

## Adult Social Care and Health – Q1 2024/25

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

#### **Adult Social Care (ASC)**

##### **Demand for support services**

Adult Social Care commission and provide a range of services and support to working age adults and older people across East Sussex, in accordance with Care Act 2014 requirements. We are seeing an increasing complexity of need among our clients and demand for services has now returned to pre-pandemic levels. We are continuing to maintain a good level of performance against most of our measures, however the additional pressures facing the service are having a significant impact on our financial position. Details of the work being undertaken to address these issues are provided in the Revenue Budget Summary section.

##### **Health and Social Care integration**

The five-year [Shared Delivery Plan](#) has been refreshed for year two to continue delivery of the Sussex Integrated Care Strategy, 'Improving Lives Together', and the [East Sussex Health and Wellbeing Board Strategy](#). Key shared priorities are the development of Integrated Community Teams (ICTs) aligned to our five district and borough footprints in East Sussex, improving population health, and a neighbourhood delivery model for integrated care. The leadership infrastructure has been identified and initial development sessions held for all 5 ICTs which included exploring [data and insight packs](#). The second Hastings 'frontrunner' ICT session took place in May 2024 with 29 attendees from across health and care with a focus on Multi-disciplinary Team (MDT) working, opportunities to strengthen relationships across the care and support network, and identifying what could be further developed at pace. Similar follow up sessions for the remaining four ICTs are planned for Q2 and a broader exercise of mapping services and assets is also underway. East Sussex plans align with the broader approach across Sussex.

##### **Adults are able to take control of the support they receive**

At the end of Q1, 27.6% of adults and older people were receiving Direct Payments, a total of 1,493 people. This number has slightly decreased since March 2024 and the number of people receiving community based long term support (the denominator) has continued to increase, resulting in a small drop in performance, however the target is being met. Practice continues to be that Direct Payments are always considered when deciding how to meet an adult's care needs and identified outcomes and are offered as an option where appropriate.

##### **Reabling people to maximise their level of independence**

Reablement services help people regain mobility and daily living skills, especially after a hospital stay. The two measures below are used to look at how effective reablement services:

- Between 1 April 2023 and 31 March 2024, 92.5% of older people discharged from hospital to reablement / rehabilitation services were at home 91 days after their discharge from hospital (ref vi).
- No further request was made for ongoing support for 95.5% people who received short-term services between April and June 2024.

##### **Homes for Ukraine**

As of 30 June 2024, since the start of the war, a total of 1,874 guests had arrived in East Sussex under the Homes for Ukraine scheme, sponsored and hosted by 849 sponsors. A significant number (732) have successfully moved from hosted accommodation into independent private sector accommodation.

### **Third Sector support**

Co-development results for the Community Network Support Programme were shared with cross-sector Community Network Leads in Q1. The results were framed as themes, factors, and conditions for success, with local partners identifying existing support and areas for development. The conditions for success will be further discussed during Q2.

Tribe promotes a number of Council volunteering opportunities as well as opportunities in the voluntary, community and social enterprise sector. This continues to grow, with over 2,500 listings for volunteer opportunities and activities and 23,000 views during Q1.

The Council and Tribe led a social media campaign in partnership with HVA (Hastings Voluntary Action), RVA (Rother Voluntary Action), and 3VA (Voluntary Action in Wealden, Eastbourne and Lewes District) during Volunteers Week in June. Following this, the Youth Justice Services fed back that they had 'an amazing response', with their opportunities viewed over 6,000 times on Tribe, and the successful recruitment of 16 new volunteers.

Tribe has also worked with East Sussex Libraries to list 80 volunteer opportunities that are on offer across all Council libraries.

### **Number of carers supported through short-term crisis intervention**

The number of carers supported through short-term crisis intervention (**ref i**) in Q1 was 57, against a target of 390 for 2024/25. The service relies on receiving referrals either direct from carers or via other organisations and it has received fewer referrals for carer support than usual. The provider will continue to promote their service to other carer organisations to raise their profile, whilst a review is undertaken to understand whether the level of demand for this service has reduced and the need has changed.

