	<p>Held concurrently between MSA and constituent LAs</p>
<p>Civil enforcement of road traffic contraventions</p> <p>These powers enable Strategic Authorities to enforce parking, bus lane, and moving traffic contraventions through penalty</p>	<p>Standard, with the exception that:</p> <ul style="list-style-type: none"> • The function is exercised concurrently with local authorities. • Use of these functions requires the consent of the relevant constituent authority 	<p>Clause 25 and Schedule 7 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Part 6 and Schedule 8 of the Traffic Management Act 2004</p>	<p>Held concurrently between MSA and constituent LAs</p>

charge notices. This is only possible if the relevant constituent council already has those functions and consents to the SA using them. The SA must follow existing statutory guidelines for charge levels for Fixed Penalty Notices and provide information on appeals processes.	where the function would be exercised.		
<p>Key Route Network</p> <p>Mayoral Strategic Authorities will have a duty to set up and coordinate a Key Route Network. This will allow the most important local roads to be strategically managed.</p> <p>Mayors will also hold a Power of Direction over constituent highway authority exercise of their traffic, permit, street and local highways authority powers on Key Route Network roads to support delivery of the Mayor's agreed Local Transport Plan. This means Mayors can direct councils with responsibilities for roads in their area to use their</p>	<p>This function is exercisable only by the Mayor, on behalf of the Strategic Authority.</p> <p>However, final agreement of which roads are included in the Key Route Network will be subject to a simple majority vote where the Mayor must be in the majority.</p>	<p>Clause 27 and Part 1 of Schedule 8 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Local Democracy, Economic Development and Construction Act 2009 – s.107ZA</p> <p>Levelling Up and Regeneration Act 2023 – s.22-24</p>	MSAs – new power provided for in the EDCE Bill

powers in a certain way; for example, to create a bus gate.			
Transfer of duty of principal councils to make reports on Key Route Network roads Mayoral Strategic Authorities will be required to prepare reports assessing local road traffic levels and forecasting their growth on their Key Route Network. These reports may include targets and proposals for achieving these targets.	Standard	Clause 27 and Part 2 of Schedule 8 of the English Devolution and Community Empowerment Bill Host legislation: The 1997 Road Traffic Reduction Act - s2	MSAs are taking over this duty for key route network roads. Constituent LAs retain this duty for other local roads.
Road User Charging These powers enable a Strategic Authority to make a joint road user charging scheme (e.g. congestion charging) with relevant constituent councils.	Standard, with the exception that this function can only be exercised jointly with the relevant constituent local traffic authority (the upper-tier local authority) where the scheme would take place.	Chapter I of Part III of the Transport Act 2000	Can only be exercised by MSA jointly with relevant constituent LA(s). Constituent LAs continue to be able to exercise independently.
On-Street Micromobility Schemes These powers enable Strategic Authorities, in their role as the Local	Standard	Clause 23 and Schedule 5 of the English Devolution and Community Empowerment Bill	MSAs – new power provided for in the EDCE Bill. (Although this power

Transport Authority, to license micromobility schemes operating on public roads and pavements. This allows them to have greater control of bike and e-bike rental schemes run by private companies. Other types of shared micromobility impacting on public space could also be included in the framework in the future.			would be available to constituent LA's if MSA didn't exist).
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Area of Competence: Skills and Employment Support

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
<p>Adult Education Functions</p> <p>Subject to a transition period for new Strategic Authorities, some powers of the Secretary of State relating to education and training of adults will be devolved to Strategic Authorities. These powers support the delivery of devolved adult skills funding.</p> <p>Powers relating to apprenticeships and people subject to adult detention are not devolved.</p>	<p>Standard, except that the relevant functions in section 90 and 100 of the Apprenticeships, Skills, Children and Learning Act 2009 are exercised concurrently with the Secretary of State.</p>	<p>Clause 30 and Schedule 10 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Apprenticeship, Skills, Children and Learning Act 2009 - s.86, s.87, s.88, s.90, s.100(1), s.100(1B)</p>	<p>MSAs – new power provided for in the EDCE Bill.</p>

Area of Competence: Housing and Strategic Planning

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
<p>Spatial Development Strategy</p> <p>All Strategic Authorities will have a duty to produce a Spatial Development Strategy. These documents enable them to strategically plan for development across their whole area.</p> <p><i>(Note: This duty will also be mirrored for all principal local authorities in areas without Strategic Authorities, where authorities will be required to collaborate via Strategic Planning Boards where necessary.)</i></p>	<p>This function is exercised by the Mayor on behalf of the Strategic Authority.</p> <p>However, approval of the strategy requires a simple majority vote of the Mayor and constituent members. The Mayor must be included in the majority for a vote to be carried. If the vote is tied, the Mayor gets an additional casting vote.</p>	<p>To be introduced through clause 52 of the Planning and Infrastructure Bill: Part 1A of the Planning and Compulsory Purchase Act 2004</p>	<p>MSAs – new power provided for in the EDCE Bill (although new duty would sit with constituent LA if MSA didn't exist)</p>
<p>Housing and Land Powers, concurrent with Homes England</p> <p>These additional powers allow Mayoral Strategic Authorities to acquire housing and land for specific purposes (set out in the</p>	<p>These functions are exercised concurrently with Homes England.</p> <p>Mayors exercise the compulsory purchase function on behalf of the Strategic Authority. Before</p>	<p>Clause 34 and Part 1 of Schedule 15 (Acquisition and development of land) in the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p>	<p>MSAs – new power provided for in the EDCE Bill</p>

<p>governance arrangements column). This includes powers to acquire land using the compulsory purchase powers previously solely held by Homes England.</p> <p>They also include the ability to provide financial assistance to any person (again in line with the objectives set out in the governance arrangements column).</p>	<p>exercising their compulsory purchase powers, Mayors must consult the local planning authority where the power is to be exercised.</p> <p>All other functions are exercised by the Strategic Authority and subject to the standard governance.</p> <p>All of these functions must be exercised for the purposes of, or for purposes incidental to the objectives of:</p> <ul style="list-style-type: none"> • Improving the supply and quality of housing in the area; • Securing the regeneration or development of land or infrastructure in the area; • Supporting in other ways the creation, regeneration or development of communities in the area or their continued well-being; 	<p>Housing and Regeneration Act 2008 – s.5-10; s.19; p.19 & 20 of Sch.3; p.1-4, 6, 10, 20 of Sch.4</p>	
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	<ul style="list-style-type: none"> Contributing to the achievement of sustainable development and good design in the area. 		
<p>Housing and Land Powers, concurrent with Local Authorities</p> <p>These powers enable Strategic Authorities to acquire and develop housing and land as well as provide services in relation to housing.</p> <p>The powers of local authorities conferred on Strategic Authorities differ from the powers of Homes England by placing a duty on Strategic Authorities to review housing needs in their area and enabling them to provide additional facilities in relation to housing they provide. The land acquisition powers can also be used for the purpose of providing housing, develop the land, or for planning purposes.</p>	<p>These functions are exercised concurrently with local authorities.</p> <p>Compulsory purchase powers under the Housing Act 1985 are only exercisable by the Mayor. Whereas all other powers, including compulsory purchase powers under the Town and Country Planning Act 1990, are exercised by the Strategic Authority.</p> <p>Before exercising their compulsory purchase powers, Mayors and Mayoral Strategic Authorities (depending on who is exercising the function) must consult the local planning authority where the power is to be exercised.</p>	<p>Clause 34 (Acquisition and development of land); Clause 35 (Housing accommodation); Part 2 of Schedule 15; and Schedule 16 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>Housing Act 1985 - s.17-18</p> <p>Town and Country Planning Act 1990 - s.226, 227, 229, 230(1)(a), 232, 233, 235, 236, 238, 239, 241</p>	<p>All powers held concurrently between MSA and constituent LAs</p>

These powers are held by lower-tier local authorities ordinarily.	Apart from functions exercised by the Mayor, the standard voting arrangement applies.		
Mayoral Development Corporations These powers enable Mayors of Strategic Authorities to designate a Mayoral Development Area and subsequently establish a Mayoral Development Corporation (MDC) for that area. MDCs are statutory corporate bodies which can take broad planning and land assembly powers, have the ability to attract inward investment, and are well placed to harness private sector expertise to drive forward development.	These functions are exercisable only by the Mayor on behalf of the Strategic Authority. This means that the Mayor is responsible for establishing and overseeing a Mayoral Development Corporation. However, the designation of a Mayoral Development Area will be subject to a simple majority of voting members of the Strategic Authority where the Mayor must be in the majority.	Clause 36 and Schedule 17 of the English Devolution and Community Empowerment Bill. Host legislation: Localism Act 2011 – Chapter 2 of Part 8; and Schedule 21	MSAs – new power provided for in the EDCE Bill
Strategic Development Management Powers These powers enable Mayors of Strategic Authorities to intervene in	These functions are exercisable only by the Mayor on behalf of the Strategic Authority.	Clause 31 and Schedule 11 of the English Devolution and Community Empowerment Bill Host legislation:	MSAs – new power provided for in the EDCE Bill

planning applications of potential strategic importance (e.g. especially large or prominent developments) and the ability to call in these applications.		Town and Country Planning Act 1990 – Part 1, s2A (call-in); and Part 3, s74(1B) (direct refusal)	
Mayoral Development Orders These powers give Mayors of Strategic Authorities the ability to prepare Mayoral Development Orders (MDOs). MDOs allow them to grant pre-emptive planning permission for a particular development instead of relying on an application to be submitted.	These functions are exercisable only by the Mayor on behalf of the Strategic Authority. Mayors must consult and gain approval of the local planning authority where the order would have effect. Where the local planning authority does not approve the order, the Mayor can request the Secretary of State approve the order instead.	Clause 32 and Schedule 12 of the English Devolution and Community Empowerment Bill. Host legislation: Town and Country Planning Act 1990 – Part 3, s.61DA-61DE.	MSAs – new power provided for in the EDCE Bill
Mayoral Community Infrastructure Levy These powers enable Mayors of Strategic Authorities to charge developers a Mayoral Community Infrastructure Levy. This is a charge	These functions are exercisable only by the Mayor on behalf of the Strategic Authority. This means that the Mayor is responsible for developing and applying the Mayoral Community Infrastructure Levy.	Clause 33 and Schedule 14 of the English Devolution and Community Empowerment Bill. Host legislation:	MSAs – new power provided for in the EDCE Bill. Constituent LPAs retain CIL powers.

which can be imposed on new development in their area. It can be used to raise funds to deliver infrastructure needed to support development in their area.	However, the approval of a charging schedule for the levy is subject to a simple majority vote of the voting members of the Strategic Authority.	Planning Act 2008 – Part 11	
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Area of Competence: Economic Development and Regeneration

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
Mayoral Council Tax Precept The changes to this power will allow Mayors to issue a precept to generate revenue across all Mayoral and CA/CCA functions. Previously, a Mayor could precept only for Mayoral functions, and not CA/CCA functions.	Voting and governance arrangements will vary, depending on whether the precept is on Mayoral functions, or wider C(C)A functions: <ul style="list-style-type: none"> • Mayors will continue to be subject to voting rules set out in previous legislation on precepts raised against Mayoral functions, which is 	Clause 11 of the English Devolution and Community Empowerment Bill	MSA's – new power provided for in the EDCE bill.