### **Safer Communities**

#### **Substance Misuse**

During Q1, the focus has been on remodelling the drug and alcohol treatment service in light of additional funding relating to Project ADDER in 2024/25 and the outcome of the Dame Carol Black review. Funding for Project Adder is due to end in April 2025.

The Harm to Hope Partnership continues to deliver on its strategic objectives in order to reduce substance misuse-related harm and mortality, crime, and anti-social behaviour. A specialist pathway for those with liver conditions is now underway and the treatment service continues to work towards the ambitious aim of 100% micro-elimination of Hepatitis C. Micro-elimination tackles Hepatitis C in local areas, using a series of targets to make sure that people are being diagnosed and getting the treatment they need. The Continuity of Care (between prison and community treatment services) audit continues to progress, with the majority of actions now complete.

#### **Treatment for opiate misuse**

At the end of Q4 (reported a quarter in arrears), there were 1,071 individuals in treatment for opiate use, an increase on Q3 (**ref v**). Of those in treatment for opiate use, 58% in East Sussex are showing substantial treatment progress, compared to 46% in England.

#### **Drug and alcohol related deaths**

The latest retrospective figures for deaths resulting from drug or alcohol misuse show 77 people died in 2022. This is fewer than the previous year. Every death is a tragedy. We continue to work hard to reduce the number of deaths every year, including working with partners to ensure people receive support as early as possible and to support treatment. The Harm to Hope Board will sign up to the East Sussex Partnership Protocol 2024-2026, to better align the processes for reviewing unexpected deaths.

## Domestic Violence and Abuse, Sexual Violence and Abuse Services

The Safer Communities Partnership Board published four Domestic Homicide Reviews (DHRs) of deaths that occurred in 2019 and 2020. These highlight system-wide learning to try to prevent future deaths as far as possible. The Council also responded to the Home Office's consultation on updated statutory guidance on conducting DHRs.

The Safer Communities Team continued developing the White Ribbon action plan and recruited six new Champions and three new Ambassadors.

In 2023/24, our support services also exceeded their targets in three key areas (reported a quarter in arrears). Firstly, 96.1% of people affected by domestic violence and abuse had improved safety/support measures in place upon leaving the support service (**ref ii**). Secondly, 90.2% of people affected by rape, sexual violence and abuse had improved coping strategies when they left the support service (**ref iii**). Finally, 3.9% of people who accessed additional support from our specialist commissioned domestic abuse service were older (**ref iv**).

## Fraud and Scams

The Safer East Sussex Team, in partnership with colleagues from Trading Standards, and Get Safe Online attended the 999 Event on Eastbourne lawns, raising awareness about fraud and scams with hundreds of members of the public.

## Preventing Violent Extremism

34 community safety awareness raising sessions and Prevent-themed educational support sessions were delivered to organisations within the county. This includes schools, colleges, partners, and the wider community. In total approximately 1,695 students and staff interacted with the sessions in Q1.

## Serious Violence

The Safer Communities Team worked with voluntary, community and social enterprise partners in each district and borough area to conduct research and engagement with seldom heard voices about public place violence. The findings of this engagement will help develop action plans to tackle and reduce the causes of antisocial behaviour and crime.

## Modern Slavery and Human Trafficking

The Safer Communities Team hosted the Sussex Anti-Slavery Network in June 2024, bringing together voluntary sector, community, faith, and statutory agencies to share information about training, resources, and identification of risk.

## Public Health

### NHS Health Checks

The NHS Health Checks programme is intended to be accessible to those living in the most deprived areas. The year end outturn for 2023/24 was 2,066 / 2,300 NHS Health Checks delivered - 90% of the annual target was met (**ref vii**). Whilst we did see the expected uptick in NHS Health Checks due to NHS Sussex Locally Commissioned Services being decommissioned across two thirds of GP practices, we did not see this in Hastings & St Leonards Primary Care Network (PCN) which has the highest number of IMD1 patients. Hastings & St Leonards PCN had very high activity across the first 9 months of last year and so were less reliant on income from performing NHS Health Checks than other GP practices. The target for 2024/25 has been amended to increase coverage of NHS Health Checks in the most deprived areas with the goal to reach a 5-year coverage of IMD1 NHS Health Checks of 50% by end of 2026/27. Indices of multiple deprivation (IMD) is a measure of relative deprivation for small, fixed geographic areas of the UK. IMD classifies these areas into five quintiles based on relative disadvantage, with quintile 1 (IMD1) being the most deprived and quintile 5 being the least deprived.

## **Healthy Schools programme**

Over the past year, schools in East Sussex have been invited to apply for a grant of £3,000 as an incentive to register and progress through the Healthy Schools programme and support their pupils to participate in the annual pupil wellbeing survey 'My Health, My School'. Schools can also go on to achieve an 'Excellence Award' and have been able to apply for an additional £2,000 in grant funds.

To date, 152 schools have registered for and started the programme. Since May 2023, 55 schools signed up with 23 more schools achieving 'Healthy Schools Status'. The grant has been applied for by 128 schools with many choosing to spend their grants to improve children and young people's social and emotional health, levels of physical activity and healthy lifestyles.

## **Council Research Symposium**

In response to pre-election restrictions the planned Creative Health and Research Symposium on 11 and 12 June was rapidly reworked and refocused to enable a closed session for academic research teams associated with the Coastal Communities workstream to go ahead. The session, focusing on inequalities in coastal communities, will help support both national work streams and the local support for health inequalities in the Hastings and St Leonard's areas.

## **The Prototype Pottery Project**

A collaboration between Recovery and Renewal and East Sussex Healthcare NHS Trust (ESHT) was launched on the 29 June. The project seeks to support people with cancer through the inclusion of a peer supported pottery project as an element of the support pathway as an alternative or an addition to counselling.

## **Revenue Budget Summary**

### **ASC and Safer Communities**

The net ASC and Safer Communities budget of £259.957m for 2024/25 includes a 7% inflationary uplift of £18.607m to support the care market across the Independent Sector. This uplift is in addition to £3.917m to fund growth and demographic pressures, with the costs of the increases being partially funded by £7.060m raised through the 2% ASC Care Precept.

The net ASC forecast outturn for 2024/25 is £269.761m, which is a forecast overspend of £9.804m. The overspend largely relates to the Independent Sector, where the overspend is forecast to be £10.337m. This is due to a combination of factors with the most material being increasing complexity of need and pressures arising from demand and demographic growth returning to pre-pandemic levels.

The financial challenges facing the Council are echoed nationally. Adult Social Care and Health (ASCH) are one of 16 Local Authorities to sign-up to the County Council Network (CCN) project on Working Age Adults. CCN analysis of the Adult Social Care Finance Return (ASC-FR) shows that Working Age Adults and Whole Life Disability Spend now makes up 57% of all adult social care spend nationally – this is the same size as all of Children's Social Care. National spend on Learning Disability and Mental Health have both risen by over a third between 2020 and 2023. The CCN forecast that total adult social care spend on 18-24-year-olds (inflation assumed at 2% per annum) will reach 63% by 2036; 138% more than now.

Locally, a review of the current forecast and trends is underway to better understand the specifics of the overspend drivers. A full review of the forecast model will be undertaken with a view to modelling various future scenarios. A group of staff from across ASCH and finance will meet each month to ensure that issues arising from the forecast analysis are addressed collectively.

The Council show as a high outlier amongst local authority comparators for the number of working age adults supported by the service relative to population size. Work to review high-cost placements continues on a regular basis and the cost of individual packages are benchmarked against other packages of care. The ASCH brokerage service recently re-negotiated a number of

existing high-cost care packages of care which are all with the same provider, releasing over £100k per annum. The Council is also working to ensure that clients get the most appropriate support in cases where health needs may dictate that NHS-led care is more appropriate than social care.

A project is also ongoing to improve debt collection. Five priority actions have been identified that will improve the current debt process and ensure that Council liabilities are reported and managed effectively to best offset the wider economic factors that may cause debt to rise.