	<p>commonly 2/3 of constituent authorities can vote against or to amend a precept.</p> <ul style="list-style-type: none"> • A Mayor wanting to raise a precept on wider C(C)A functions would be subject to the standard voting arrangements of a simple majority including the Mayor. 		
<p>Power to borrow up to an agreed cap</p> <p>This power will remove the requirement to lay bespoke SIs for Mayoral Strategic Authorities (MSAs) by automatically conferring on them the power to borrow upon establishment for purposes relevant to their functions. However, an MSA must obtain consent from the Secretary of State before the first exercise of the power to borrow money for a purpose relevant to a</p>	<p>Standard, except that this function is exercised concurrent with local authorities.</p> <p>Exercise of the power to borrow will be automatically conferred for functions relevant to transport, police and crime commissioner and fire and rescue functions when an MSA takes on those functions. This power may be exercised by an MSA immediately for these functions only, before a Mayor has been elected. Otherwise, Secretary of</p>	<p>Clause 12 of the English Devolution and Community Empowerment Bill</p>	<p>MSA's – new power provided for in the bill. Constituent LA's retain their own borrowing powers.</p>

function other than its transport, police or fire and rescue functions.	State consent will be needed before the power is used.		
Local Growth Plans Mayoral Strategic Authorities will have a duty to produce a local growth plan.	Standard	Clause 38 and Schedule 19 of the English Devolution and Community Empowerment Bill	MSA's – new power provided for in the EDCE bill.
Duty to prepare an assessment of economic conditions Strategic Authorities must prepare and maintain an assessment of the economic conditions of their area. This is a separate duty from the duty to produce a Local Growth Plan but both duties could be satisfied simultaneously.	Standard, except that exercise of function is concurrent with local authorities.	Clause 37 and Schedule 18 of the English Devolution and Community Empowerment Bill Host legislation: S.69 of Local Democracy, Economic Development and Construction Act 2009	Power is held concurrently between MSA and constituent LAs
Power to pay grant to a constituent authority	This function is exercisable only by the Mayor on behalf of the Strategic Authority.	Clause 39 of the English Devolution and Community Empowerment Bill Host legislation:	MSA's – new power provided for in the EDCE bill.

<p>This power enables Mayors to pay grants to their constituent councils. This is most commonly used to pass funding for maintaining local roads to councils.</p>	<p>When paying grants for councils' road functions, Strategic Authorities must make sure payments are sufficient for them to exercise their functions.</p>	<p>s.32A of the Local Government Act 2003</p>	
<p>Powers to encourage visitors and provide entertainment.</p> <p>These powers enable Strategic Authorities to encourage people to visit their area and provide, support, and/or contribute to the provision of entertainments, such as concerts, plays, or exhibitions, and incur expenditure for these purposes. This includes powers to provide premises, facilities, or publicity for cultural and recreational events.</p>	<p>Standard, except that exercise of function is concurrent with local authorities.</p>	<p>Clause 40 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>s.144 and s.145 of the Local Government Act 1972.</p>	<p>Power is held concurrently between MSA's and constituent LAs</p>
<p>Power to arrange for publication of information relating to the functions of the Strategic Authority</p>	<p>Standard, except that exercise of function is concurrent with local authorities.</p>	<p>Clause 42 and Paragraph 2 of Schedule 20 of the English Devolution and Community Empowerment Bill</p>	<p>Power is held concurrently between MSA's and constituent LAs</p>

<p>These powers enable Strategic Authorities to arrange for the publication of information related to their functions as well as services available in the area. This means that they can collect, compile, and disseminate such information.</p>		<p>Host legislation:</p> <p>Local Government Act 1972 – s.142(2)</p>	
<p>Power to place staff at the disposal of other authorities</p> <p>These powers enable Strategic Authorities to enter agreements with other Strategic Authorities, local authorities, and other organisations like the NHS, to share staff services for their functions.</p>	<p>Standard, except that the function can be exercised concurrently with other Strategic Authorities, local authorities or other bodies such as NHS England.</p>	<p>Clause 42 and Paragraph 1 of Schedule 20 of the English Devolution and Community Empowerment Bill</p> <p>Host legislation:</p> <p>s.113 of the Local Government Act 1972</p>	<p>Power is held concurrently between MSA and constituent LAs</p>
<p>Power to prosecute and defend legal proceedings</p> <p>These powers allow Strategic Authorities to initiate or defend legal proceedings where they consider it</p>	<p>Standard, except that exercise of function is concurrent with local authorities.</p>	<p>Clause 42 and Paragraph 3 of Schedule 20 of the English Devolution and Community Empowerment Bill</p>	<p>Power is held concurrently between MSA and constituent LAs</p>

expedient for promoting or protecting the interests of the residents of their area. This includes the ability to prosecute, defend, or appear in any legal action and to institute proceedings in their own name to address local concerns.		Host legislation: s. 222 of the Local Government Act 1972.	
Research and collection of information These powers enable Strategic Authorities to conduct research and collect information on matters concerning their area to support their functions and share their findings.	Standard, except that exercise of the function is concurrent with local authorities.	Clause 42 and Paragraph 4 of Schedule 20 of the English Devolution and Community Empowerment Bill Host legislation: s.88(1)(a) and (1)(b) of the Local Government Act 1985	Power is held concurrently between MSA and constituent LAs

Area of Competence: Environment and Net Zero

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
Heat Network Zoning coordination role This means that Strategic Authorities will be well placed to take forward heat network zones and create zone coordinators.	Standard	s228(5) of the Energy Act 2023	MSA's – new power provided for in the 2023 Energy Act.

Area of Competence: Health, Wellbeing and Public Service Reform

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
A bespoke statutory health improvement and health inequalities duty When considering whether or how to use any of its powers and functions a Mayor or a Strategic Authority will have a duty to have regard to the need to improve the health of	Standard	Clause 43 of the English Devolution and Community Empowerment Bill	MSA's - new power provided for in the EDCE Bill.

people in the Strategic Authority area and the need to reduce health inequalities in the local area.			
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Area of Competence: Public Safety

Statutory Function	Governance	Related Clauses	Tier of Functions devolved from Central Government
Sharing of information in relation to crime and disorder These powers both enable and place a duty on Strategic Authorities to disclose information relating to the reduction of crime and disorder, including anti-social behaviour, to other relevant authorities (such as local authorities, social landlords and the police).	Standard, except that exercise of the function is concurrent with local authorities.	Clause 48 of the English Devolution and Community Empowerment Bill Host legislation: s.17A and s.115 of the Crime and Disorder Act 1998	Power is held concurrently between MSA and constituent LAs
Police and Crime Commissioner Functions	This function is exercisable only by the Mayor.	Clause 44, 45 and 47 of the English Devolution and Community Empowerment Bill	MSA's – new power is provided for in the EDCE Bill.

<p>Mayors will be, by default, accountable for the exercise of Police and Crime Commissioner (PCC) functions where mayoral boundaries align with police force boundaries, or with two police force boundaries when taken together. Transfers will be subject to secondary legislation.</p> <p>The Secretary of State may by order transfer PCC functions to the elected mayor of a CA or CCA where there are coterminous borders. The Secretary of State, at the same time, may alter the boundary of the police area (or areas) to which the transfer relates to achieve coterminosity.</p>	<p>Mayors will have to delegate PCC responsibilities to a Deputy Mayor (for Policing, Fire and Crime for each police force area for which they have PCC functions).</p>	<p>Host Legislation:</p> <p>Existing power, in statute in Police Reform and Social Responsibility Act 2011 sections 5, 7(7), 16, 18, 21, 28, 29, 20, 31(3), 62-63, 64(3) to (4A), 65, 70 and Schedule 1, and the modification of several related pieces of legislation</p>	
<p>Fire and Rescue Authority Functions</p> <p>Mayors will be, by default, accountable for the exercise of Fire and Rescue Authority (FRA)</p>	<p>Mayors will have the option to delegate FRA responsibilities to a Deputy Mayor for Policing, Fire and Crime, or a Public Safety Commissioner.</p>	<p>Clause 46 and 47 of the English Devolution and Community Empowerment Bill</p> <p>Host Legislation:</p>	<p>MSA's - where constituent LAs are the FRA, it will be passed to the SA.</p>

<p>functions where FRA and mayoral boundaries align, subject to secondary legislation</p> <p>The Secretary of State may by order transfer FRA functions to a CA or CCA where there are coterminous borders. The Secretary of State, at the same time may alter the boundary of the FRA area (or areas) to which the transfer relates to achieve coterminosity.</p>		<p>Existing power, in statute in – Fire and Rescue Services Act, 2004 p2 sections 6-10</p> <p>Transfer functions to a Mayor – Local Democracy, Economic Development and Construction Act 2009, Section 107D</p>	
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Functions which are solely exercisable by the Mayor of a Mayoral Strategic Authority

Function	Clauses in the English Devolution and Community Empowerment Bill
<p>A Power to Convene and a Duty to Respond</p> <p>This will enable Mayors to convene local partners to address local challenges. It will also place a duty on local partners to respond to a Mayor's request when they make use of the power to convene. The specific local partners covered will be set out in subsequent secondary legislation.</p>	<p>Clause 21 of the English Devolution and Community Empowerment Bill</p>
<p>A Duty to Collaborate</p> <p>This will ensure that Mayors of neighbouring Strategic Authorities have a formal process by which they can enter into collaboration with one another.</p>	<p>Clause 22 of the English Devolution and Community Empowerment Bill</p>
<p>Certain Local Transport Authority functions</p> <p>Functions relating to Local Transport Plans and the decision on whether to make a proposed franchising scheme are exercisable only by the Mayor.</p> <p>However, final approval of a Local Transport Plan is subject to a simple majority vote of constituent members where the Mayor must be in the majority. If the vote is tied, the Mayor has an additional casting vote.</p>	<p>Clause 29 and Schedule 9 of the English Devolution and Community Empowerment Bill</p>
<p>Key Route Network Power of Direction</p> <p>Mayoral Strategic Authorities will have a duty to set up and coordinate a Key Route Network. This will allow the most important local roads to be strategically managed.</p> <p>Mayors will also hold a Power of Direction over constituent highway authority exercise of their traffic, permit, street and local highways authority powers on Key Route Network roads to support delivery of the Mayor's agreed Local Transport Plan. This means Mayors can direct councils with responsibilities for roads in their area to use their powers in a certain way; for example, to create a bus gate.</p>	<p>Clause 27 and Part 1 of Schedule 8 of the English Devolution and Community Empowerment Bill</p>

<p>This function is exercisable only by the Mayor, on behalf of the Strategic Authority. However, final agreement of which roads are included in the Key Route Network will be subject to a simple majority vote where the Mayor must be in the majority.</p>	
<p>Spatial Development Strategy</p> <p>All Strategic Authorities will have a duty to produce a Spatial Development Strategy. These documents enable them to strategically plan for development across their whole area.</p> <p>(Note: This duty will also be mirrored for all principal local authorities in areas without Strategic Authorities, where authorities will be required to collaborate via Strategic Planning Boards where necessary.)</p> <p>This function is exercised by the Mayor on behalf of the Strategic Authority. However, approval of the strategy requires a simple majority vote of the Mayor and constituent members. The Mayor must be included in the majority for a vote to be carried. If the vote is tied, the Mayor gets an additional casting vote.</p>	<p>To be introduced through clause 52 of the Planning and Infrastructure Bill: Part 1A of the Planning and Compulsory Purchase Act 2004</p>
<p>Powers to acquire land using the compulsory purchase powers previously solely held by Homes England.</p> <p>Mayors exercise the compulsory purchase function on behalf of the Strategic Authority. Before exercising their compulsory purchase powers, Mayors must consult the local planning authority where the power is to be exercised. These functions are exercised concurrently with Homes England.</p>	<p>Clause 34 and Part 1 of Schedule 15 (Acquisition and development of land) in the English Devolution and Community Empowerment Bill</p>
<p>Housing and Land Powers, concurrent with Local Authorities</p> <p>Compulsory purchase powers under the Housing Act 1985 are only exercisable by the Mayor. Whereas all other powers, including compulsory purchase powers under the Town and Country Planning Act 1990, are exercised by the Strategic Authority.</p> <p>Before exercising their compulsory purchase powers, Mayors and Mayoral Strategic Authorities (depending on who is exercising the function) must consult the local planning authority where the power is to be exercised.</p>	<p>Clause 34 (Acquisition and development of land); Clause 35 (Housing accommodation); Part 2 of Schedule 15; and Schedule 16 of the English Devolution and Community Empowerment Bill</p>

These functions are exercised concurrently with local authorities.	
<p>Mayoral Development Corporations</p> <p>These powers enable Mayors of Strategic Authorities to designate a Mayoral Development Area and subsequently establish a Mayoral Development Corporation (MDC) for that area. MDCs are statutory corporate bodies which can take broad planning and land assembly powers, have the ability to attract inward investment, and are well placed to harness private sector expertise to drive forward development.</p> <p>These functions are exercisable only by the Mayor on behalf of the Strategic Authority. This means that the Mayor is responsible for establishing and overseeing a Mayoral Development Corporation. The overview and scrutiny committee of the Strategic Authority will in turn scrutinise the Mayor's decisions regarding the MDC. However, the designation of a Mayoral Development Area will be subject to a simple majority of voting members of the Strategic Authority where the Mayor must be in the majority.</p>	<p>Clause 36 and Schedule 17 of the English Devolution and Community Empowerment Bill.</p>
<p>Strategic Development Management Powers</p> <p>These powers enable Mayors of Strategic Authorities to intervene in planning applications of potential strategic importance (e.g. especially large or prominent developments). These include the ability to 'call in' these applications (and determine them instead of local planning authorities), or direct the local planning authority to refuse the application.</p> <p>These functions are exercisable only by the Mayor on behalf of the Strategic Authority.</p>	<p>Clause 31 and Schedule 11 of the English Devolution and Community Empowerment Bill</p>
<p>Mayoral Development Orders</p> <p>These powers give Mayors of Strategic Authorities the ability to prepare Mayoral Development Orders (MDOs). MDOs allow them to grant planning permission for a particular development instead of relying on an application to be submitted.</p> <p>These functions are exercisable only by the Mayor on behalf of the Strategic Authority. Mayors must consult and gain approval of the local planning authority where the order would have effect. Where the local planning authority does not approve the order, the Mayor can request the Secretary of State approve the order instead.</p>	<p>Clause 32 and Schedule 12 of the English Devolution and Community Empowerment Bill.</p>

<p>Mayoral Community Infrastructure Levy</p> <p>These powers enable Mayors of Strategic Authorities to charge developers a Mayoral Community Infrastructure Levy. This is a charge which can be imposed on new development in their area. It can be used to raise funds to deliver infrastructure needed to support development in their area.</p> <p>These functions are exercisable only by the Mayor on behalf of the Strategic Authority. This means that the Mayor is responsible for developing and applying the Mayoral Community Infrastructure Levy. However, the approval of a charging schedule for the levy is subject to a simple majority vote of the voting members of the Strategic Authority.</p>	<p>Clause 33 and Schedule 14 of the English Devolution and Community Empowerment Bill.</p>
<p>Mayoral Council Tax Precept</p> <p>The changes to this provision will allow Mayors to issue a precept to generate revenue across all Mayoral and CA/CCA functions. Previously, a Mayor could precept only for Mayoral functions, and not CA/CCA functions.</p> <p>Voting and governance arrangements will vary, depending on whether the precept is on Mayoral functions, or wider C(C)A functions:</p> <ul style="list-style-type: none"> • Mayors will continue to be subject to voting rules set out in previous legislation on precepts raised against Mayoral functions, which is commonly 2/3 of constituent authorities can vote against or to amend a precept. • A Mayor wanting to raise a precept on wider C(C)A functions would be subject to the standard voting arrangements of a simple majority including the Mayor. 	<p>Clause 11 of the English Devolution and Community Empowerment Bill</p>
<p>Power to pay grant to a constituent authority</p> <p>This power enables Mayors to pay grants to their constituent councils. This is most commonly used to pass funding for maintaining local roads to councils. This function is exercisable only by the Mayor on behalf of the Strategic Authority.</p>	<p>Clause 39 of the English Devolution and Community Empowerment Bill</p>
<p>Police and Crime Commissioner Functions</p> <p>Mayors will be, by default, accountable for the exercise of Police and Crime Commissioner (PCC) functions where mayoral boundaries align with police force boundaries, or with two police force boundaries when taken together. Transfers will be subject to secondary legislation. The Secretary</p>	<p>Clause 44, 45 and 47 of the English Devolution and Community Empowerment Bill</p>

<p>of State may by order transfer PCC functions to the elected mayor of a CA or CCA where there are coterminous boundaries. The Secretary of State, at the same time, may alter the boundary of the police area (or areas) to which the transfer relates to achieve coterminosity.</p> <p>This function is exercisable only by the Mayor. Mayors will have to delegate PCC responsibilities to a Deputy Mayor (for Policing, Fire and Crime for each police force area for which they have PCC functions).</p>	
<p>Fire and Rescue Authority Functions</p> <p>Mayors will be, by default, accountable for the exercise of Fire and Rescue Authority (FRA) functions where FRA and mayoral boundaries align, subject to secondary legislation. The Secretary of State may by order transfer FRA functions to a CA or CCA where there are coterminous boundaries. The Secretary of State, at the same time may alter the boundary of the FRA area (or areas) to which the transfer relates to achieve coterminosity.</p> <p>Mayors will have the option to delegate FRA responsibilities to a Deputy Mayor for Policing, Fire and Crime, or a Public Safety Commissioner.</p>	<p>Clause 46 and 47 of the English Devolution and Community Empowerment Bill</p>

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Ministry of Housing,
Communities &
Local Government

Consultation outcome

Sussex and Brighton devolution consultation response

Updated 17 July 2025

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Introduction

The government ran a [statutory public consultation on the proposal to establish a Sussex and Brighton Mayoral Combined County Authority which would include the areas of Brighton and Hove City Council, East Sussex County Council, and West Sussex County Council](https://www.gov.uk/government/consultations/sussex-and-brighton-devolution/sussex-and-brighton-devolution-consultation) (<https://www.gov.uk/government/consultations/sussex-and-brighton-devolution/sussex-and-brighton-devolution-consultation>). The consultation ran for 8 weeks.

The purpose of this consultation was to gather evidence and information on the effects of establishing a Mayoral Combined County Authority across this area. The results of this consultation form part of the assessment by the Secretary of State of whether the statutory tests to establish the proposed Sussex and Brighton Mayoral Combined County Authority (SBCCA) have been met.

The statutory tests are as follows:

- a) is likely to improve the economic, social and environmental well-being of some or all the people who live or work in the area
- b) is appropriate having regard to the need
 - (i) to secure effective and convenient local government
 - (ii) to reflect the identities and interests of local communities
- c) that a public consultation has been carried out and no further consultation is necessary

Consultation process

The government undertook an 8-week public consultation from 17 February to 13 April 2025 to engage and seek responses from a diverse range of interested parties. This included councils, public sector bodies, parish and town councils, local businesses, voluntary sector groups, and local residents. Consultation responses could be submitted through an online form, or in writing by email or post.