Client care needs are reviewed as part of ASCH duties under the Care Act. Particular attention is being paid to clients receiving care from more than one practitioner at a time (double handed care or 2:1 care), using Occupational Health support workers to ensure that individuals receive the appropriate care for their particular situation.

There is a forecast underspend in Directly Provided Services of £0.533m due to staffing vacancies which reflects the difficulties in recruitment.

**Public Health**

The Public Health (PH) budget of £38.265m comprises of the PH grant allocation of £30.389m, additional income and grants of £3.044m, a planned draw from reserves £1.596m for reserve projects, £2.500m released funding and £0.736m drawn to support in year spending.

At the end of Q1, PH expenditure is projected to be less than expected by £1.038m.

Public Health Reserves: At the end of Q1, general PH Reserves of £5.101m are projected to reduce to £1.577m. The Health Visiting reserves of £1.193m are projected to reduce to £0.923m.

**COVID-19 related funding streams**

ASC will incur the final expenditure of £0.413m relating to schemes initiated during the national COVID-19 response in 2024/25. This will be funded in full by the brought forward amount and will be spent before the grant deadline of 30 September 2024 on corporately approved schemes.

<b>Grant</b>	<b>Funding brought forward £'000</b>	<b>Planned Usage £'000</b>	<b>Balance Remaining £'000</b>
Contain Outbreak Management Funding (COMF)	413	413	-
<b>Total</b>	<b>413</b>	<b>413</b>	<b>0</b>

**Homes for Ukraine**

ASC continues to lead on the programme of services to support Ukrainian guests to settle in East Sussex. Actual expenditure in 2024/25 is forecast to be £4.704m against funding of £8.048m, with the remaining budget allocated for the subsequent years of support required under statutory guidance. In addition, ASC is forecasting to pass £1.343m to districts and boroughs to fund payments to hosts, in line with guidance.

<b>HFU Grant Funding</b>	<b>Funding b/fwd £'000</b>	<b>Expected Funding £'000</b>	<b>Total Funding £'000</b>	<b>Planned Usage £'000</b>	<b>Funding c/fwd £'000</b>
Tariff Funding	7,210	838	8,048	4,704	3,343
Thank you Payments	-	1,343	1,343	1,343	-
<b>Total</b>	<b>7,210</b>	<b>2,181</b>	<b>9,391</b>	<b>6,047</b>	<b>3,343</b>

**Capital Programme Summary**

The ASC Capital programme budget for 2024/25 is £3.820m and the forecast is for full spend by the end of 2024/25. Phase 1 (Beckley Close and Cregg Na Ba) of the Supported Living project is

on track to complete and handover by mid-September 2024, and costs are expected to be within budget. Phase 2 is due to start in Autumn 2024.

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

**Priority – Helping people help themselves**

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	Q1 24/25 outturn	Note ref
Number of carers supported through short-term crisis intervention	333	390	A				57 / 390 14.6% of target	i

**Council Plan measures marked carry over at year end 2023/24 – Final Outturn**

**Priority – Keeping vulnerable people safe**

Performance measure	Outturn 22/23	Target 23/24	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	2023/24 outturn	Note ref
The % of people affected by domestic violence and abuse who have improved safety/support measures in place upon leaving the service	91.4% (360/394)	90%	G	G	G	G	96.1% (512 / 533)	ii

Performance measure	Outturn 22/23	Target 23/24	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	2023/24 outturn	Note ref
When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies	92.7% (544/ 587)	88%	G	G	G	G	90.2% (449 / 498)	iii
The percentage of people who access additional support from our specialist commissioned domestic abuse service who are older*	New measure 2023/24	3%	G	G	G	G	3.90% (74 / 1,899)	iv
The number of people accessing treatment for opiate misuse**	New measure 2023/24	1,247	G	G	A	R	1,071	v