To promote awareness of the consultation, the government undertook a series of engagement and promotional activities, including:

- issuing a press notice at the start and towards the end of the consultation for local and regional media

- the Minister for Local Government and English Devolution visited Crawley on 8 April and met with local leaders
- a social media advertising campaign promoted the consultation on Facebook and Instagram. Across these platforms, 768,000 impressions and 6,765 video views were reported
- physical assets were distributed (3,500 flyers, 200 posters, and 100 hard copy consultation documents)

Officials from the Ministry of Housing, Communities and Local Government ran an in person event on 31 March in Brighton. Officials from MHCLG attended a further 5 stakeholder run events to provide information on the consultation:

- Brighton and Hove Growth Board
- Brighton and Hove Faith in Action
- Hastings Town Deal Board
- Newhaven Growth Board
- West Sussex Youth Cabinet

The 3 prospective constituent councils also promoted the consultation. This included promoting the consultation on social media, council websites and in residents newsletters. They made consultation material available in council buildings such as libraries and town halls.

Number of responses

Overall, the consultation in Sussex and Brighton resulted in 6,122 responses from individuals and organisations including:

- 5,959 from members of the public and 163 from a range of organisations including the prospective constituent and other local councils, businesses, the voluntary and community sectors and academic institutions
- 6,092 of the responses were received online, whilst 30 responses were via email or post

Summary of responses

Opinions were divided across respondents and themes set out in the consultation. While many respondents stated that the proposal could allow for greater coordination across transport, housing, skills and environmental management, some expressed concerns on the ability of the proposed SBCCA to reflect the varied identities of towns, cities and rural communities across the area.

Respondents in favour of the proposal said that it would provide opportunities to:

- enhance transport links across Sussex and Brighton as a key driver for economic development, social mobility and access to services
- unlock investment for coastal regeneration: coastal towns such as Hastings, Newhaven, and Bognor Regis were repeatedly mentioned as needing targeted regeneration with many feeling that greater devolved funding would revitalise coastal towns boost local economies, improve housing quality, and create new jobs
- improve skills training for key sectors: Respondents who supported the proposal were positive about the potential for SBCCA to better align skills training with the region's economy. A locally focused SBCCA was seen as being able to tailor apprenticeships, retraining programmes, and college courses more closely to employer demand than national agencies are currently able to achieve
- prioritise affordable housing: Respondents in favour thought that SBCCA would be able to push for new models of affordable housing delivery, including social housing, first-time buyer schemes, and affordable developments in rural areas
- strengthen Sussex and Brighton influence at a national level: Respondents in favour thought that a directly elected Mayor would champion Sussex and Brighton's needs nationally, particularly on issues like transport investment, coastal regeneration, and climate adaptation. Some felt that a "unified voice" could secure greater funding and recognition

Respondents who disagreed with the proposal expressed concerns about:

- the risk of Brighton or larger towns dominating: Respondents who disagreed with the proposal thought that SBCCA would disproportionately benefit cities and larger urban areas, particularly with regards to infrastructure investment and connectivity, leaving rural communities and smaller towns behind which could increase inequalities
- the erosion of identity: Respondents who disagreed were concerned that the proposed geography does not have a homogenous identity and that a single Sussex and Brighton-wide political structure could potentially diminish these important local identities and traditions

- political distrust of mayoral power: Respondents who disagreed were worried about politicised leadership that could be swayed by a dominant political party or personal ambition rather than reflecting the needs of diverse communities
- administrative complexity from additional layers: Respondents who disagreed were worried about creating another level of governance, leading to confusion about who is responsible for what. Some thought SBCCA would add costs, create bureaucracy, and lead to duplication of services rather than streamlining local government as promised

Summaries of responses by questions are at [Annex A](#).

Responses were received from a wide range of stakeholders and organisations, as outlined at [Annex B](#). This included:

Prospective constituent councils

Respondents were unanimously in support of the proposal, noting the long-term funding offer would reduce reliance on fragmented national bidding processes and provide sustained transport and infrastructure investment for the area. The councils welcomed the potential for greater public accountability through a directly elected mayor and the opportunity to align housing, transport and economic development strategies. They also noted the potential for the proposal to reinforce the areas' shared history. Some concerns were raised on voting and decision-making and on potential transition costs for establishing the SBCCA.

District councils

Respondents generally agreed with the principle of establishing an SBCCA but requested changes to the proposed governance arrangements to allow for more local involvement and district council representation. They welcomed the potential to unlock long-term infrastructure investment and skills funding and the opportunity to coordinate economic development more strategically.

Town and parish councils

While some respondents welcomed the potential for collaborative planning to unlock infrastructure and funding, many expressed concerns about the potential loss of local identity and risk that smaller communities' needs would be sidelined in favour of larger urban priorities. Respondents stressed that decisions should continue to be informed by local knowledge through close engagement with town and parish councils.

Academic institutions

Respondents considered the proposal may strengthen links between education, skills, innovation, and economic growth, while emphasising the need for academic priorities to remain independent. They welcomed the chance to align regional strategies with the work of universities and research institutions.

Charities and voluntary sector

Respondents welcomed the potential for improved coordination and better access to funding but emphasised the need to protect vulnerable groups and ensuring that social outcomes remained at the centre of any new governance arrangements. Respondents called for a clear commitment to community engagement.

Business and business groups

Respondents supported the proposal, noting the SBCCA could be a mechanism to stimulate economic growth, including through opportunities for transport upgrades and business support, and provide the region with a more influential voice on the national stage. There was recognition of the need to ensure this did not result in additional bureaucracy. There was also a strong call for private sector engagement and participation in the governance of the SBCCA.

Government response

The government is grateful for the time and effort respondents took to respond to the consultation and provide informative views on the proposal.

We were pleased to see many of the key benefits of devolution acknowledged by respondents. Our firm belief remains that devolution across England is fundamental to achieving the change the public expect and deserve, including: growth, more joined-up delivery of public services, and politics being done with communities, not to them. Mayoral devolution lets Mayors use their mandate for change to take the difficult decisions needed to drive growth; their standing and soft power to convene local partners to tackle shared problems; and their platform to tackle the obstacles to growth that need a regional approach. It means they have skin in the game and are accountable to their citizens.

Devolution allows for better coordination and more locally-made decisions across transport, skills and employment support, housing and planning, the environment and climate change, business and research support, and better join up of public services. Policies across skills, innovation, and infrastructure are much more effective when used to complement each other. We have already seen the difference that can be made when local leaders and Mayors work together in the interests of the local population. It creates the right mix of local intelligence and capacity with strategic vision.

We noted the concerns expressed on powers being moved further away from local people and communities, and their identities and interests, into a new layer of local government. This goes fundamentally counter to our goal for devolution: power transferred away from Westminster and London, and into the hands of local actors who understand the needs of local communities best. Devolution means policy can be tailored to local circumstances, based on a deep understanding of regional economies, giving communities a greater say in decisions that affect them.

The government will continue to encourage prospective constituent councils to engage with a wide variety of stakeholders across the area to ensure the needs of communities, including those not from the largest urban areas, are reflected in the SBCCA's decision-making. Alongside actively listening to feedback on governance, we will continue to stress the importance of close engagement with those stakeholders that understand the needs and priorities of local communities, which could include district, town and parish councils. The SBCCA will have responsibility for appointing non-constituent and associate members to provide particular experience and expertise and this could include district council representatives, business voices, charities and academic institutions.

Additionally, to enable effective working with the public, private and voluntary sectors, we will explore a wide-ranging legal power for Strategic Authorities to deliver in their areas of competence. We will also explore enabling Mayors to promote economic, social, and environmental aims and

convene stakeholders with a corresponding duty on public authorities to respond

In order to ensure that the new SBCCA has democratic accountability to all communities, we want to ensure the Mayor has strong visibility and a firm democratic mandate to ensure accountability to local people.

Government continues to firmly believe that a vital element of successful devolution is the ability for local residents to engage with and hold their devolved institutions to account. This will include, but is not limited to, the requirement to have an oversight and scrutiny committee, an audit committee, and a 'Mayors Question Time' for the public and the media to hold the Mayor to account. The current system of accountability and scrutiny is guided by the English Devolution Accountability Framework and Scrutiny Protocol, and the White Paper set out government's intention to further improve accountability. Our intention remains to continuously improve the accountability system for devolution to ensure leaders and mayors are more accountable to the public for delivering change.

The government also noted concerns around funding and investment, including costs of the Mayor and new institution. Through devolved funding, local communities are given the power to use their local knowledge to drive progress forward in their area, drive place-based economic regeneration, and increase local control over areas such as transport functions and devolution of Adult Skills Funding. The government is already working with prospective constituent councils and will provide capacity funding to help set up the SBCCA so it can deliver its priorities effectively. We will provide £1 million in Mayoral Capacity Funding in 2025-26 with future funding to be confirmed shortly. We will also confirm the 30-year investment fund the area will receive as a core part of the devolution offer shortly.

We also understand concerns that the creation of the SBCCA and the election of a mayor may add further bureaucracy. In a region like Sussex and Brighton, devolution would sit on top of the existing two-tier structure of local government (with county and district councils). Separately, but alongside devolution, the government is also facilitating a programme of local government reorganisation for two-tier areas, with the intention of moving to a single tier (with unitary councils). Fewer politicians, with the right powers, will streamline local government to focus on delivering for residents with clear roles and responsibilities for the future constituent councils and the combined county authority. As this consultation focuses on devolution only, we encourage respondents to engage on issues relating to local government reorganisation through discussions with all local councils currently involved in the process, and through any future local consultation on the matter as relevant.

Next steps

Subject to the assessment on the statutory tests, the government will continue to work with East Sussex County Council, West Sussex County Council and Brighton and Hove Council to establish the SBCCA.

If the constituent councils consent, the necessary secondary legislation will be laid in Parliament. If approved by Parliament, the Combined County Authority would be established in time for the first mayoral election to take place in May 2026.

Annex A: Responses by questions

Note: the percentages presented in the tables below are rounded to the nearest whole number. Due to this rounding, they may not sum up to 100%

Question 1: To what extent do you agree or disagree that establishing a Mayoral Combined County Authority over the proposed geography will deliver benefits to the area?

Respondents who agreed with the proposal said the area would be better able to act strategically, enabling better regional investment and building a shared cross-Sussex identity. Organisations noted the potential for enhanced strategic co-ordination, for example prospective constituent councils thought there were opportunities for strategic decision making in areas such as housing, transport, health and skills that could bring benefits to the entire area. District councils noted that the proposed geography aligns with some existing arrangements, while businesses thought it would improve recognition of the economic links between towns, cities and surrounding rural areas.

Some respondents who disagreed with the proposal were concerned about the size of the proposed geography and the risk of rural areas being overlooked in favour of urban centres. Some organisations also echoed

these concerns about the geographic diversity of the region leading to reduced accountability for local communities. For example, some town and parish council and charity and voluntary organisation respondents felt SBCCA would disconnect decision making from rural areas.

Table 1: responses to question 1

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	45%	9%	27%	2%	5%
Academic	57%	0%	29%	14%	0%
Business	47%	11%	39%	0%	3%
County Council	67%	33%	0%	0%	0%
Unitary Council	100%	0%	0%	0%	0%
District Council	69%	25%	6%	0%	0%
Elected representative	50%	0%	25%	13%	13%
Other	34%	31%	24%	7%	3%
Parish Council	32%	26%	32%	0%	11%
Town Council	29%	43%	29%	0%	0%
Voluntary and community sector or charity	43%	22%	27%	0%	8%
Public	23%	8%	66%	0%	3%

Government response

For strategic decisions to drive growth, we need strong institutions at the right scale. The evidence is clear that to drive improved economic outcomes, we must devolve core levers over growth – like transport, skills, employment support and strategic planning – and align these across functional economic areas in which people live and work. Places have

distinct economic networks where people and companies interact, which can be much bigger than individual towns or councils.

Aligning economic policies at this scale can help deliver productivity, because specialisms develop over the wider economic area separate to the individual towns or councils within it – such as a sector specialism needing a new research institute, or regional transport network to connect to new homes. Many public services are also delivered across large areas. Devolution cannot maximise opportunities to bring these levers together unless devolved governance covers wider public service footprints too, so services like health and skills can be brought together – meaning residents get more services for their taxes.

Rural areas face different challenges to those faced by more urban areas. The powers in the devolution White Paper, and the associated funding, including the Mayoral Investment Fund, can be applied to meet local priorities in rural areas, and represent the floor, not the ceiling of government's ambition for devolution.

The SBCCA will also provide an opportunity to build on existing public service alignment across Sussex and Brighton, for example the police force and fire rescue authority. The government recognises the benefits that aligned geographical boundaries can have for improving coordination between public services.

The area is already covered by a single police force, Sussex Police, and Police and Crime Commissioner. The English Devolution White Paper states that where mayoral geographies align with police force and fire and rescue geographies, Mayors will be, by default, responsible for exercising Police and Crime Commissioner and Fire and Rescue Authority functions. There is also an expectation that Mayors are appointed to Integrated Care Partnerships and are considered for the role of Chair or Co-Chair. The Mayor should also be engaged in appointing Chairs of Integrated Care Boards. This alignment will support more public service delivery for citizens in Sussex and Brighton.

Question 2: To what extent do you agree or disagree with the proposed governance arrangements for the Mayoral Combined County Authority?

Respondents who agreed with the proposal said an elected mayor could allow for clearer decision-making, democratic accountability and strategic leadership, and that the governance proposal gives fair representation to all parts of Sussex and Brighton. Prospective constituent councils stated that a directly elected Mayor would provide strategic leadership which would help

coordinate policy in areas such as skills and infrastructure. Some businesses felt that the proposed governance model would allow for clearer leadership and faster decision making and increase local decision making.

Respondents who disagreed with the proposals were concerned that power would be further centralised and reduce local accountability, and that certain groups would not be sufficiently represented. District councils disagreed with the proposed governance model, as they would not be constituent members and therefore not automatically have voting rights on the SBCCA. Town and parish councils argued that a small number of constituent members could not fully capture the full range of priorities across the entire Sussex and Brighton area, which was a concern shared by some charities and voluntary sector organisations. Some of the prospective constituent councils raised concerns around the proposed voting and membership arrangements, and the proposed name – where some thought ‘Sussex Combined County Authority’ was more appropriate, and sought clarity on how the costs of establishing the CCA and holding elections would be met.

Table 2: responses to question 2

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	23%	28%	42%	4%	4%
Academic	29%	14%	43%	14%	0%
Business	31%	19%	47%	0%	3%
County Council	33%	67%	0%	0%	0%
Unitary Council	100%	0%	0%	0%	0%
District Council	19%	13%	63%	6%	0%
Elected representative	13%	13%	50%	13%	13%
Other	28%	34%	28%	10%	0%
Parish Council	5%	47%	37%	0%	11%
Town Council	14%	43%	43%	0%	0%
Voluntary and community sector or charity	22%	30%	43%	0%	5%
Public	20%	11%	66%	0%	3%

Government response

Directly elected Mayors create visible leadership and greater accountability. Mayors have become vital local leaders, delivering on the promise of change in their area to drive growth, more joined-up delivery, and earning trust. Evidence from existing Mayoral areas in England shows that Mayors can use their mandate to change to take the difficult decisions needed, have the standing to convene local partners and tackle shared problems, have a platform for tackling the obstacles to growth that require a regional approach, are accountable to their citizens and represent their area on the national stage.

The Combined County Authority should work closely with a wide range of stakeholders across Sussex and Brighton to support the delivery of its work programme. This can be done formally in the SBCCA's governance structure through the appointment of non-constituent and associate members, who provide outside expertise and experience. The appointment of these members will be a matter for the SBCCA.

The Levelling Up and Regeneration Act established the Combined County Authority model to reflect the scale of delivery needed for devolved functions, such as strategic transport, which upper-tier local authorities are typically responsible for. By ensuring strategic decisions are made at the upper-tier level, with fewer constituent members, it allows for more streamlined decision-making to reduce bureaucracy. This streamlining also aligns with our longer-term ambitions to establish a single tier of local government to underpin Strategic Authorities, and any future unitary structures emerging from the local government reorganisation process will replace upper-tier authorities as constituent councils. Acknowledging the essential role district councils will play in delivery and the invaluable local perspective they can bring to the CCA until the local government reorganisation process has concluded, we expect effective levels of collaboration to be demonstrated between constituent members and district councils especially where the district council covers the primary city or economy in that county.

The government is already working with prospective constituent councils on our capacity funding offer to help mitigate concerns around transition costs. This funding is intended to help the SBCCA to set up and deliver its priorities effectively.

Question 3: To what extent do you agree or disagree that working across the proposed geography through the Mayoral Combined County Authority will support the economy of the area?

Respondents who agreed with the proposal said the MCCA could promote strategic investment, reduce duplication and help align infrastructure planning with economic development. Prospective constituent councils all agreed that SBCCA would support the area's economy through taking a strategic lead in driving economic growth through long-term funding, targeted investment and a tailored skills provision. District councils felt that there were areas where a CCA structure could add value through economic co-ordination, such as transport, skills and employment. Businesses felt that SBCCA and a Mayor could encourage greater engagement with business and employment networks across the proposed area. Academic institutions considered SBCCA could drive regional innovation, skills development and economic resilience.

Respondents who disagreed with the proposal expressed concerns that funding could be diverted from rural to urban areas or would not fully reflect differing local economic needs across the area. District councils and town and parish councils particularly raised such concerns. Charities and voluntary organisations were concerned that rural communities and vulnerable groups could be left behind and stressed the need for direct engagement with local community groups. Some respondents were also worried about existing local authority debt being spread to other councils in the area.

Table 3: responses to question 3

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	49%	18%	21%	3%	8%
Academic	43%	0%	29%	14%	14%
Business	56%	8%	36%	0%	0%
County Council	67%	0%	0%	0%	33%
Unitary Council	100%	0%	0%	0%	0%
District Council	69%	25%	6%	0%	0%

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Elected representative	75%	0%	0%	13%	13%
Other	45%	24%	14%	14%	3%
Parish Council	37%	26%	26%	0%	11%
Town Council	29%	29%	14%	0%	29%
Voluntary and community sector or charity	41%	24%	22%	0%	14%
Public	24%	12%	60%	0%	4%

Government response

The government wants to build an economy that works for everyone, and to do this we need a new way of governing. To truly get growth in every corner of the country and put more money into people's pockets, we must rewire England and end the hoarding in Whitehall by devolving power and money from central government to those that know their area best.

Mayors will be equipped with a range of new powers and greater control of local funding across planning, infrastructure, transport, skills, business and energy, with strong and effective partnerships in place with councils and other partners to deliver the missions we have set out to transform the country. Alongside this, Mayors will have a statutory duty to produce Local Growth Plans, setting out a long-term vision for growth in their region over the next decade and a roadmap for how this can be achieved.

The government acknowledges that the SBCCA would need funding certainty to be able to plan for the long-term and get maximum impact from their spending. The 30-year investment funds will remain a core part of the Devolution offer to the area to address the particular needs of Sussex and Brighton. Government will also provide support through Mayoral Capacity Funding to help with the costs of establishing the SBCCA.

Council finances remain separate from the SBCCA, such that council debt cannot be spread through the Combined County Authority.

Question 4: To what extent do you agree or disagree that working across the proposed geography through the Mayoral Combined County Authority will improve social outcomes in the area?

Respondents who agreed with the proposal said it could address inequalities, improve health and wellbeing especially in coastal and rural areas, and address other social outcomes through more co-ordinated transport, housing and skills. Prospective constituent councils highlighted how improved transport which leads to increased access to opportunities, inclusive economic growth and co-ordination of services including through a new health improvement duty could improve social outcomes. Some district councils noted the potential benefits of linking co-ordinating policies in areas such as health, housing and transport could support wellbeing and tackle deprivation, although some noted this depends on how funding is allocated. Some businesses felt that improved strategic investment in infrastructure and skills development would improve social outcomes.

Respondents who disagreed with the proposal were concerned about the potential impact of new housing development and increased inequalities, if social problems are not adequately addressed in both urban and rural areas. District councils wanted strong public health planning and early intervention strategies, and town and parish councils were unconvinced that social outcomes would improve without strong local input into the CCA from local communities. Some charities and voluntary organisations felt the CCA could lead to weakened grassroots initiative and disadvantage smaller community led organisations.

Table 4: responses to question 4

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	38%	19%	25%	5%	12%
Academic	57%	0%	29%	14%	0%
Business	36%	14%	42%	0%	8%
County Council	67%	0%	0%	0%	33%
Unitary Council	100%	0%	0%	0%	0%
District Council	69%	0%	13%	6%	13%

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Elected representative	50%	25%	0%	13%	13%
Other	34%	24%	17%	17%	7%
Parish Council	21%	21%	37%	0%	21%
Town Council	29%	43%	14%	0%	14%
Voluntary and community sector or charity	30%	27%	24%	3%	16%
Public	18%	14%	63%	0%	5%

Government response

Devolution means policy can be tailored to local situations, based on a deep understanding of England's regional economies. It enables more decisions to be made by those who know their areas best, leading to better outcomes and a more efficient use of resources and giving communities a greater say in decisions that affect them.

Devolving powers in areas such as transport, skills, employment support and strategic planning, and aligning these across functional economic areas in which people live and work, can deliver social as well as economic benefits by, for example, putting health and wellbeing at the centre of place-based decision making, through the specific duty in relation to health in the devolution white paper, which would ensure that health is and will remain a key priority in the exercise of its functions.

SBCCA alongside other proposed Combined (County) Authorities would have a specific duty in relation to health, which would ensure that health is and will remain a key priority in the exercise of its functions. The government has committed to ensuring all areas with Mayoral devolution have a long-term investment fund for delivering health outcomes.

Existing authorities have used their devolved powers and funding to improve social outcomes. For instance, the West Midlands Combined Authority have established a homelessness taskforce, and York and North

Yorkshire Combined Authority have set up a Vibrant and Sustainable High Streets Fund and Carbon Negative Challenge Fund.

Another example is the North East where Mayor Kim McGuinness, is driving forward proactive and practical solutions to support prevention of child poverty, this year launching a Child Poverty Reduction Unit, which aims to build a strategic, long-term and collaborative approach to reducing child poverty, building on the initiatives already underway. One of the first outputs will be a Mayor's Childcare Grant, which will help parents find or return to work and keep more of their income.

Mayors will also be able to appoint and remunerate commissioners to lead on key functions, giving them more flexibility in how they choose to deliver for their area. They will not be members of the Strategic Authority, and the roles would be expected to reflect areas of competence.

Question 5: To what extent do you agree or disagree that working across the proposed geography through a Mayoral Combined County Authority will improve local government services in the area?

Many respondents provided responses relating to local government reorganisation rather than devolution when asked about local government services.

Respondents who agreed with the proposal said it could streamline delivery, bring consistency and clarity to service delivery and lead to more empowered local government. Prospective constituent councils felt an SBCCA and Mayor would provide strategic leadership, and integration and collaboration amongst local government in areas such as health, police and transport, which would improve service delivery. Many district councils noted that an SBCCA could enable more integrated planning across local government and the benefit of collaboration particularly in the context of service delivery pressures. Academic institutions considered that an SBCCA could improve regional coordination and service innovation.

Respondents who disagreed with the proposal were concerned about reduced responsiveness of local government services particularly in rural areas and the impact it could have on resources for local government services. Town and parish councils, for example, wanted clarity on how they would be involved in service planning given their close contact with local communities. Some academic institutions noted the importance of managing the implementation appropriately, whilst a common concern amongst charity and voluntary organisations was that service delivery could become more focused to the needs of urban areas.

Table 5: responses to question 5

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	34%	23%	31%	6%	6%
Academic	43%	0%	29%	14%	14%
Business	33%	17%	44%	3%	3%
County Council	67%	0%	0%	0%	33%
Unitary Council	100%	0%	0%	0%	0%
District Council	44%	38%	6%	6%	6%
Elected representative	38%	13%	38%	13%	0%
Other	31%	28%	21%	17%	3%
Parish Council	16%	32%	42%	0%	11%
Town Council	43%	14%	43%	0%	0%
Voluntary and community sector or charity	32%	27%	30%	3%	8%
Public	20%	11%	66%	0%	3%

Government response

This government is committed to resetting the relationship with local and regional government, empowering local leaders and Mayors to make the right decisions for their communities, and working together to grow an inclusive economy, reform public services and secure better outcomes. In other developed countries that introduced greater devolution, people were more satisfied with public service.

Evidence shows that, under the right conditions, devolution can help solve key challenges with respect to local government services:

- on growth, devolution to capable local leaders at strategic scales has been linked to higher productivity meaning more money in people's pockets
- when it comes to trust in politics, directly elected Mayors are the most recognisable local political figures, and people think more power should come down from national government
- in other developed countries that introduced greater devolution, people were more satisfied with public services

The proposed SBCCA is distinct from the local government reorganisation process which is being undertaken separately. The SBCCA will not lead on delivery of local services such as waste, social care and libraries. Instead, it will take on additional devolved powers, functions and funding, which previously have been held by central government, as set out in the devolution framework.

Question 6: To what extent do you agree or disagree that working across the proposed geography through a Mayoral Combined County Authority will improve the local natural environment and overall national environment?

Respondents who agreed with the proposal highlighted the potential for integrated environmental planning, greater green investment and improved coordination of environmental policies including coastal and rural protection. Prospective constituent councils highlighted the potential benefits of a cohesive, area-wide strategy for environmental protection, building on the existing natural environment assets the area has, whilst acknowledging that this must remain rooted in community engagement. District councils noted that a SBCCA could help manage large scale co-ordination of environmental policies, such as the Local Nature Recovery Strategy. Some businesses felt the SBCCA offered an opportunity to deliver strategic infrastructure projects such as green energy and hydrogen production. Academic institutions highlighted how the SBCCA could draw on local academic expertise and data to shape regional environmental plans.

Respondents who disagreed with the proposal said there is a risk that there could be increased development which would harm the local environment, and that the SBCCAs powers would not be sufficient. District councils want more funding for environmental schemes and called for stronger links to local environmental plans given the importance of working with key local stakeholders. Town and parish councils were generally sceptical that the SBCCA would address local environmental challenges and sought greater

clarity on the proposal, including how rural areas would be protected from unwanted and inappropriate developments in their area. Some charity and voluntary organisations suggested that the SBCCA should have a statutory duty towards climate and nature and warned that environmental goals could be deprioritised if there is a lack of funding for the SBCCA.

Table 6: responses to question 6

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	37%	23%	31%	2%	7%
Academic	29%	14%	29%	14%	14%
Business	33%	17%	44%	0%	6%
County Council	67%	0%	33%	0%	0%
Unitary Council	100%	0%	0%	0%	0%
District Council	63%	25%	13%	0%	0%
Elected representative	50%	13%	25%	13%	0%
Other	41%	31%	24%	3%	0%
Parish Council	32%	16%	37%	0%	16%
Town Council	14%	43%	43%	0%	0%
Voluntary and community sector or charity	27%	27%	30%	0%	16%
Public	18%	17%	59%	0%	6%

Government response

Local, place-based environmental leadership is essential and the government is clear that the proposed SBCCA would be crucial partner in achieving our clean power mission and support efforts to protect the natural environment and biodiversity of not only the local area but the whole of England. This includes joint work with Great British Energy through the

Local Power Plan to support the roll out of small-medium renewable energy projects at the local level. The government also recognises the unique strategic role that the SBCCA could play in planning our future energy system by operating across a functional economic area. In doing so, the National Energy System Operator will engage with them as it develops Regional Energy Strategic Plans and provide a transparent route for local insights to inform energy system planning. Over time, we envisage the SBCCA would be appointed the Local Nature Recovery Strategies responsible authority.

In addition, the government is committed to establishing heat network zoning in England. Zoning coordinators within the proposed SBCCA would be able to designate areas as heat network zones, enabling the most appropriate level of local government to assume the role of heat network zoning coordinator and play a key role in the delivery of heat decarbonisation.

Existing Combined Authorities have used devolved powers and funding to support their environmental objectives. For example, York and North Yorkshire Combined Authority launched a Carbon Negative Challenge Fund to support their ambition to become England's first carbon negative region and have committed £7m funding to Net Zero project across their area.

Future opportunities for devolution and partnership working will also be explored with the proposed SBCCA. The SBCCA can provide greater local leadership in responding to the impacts of climate change, and how rural communities will be considered in local policy decision making. This could be through the Mayoral Council, or the Council of Nations and Regions, giving SBCCA a significant voice in influencing national policy.

Question 7: To what extent do you agree or disagree that working across the proposed geography through the Mayoral Combined County Authority will support the interests and needs of local communities and reflect local identities?

Respondents who agreed with the proposal said it will provide a strong local voice could restore civic pride and strengthen regional identity, as well as improve the areas representation at the national level. Prospective constituent councils noted the deep cultural and historic ties across Sussex which result in strong and varied local identifies, and they considered that SBCCA could promote a shared identity whilst recognising those local distinctions. Some prospective constituent councils suggested that tools such as local charters could be used to ensure local identities are not

diluted. Businesses felt that the governance arrangements should respect regional differences, whilst academic institutions emphasised the importance of place-based identity for community cohesion. Some charities and voluntary sector organisations felt that better collaboration between councils could strengthen cross-community working if it was rooted in local involvement.

Respondents who disagreed with the proposal noted a risk of a ‘one-size-fits-all’ approach being adopted which would undermine local identities. District councils raised concerns that the proposal could fail to protect local community identities or cause disengagement and stressed the need for embedding local identity in every element of decision making and delivery to ensure that does not happen. Town and parish councils called for more direct representation and stronger community input which recognised local differences to ensure all community identities and interests are protected. Charity and voluntary sector organisations raised concerns that SBCCA could focus engagement on larger regional partners at the expensive of more community-led organisations.

Table 7: responses to question 7

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Organisations	28%	22%	40%	3%	6%
Academic	43%	0%	29%	14%	14%
Business	33%	8%	56%	0%	3%
County Council	67%	0%	0%	0%	33%
Unitary Council	100%	0%	0%	0%	0%
District Council	25%	44%	25%	0%	6%
Elected representative	50%	0%	38%	13%	0%
Other	34%	24%	24%	14%	3%
Parish Council	5%	21%	63%	0%	11%
Town Council	29%	29%	43%	0%	0%
Voluntary and community sector or charity	19%	35%	41%	0%	5%

	Agree	Neutral	Disagree	Prefer not to say	Don't know
Public	16%	10%	71%	0%	3%

Government response

A vital element of successful devolution is the ability for local residents to engage with and hold their devolved institutions to account – and local identity plays a key role in this. Local identity is one of the clear criteria for sensible geographies government published in the English Devolution White Paper.

By pushing more power out of Whitehall, this government is undertaking major structural reform to deliver better democratic and economic outcomes for people and places across England. With more power devolved in England, people will see priorities for their area set locally, with policies tailored to needs and circumstances.

As mentioned earlier, this includes the selection of non-constituent and associate members, that can represent different regions and sectors, alongside scope for the public to hold the Mayor to account, not just via the ballot box, but with the Mayors Question Time.

Annex B: Consultation respondents

Respondents using the Citizen Space response form were asked to self-report on their respondent type.

Respondent	Responses
Public	5,959
Academic	7
Business	36
County Council	3

Respondent	Responses
Unitary Council	1
District Council	16
Elected representative	8
Parish Council	19
Town Council	7
Voluntary and community sector or charity	37
Other	29



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Devolution and Local Government Reorganisation Scrutiny Member Reference Group – views to Cabinet

1.1 The cross Place and People Scrutiny Committees' Member Reference Group (MRG) met on 11 September 2025 and agreed the following comments to be put to Cabinet for its consideration of 'Devolution: Consent to the establishment of a Mayoral Strategic Authority for Sussex' on 21 October 2025.

1.2 The MRG expressed its support for Cabinet agreeing to consent to the laying of the Statutory Instrument that would establish a Mayoral Strategic Authority for Sussex, recognising the potential benefits for East Sussex residents, including access to a long-term mayoral investment fund.

1.3 The MRG expressed concerns regarding the pace at which the MCCA is being established, particularly the requirement to develop a Local Assurance Framework by the end of October, and the need for greater support and clarity from Government.

1.4 The MRG noted the importance of robust scrutiny arrangements for the MCCA to ensure accountability of the Mayor, Deputy Mayors, and appointed commissioners.

1.5 The MRG noted the absence of a recall mechanism for the Mayor once they had been elected and supported exploring the possibility of including recall provisions similar to those that apply to Members of Parliament as part of the governance arrangements for the MCCA.

1.6 The MRG expressed the need for further clarity from Government on how the remuneration, employment terms and allowances of the Mayor, Deputy Mayors, and commissioners would be determined.

Responses to issues raised

2.1 Following the MRG further clarification was sought from Government on the issues raised at the MRG meeting. Government have confirmed the following:

2.2 Allowances paid to Commissioners have to be in accordance with a scheme that has been agreed by the MCCA. Agreement of such a scheme will be by majority vote (including the Mayor). The Bill's intention is that the MCCA may only pay allowances in accordance with the scheme and not otherwise. The Mayor may determine the salary for commissioners, to be approved by a scheme made by the MCCA. The Government has the option to set out further information in guidance around appropriate pay and procedures.

2.3 In relation to the termination of appointments of commissioners, the Government has confirmed that the policy intention is that when a commissioner's appointment ceases due to an Overview and Scrutiny Recommendation that has been accepted by the MCCA, the appointment is terminated automatically. The relevant Government Department is working to ensure the legislation fulfils the policy intention.

2.4 In relation to whether there were plans to introduce safeguard provisions for Mayors that are comparable to those allowing for the recall of Members of Parliament, the Government has responded to say that there aren't any. Their view is that there is already a comprehensive system of accountability for Mayors, and they are working with the sector to

understand how accountability and scrutiny for Mayoral Strategic Authorities can be strengthened even further.

Report to: Cabinet
Date of Meeting: 21 October 2025
By: Director of Adult Social Care and Health
Title: Care Quality Commission (CQC) Assessment of Adult Social Care
Purpose: To provide Cabinet with information regarding the outcome of the CQC assessment and next steps.

RECOMMENDATIONS:

Cabinet is recommended to:

- 1) Note the outcome of the Care Quality Commission's (CQC) Assessment of Adult Social Care in East Sussex, which was published on Friday 3 October 2025 with an overall rating of 'Good'; and**
 - 2) Agree that the CQC Reference Group, a sub-group of the People Scrutiny Committee, should monitor and review the development and implementation of departmental actions in response to the CQC report.**
-

1. Background

1.1 The Health and Care Act 2022 granted the Care Quality Commission (CQC) new powers to assess local authorities' compliance with the Care Act 2014. The 'return of the regulator' was a significant development for adult social care departments who had not been assessed by statutory, external bodies for approximately 15 years.

1.2 The CQC developed a new assessment framework for adult social care assessments as these differed significantly from their existing assessment regimes. This first round of assessments has been a learning process for all parties and the CQC adjusted their methodology throughout this first round of assessments and have indicated that they will undertake future assessments differently. Details of any new approach have not yet been shared.

1.3 The CQC were clear that, whilst they understand the pressures faced by adult social care departments and their partners nationally, they would not take this into account when assessing our delivery of the Care Act.

1.4 In East Sussex, a significant amount of preparatory work was undertaken in advance of the CQC assessment. This included an extensive self-evaluation process using the industry standard Local Government Association (LGA) and Association of Directors of Social Services (ADASS) self-assessment tool. We produced a Self-assessment document, which was promoted by the LGA as good practice. We commissioned an LGA Peer Review in February 2024 as a way of providing further assurance and insights into our key strengths and areas for development. Our preparation for assessment was reviewed by the People Scrutiny Committee CQC Reference Group.

1.5 East Sussex were notified of the official start of our CQC assessment on 12 August 2024. Stage one of the assessment was to supply the CQC with around 250 pieces of evidence including performance data, policies, strategic plans and our Self-assessment. Following the submission of this evidence, we focussed on preparation sessions for Members and staff who would meet with the CQC and in providing summary case file information to support the CQC in conversations with adults and carers who had used our services.

1.6 We were notified on 2 December 2024 that the on-site element of the assessment would take place between the 11 and 13 of February 2025. We ran mock interview sessions and additional preparation sessions in the lead into the site visit.

1.7 The second phase of the CQC assessment included:

- Interviews with adults and carers who had used ASCH services.
- Interviews with Members including the Leader of the Council, the Lead and opposition Lead Members for ASCH and cross-party representatives from the People Scrutiny Committee, including the Chair.
- Interviews with ASCH officers including the Chief Executive, Director of ASCH, Director of Public Health and staff from across the department.
- Drop in sessions for ASCH staff
- Questionnaires and interviews with key external stakeholders and partners including the NHS, the voluntary community and social enterprise sectors and the independent chair of the Safeguarding Board.
- Preparing a three hour pre-assessment on-line presentation for the CQC which highlighted our key strengths and areas for development.

1.8 The CQC published its assessment of East Sussex Adult Social Care and Health's delivery of the Care Act on 3 October 2025. The full report can be found at Appendix 1. Key findings from the assessment are summarised in Section 2 below. Proposed next steps are set out in Section 3.

2. Key findings from CQC Assessment

Overall rating

2.1 Adult Social Care and Health achieved a rating of 'Good'. This means that the CQC consider the service to be performing well and meeting their expectations.

Areas of strength and areas for improvement

2.2 The CQC framework is set out using four overarching themes. Each of these themes are outlined below with the key strengths and areas for development identified by the CQC.

Theme 1: Working with people - Strengths

2.3 Adult Social Care and Health is easily accessible

The report identified that Adult Social Care and Health is easily accessible through Health and Social Care Connect (HSCC) and information and advice was available as well as onward referrals to relevant support and services.

2.4 Person centred care planning

The approach to assessment and care planning was person-centred and strength based. The CQC stated *'The approach reflected people's right to choice, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. People told us they felt listened to throughout their Care Act assessment and that their views were heard and respected.'*

2.5 Development of an integrated offer through Integrated Care Teams (ICTs)

There was recognition of the work being undertaken with partners such as, primary and community health services, borough and district councils, mental health, the NHS Sussex ICB and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to develop an integrated offer of health, care and wellbeing throughout the ICTs.

2.6 Prevention offer that includes the use of technology and OT clinics

The report acknowledges the preventive offer including Occupational Health clinics that people could attend and telecare which is technology that enables people to remain independent and safe in their own homes. The CQC reported that *'The local authority works with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support.'*

2.7 The report recognised the significant impact of the Joint Community Reablement and Rehabilitation (JCR) service in preventing on-going care needs, by stating *'In 2023/24 72% of adults did not require on-going care after receiving JCR support.'*

2.8 Effective delivery of Direct Payments

The report outlined that Direct Payments were well managed, and staff were supported to ensure they are offered to all adults and contained the following, *'People told us they received direct payments from the local authority. The direct payment process was easy to understand, and payments were received on time and as planned.'*

2.9 Effectively reducing inequalities

The report outlines that there is a good understanding of local demographics and this information is used to reduce inequalities in people's care and support experiences and outcomes. There is an Equality Diversity and Inclusion strategy and action plan in place. It acknowledged the Accessible Information Standard policy and how staff would consider people with a disability, impairment or sensory loss, and ensured they were able to get information in a format they understood.

Theme 1: Working with people - Areas for development

2.10 Waiting lists for Care Act assessments and reviews

The report outlines that Adult Care Act assessments and reviews, Carers, Occupational Therapy and Financial Assessments were not always completed in a timely manner. The CQC noted that there were waiting lists in place.

2.11 The CQC however, recognised the work that has been undertaken on waiting times and the implementation of an enhanced, standard process for managing waiting lists which includes: better communication with people, better management of waiting lists by monitoring risk and the management of performance.

2.12 Inconsistent information about Financial Assessments

The CQC found that information around Financial Assessments was not consistently made clear to people but noted the project to improve waiting times and communication regarding financial assessments including working with the Citizen Panel and People Bank to design and test new versions of written communications.

2.13 Limited information on the effectiveness of signposting

Although the report recognised information and advice was provided by HSCC to East Sussex residents; it identified that there was not a systemic approach to monitor whether signposting had been effective for people.

Theme 2: Providing Support - Strengths

2.14 Effective JSNA and Market Position Statement

The report notes that the Joint Strategic Needs Assessment (JSNA) and Market Position Statement are used well to identify and plan for local care and support services. The CQC

refer to clear plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex.

2.15 Good oversight of commissioned services

The report indicated commissioning teams had good oversight of commissioned services and provided on-going management, overview of quality and service delivery, and held providers to account for the contract and contained the following: *'Partners told us the local authority's model of commissioning was accessible and supportive of all providers.'*

2.16 Effective Market Support to monitor provider quality

The Market Support Team maintained knowledge of the provider markets and risk utilising risk assessment tools to provide effective market support including in business continuity situations.

2.17 Strong co-production with people who are experts by experience

The report outlined the many good examples of co-production including work completed by the Involvement Matters Team who are made up of people with Learning Disabilities and are directly involved in service development and staff training, for example *'People told us they had a lot of interaction with the local authority and had been involved with a co-production group who supported with staff training, interviews and produced easy read documents.'*

2.18 Effective partnership working

The report highlighted that partners participated in developing local authority strategies through their involvement in the ASC Strategy Steering Group, Community Oversight Board, Health and Care Partnership Board and the Financial Inclusion Group and indicated that *'Partners told us the local authority valued them, and they had strong links with adult social care and public health'*

2.19 The report referenced our Commissioning Excellence Programme as a good example of developing excellence in local authority / VCFSE commissioning.

Theme 2: Providing Support – Areas for development

2.20 Gap in provision for people with complex and challenging conditions

The report reflected that there is a gap in provision in the county for people with particularly complex and challenging conditions. It is acknowledged that this is not a sole responsibility of ASCH and is being addressed with partners across the system by planning a strategic approach to respond to this challenge.

Theme 3: How the Local Authority ensures safety within the system – Strengths

2.21 Effective case risk management policy with triage by risk level

The CQC noted that there is an effective case risk management policy which is used by all operational staff where referrals are triaged by level of risk. This was supported by practice standards, case monitoring documentation and training.

2.22 Good quality assurance oversight of the independent care sector

The report describes our Market Oversight Panel (MOP) which is a multi-agency two-weekly forum. The forum shares information about the care sector to identify potential risks to people and risks and impacts on the wider market and providers and was identified as a good source of coordinated support to the market.

2.23 Effective transitions charter and pathway for young people to adult services

The CQC concluded that there are suitable processes in place to support young people and their families with the transition to adult social care services. There is a Transitions Charter in place which informs young people and families what they can expect from the process.

2.24 Effective safeguarding

The CQC notes that safeguarding concerns are responded to appropriately, in a timely manner and that there are effective processes for quality assurance oversight of safeguarding. The report refers to the close links with the Safeguarding Adults Board (SAB) and how learning from Safeguarding Adult Reviews (SARs) was included in relevant staff training.

Theme 3: How the Local Authority ensures safety within the system – Areas for development

2.25 Delays in hospital discharge

The report noted that hospital discharge was not always completed in a timely manner for people mainly due to Discharge to Assess (D2A) capacity. The report acknowledged that the number of D2A beds had reduced due to reductions in NHS funding and capacity was being discussed with system partners.

2.26 Inconsistent sharing of safeguarding enquiry outcomes with providers

The CQC noted that some partners felt that they could be kept better informed about the outcome of safeguarding concerns that they had raised.

2.27 Sharing Safeguarding Adult Review (SAR) themes with partners.

Although SAR themes are shared with partners the report suggests this could be done more systematically, but notes that this is a planned action moving forward.

Theme 4: Leadership – Strengths

2.28 Clear governance and accountability structures at all levels

The report outlines the effective use of adult case file audits and our Quality Practice and Assurance Framework (QPAF) to provide information and assurance on the quality of practice in ASCH.

2.29 Effective leadership

The report notes that there is a stable adult social care leadership team with clear roles, responsibilities and accountabilities and indicates that *'Leaders were visible, capable and compassionate' and 'The local authority's political and executive leaders were well informed, and the scrutiny process was effective.'*

2.30 Effective risk management framework and escalation processes

The CQC note that there are effective risk management and escalation arrangements in place.

2.31 Strategic planning informed by performance, risk, and EDI data

The CQC report states, *'The local authority uses information about risks, performance, inequalities and outcomes to inform it's adult social care strategy and plans.'*

2.32 A culture of learning and development

The CQC report states, *'There was an inclusive and positive culture of continuous learning, improvement and development.'*

2.33 Strong training and development offer for staff

The report highlights the bespoke training that is aligned with Care Act duties and professional needs, the strong emphasis on reflective practice, peer learning, and legal literacy and emotional resilience support for staff handling crisis calls, and states *'Staff told us about the numerous opportunities for career progression and staff development.'*

2.34 The report notes that a strengths-based practice (SBP) model is promoted with a strong emphasis on wellbeing, choice and self-direction.

2.35 Learning from complaints drives service improvement

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

Theme 4: Leadership – Areas for development

2.36 Prevention strategy still in development

At the time of the assessment in February 2024, the Prevention Strategy, *'which has a clear focus on prevention and wellbeing to reduce care and support needs'*, was still in development. The CQC noted this was yet to be implemented.

3. Next steps – response to the key findings

3.1 We will use the key findings from the CQC assessment to review and update our existing development and improvement plans, aligning these with our overarching vision and agreed priorities.

3.2 As many of the development areas highlighted by the CQC were self identified, there is a close alignment with our current Portfolio Plan priorities of Prevention, Waiting Times, Safeguarding, Quality and Value for Money.

3.3 Improvement actions will be delivered through our existing strategies (eg: Waiting Lists Project, Safeguarding Hub in HSCC, etc.) and wider health and care system initiatives (eg: Complex commissioning and market development, delayed discharge reduction) and monitored on a quarterly basis as part of the regular Council Plan progress reporting.

4. Conclusion and reasons for recommendations

4.1 The strengths outlined in the report show that, overall, East Sussex is in a good position and is delivering well against the challenges and pressures faced by adult social care and our key partners, both locally and nationally.

4.2 As was the case with the LGA Peer Review, our strengths and areas for development were known to us and had been documented in our Self-assessment and / or highlighted in our pre-assessment presentation to the CQC, and most importantly, largely already included within our existing plans and priorities.

4.3 The People Scrutiny Committee, through its CQC Reference Group, assisted in our preparation for the assurance process and, as such, are well placed to monitor the development and implementation of our response to the CQC report as part of our wider improvement plan.

MARK STANTON

Director of Adult Social Care and Health

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Appendices:

Appendix 1 - ESCC CQC Assessment

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East Sussex assessment

[How we assess local authorities.](#)

Assessment published: 3 October 2025

About East Sussex

Demographics

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

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

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

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

Financial facts

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

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

Overall Summary

Local Authority rating and quality statement scores

Good: Evidence shows a good standard (67%)

Summary of people's experiences

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

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

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

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

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

Summary of strengths, areas for development and next steps

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

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

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

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

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

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

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

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

Theme 1: How the local authority works with people

Assessing needs

Score:

2 - Evidence shows some shortfalls

What people expect:

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

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

The local authority commitment:

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

Key findings for this quality statement

Assessment, care planning and review arrangements

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

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

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

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

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

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

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

Timeliness of assessments, care planning and reviews

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Eligibility decisions for care and support

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

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

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

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

Financial assessment and charging policy for care and support

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

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

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

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

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

Provision of independent advocacy

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

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

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

Supporting people to lead healthier lives

Score:

3 - Evidence shows a good standard

What people expect:

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

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

The local authority commitment:

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

Key findings for this quality statement

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

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

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

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

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

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

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

Provision and impact of intermediate care and reablement services

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

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

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

Access to equipment and home adaptations

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

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

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

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

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

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

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

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

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

Provision of accessible information and advice

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

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

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

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

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

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

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

Direct payments

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

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

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

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

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

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

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

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

Equity in experience and outcomes

Score:

3 - Evidence shows a good standard

What people expect:

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

The local authority commitment:

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

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

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

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

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

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

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

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

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

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

Inclusion and accessibility arrangements

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

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

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

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

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

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

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

Theme 2: Providing support

Care provision, integration and continuity

Score:

2 - Evidence shows some shortfalls

What people expect:

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

The local authority commitment:

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

Key findings for this quality statement

Understanding local needs for care and support

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

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

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

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

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

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

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

Market shaping and commissioning to meet local needs

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

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

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

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

Ensuring sufficient capacity in local services to meet demand

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

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

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

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

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

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

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

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

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

Ensuring quality of local services

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

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

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

Ensuring local services are sustainable

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

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

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

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

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

Partnerships and communities

Score:

3 - Evidence shows a good standard

What people expect:

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

The local authority commitment:

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

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

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

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

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

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

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

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

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

Arrangements to support effective partnership working

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

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

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

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

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

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

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

Impact of partnership working

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

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

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

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

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

Working with voluntary and charity sector groups

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

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

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

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

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

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

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

Safe pathways, systems and transitions

Score:

2 - Evidence shows some shortfalls

What people expect:

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

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

The local authority commitment:

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

Key findings for this quality statement

Safety management

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

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

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

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

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

Safety during transitions

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

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

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

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

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

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

Contingency planning

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

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

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

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

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

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

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

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

Safeguarding

Score:

3 - Evidence shows a good standard

What people expect:

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

The local authority commitment:

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

Key findings for this quality statement

Safeguarding systems, processes and practices

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

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

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

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

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

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

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

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

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

Responding to local safeguarding risks and issues

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

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

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

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

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

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

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

Responding to concerns and undertaking Section 42 enquiries

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

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

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

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

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

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

Making safeguarding personal

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

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

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

Theme 4: Leadership

Governance, management and sustainability

Score:

3 - Evidence shows a good standard

The local authority commitment:

Key findings for this quality statement

Governance, accountability and risk management

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

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

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

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

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

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

Strategic planning

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

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

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

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

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

Information security

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

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

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

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

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

Learning, improvement and innovation

Score:

3 - Evidence shows a good standard

The local authority commitment:

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

Key findings for this quality statement

Continuous learning, improvement and professional development

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Learning from feedback

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

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

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