\*Not included in 24/25 Council Plan – Stepped down to Portfolio Plan

\*\*Not included in 24/25 Council Plan – Measure deleted

## Helping people help themselves

Performance measure	Outturn 22/23	Target 23/24	RAG Q1 23/24	RAG Q2 23/24	RAG Q3 23/24	RAG Q4 23/24	2023/24 outturn	Note ref
National outcome measure: Achieve independence for older people through rehabilitation / intermediate care	90.5% (801/885)	>90%	G	G	G	G	92.5% (1,056 / 1,142)	vi
Improved targeting of NHS Health Checks	Cumulative uptake: 29.5% (5 year period 2018/19 – 2022/23 Q4)	10% of the eligible population in the 20% most deprived areas (IMD1) have received a health check	R	A	G	R	9%	vii

**Savings exceptions 2024/25 (£'000)**

Service description	Original Target For 2024/25	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
	-	-	-	-	-	
	-	-	-	-	-	
<b>Total Savings</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
			-	-	-	
			-	-	-	
<b>Subtotal Permanent Changes <sup>1</sup></b>			<b>0</b>	<b>0</b>	<b>0</b>	
<b>Total Savings and Permanent Changes</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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

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

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

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

**Revenue Budget 2024/25 (£'000)****Adult Social Care – Independent Sector:**

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Physical, Sensory and Memory and Cognition Support	161,808	(81,409)	80,399	177,632	(91,344)	86,288	(15,824)	9,935	(5,889)	
Learning Disability Support	92,659	(6,152)	86,507	97,490	(9,285)	88,205	(4,831)	3,133	(1,698)	
Mental Health Support	26,971	(10,251)	16,720	40,742	(21,272)	19,470	(13,771)	11,021	(2,750)	
<b>Subtotal</b>	<b>281,438</b>	<b>(97,812)</b>	<b>183,626</b>	<b>315,864</b>	<b>(121,901)</b>	<b>193,963</b>	<b>(34,426)</b>	<b>24,089</b>	<b>(10,337)</b>	

**Adult Social Care – Adult Operations**

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Assessment and Care Management	32,968	(2,459)	30,509	35,010	(3,083)	31,927	(2,042)	624	(1,418)	
Directly Provided Services - Older People	17,537	(5,811)	11,726	16,429	(6,060)	10,369	1,108	249	1,357	
Directly Provided Services - Learning Disability	9,336	(605)	8,731	8,879	(640)	8,239	457	35	492	
<b>Subtotal</b>	<b>59,841</b>	<b>(8,875)</b>	<b>50,966</b>	<b>60,318</b>	<b>(9,783)</b>	<b>50,535</b>	<b>(477)</b>	<b>908</b>	<b>431</b>	

**Adult Social Care- Strategy, Commissioning and Supply Management**

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Commissioners, Commissioned Services and Supply Management	10,419	(4,320)	6,099	9,983	(4,321)	5,662	436	1	437	
Supporting People	6,214	(380)	5,834	6,214	(380)	5,834	-	-	-	
Equipment and Assistive Technology	8,352	(4,238)	4,114	9,042	(4,583)	4,459	(690)	345	(345)	
Carers	2,429	(1,736)	693	2,601	(1,907)	694	(172)	171	(1)	
<b>Subtotal</b>	<b>27,414</b>	<b>(10,674)</b>	<b>16,740</b>	<b>27,840</b>	<b>(11,191)</b>	<b>16,649</b>	<b>(426)</b>	<b>517</b>	<b>91</b>	

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

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Planning, Performance and Engagement	7,705	(1,025)	6,680	7,525	(1,090)	6,435	180	65	245	
Service Strategy	8,061	(7,322)	739	8,295	(7,322)	973	(234)	-	(234)	
Safer Communities	2,115	(909)	1,206	3,658	(2,452)	1,206	(1,543)	1,543	-	
<b>Subtotal</b>	<b>17,881</b>	<b>(9,256)</b>	<b>8,625</b>	<b>19,478</b>	<b>(10,864)</b>	<b>8,614</b>	<b>(1,597)</b>	<b>1,608</b>	<b>11</b>	

**APPENDIX 3**

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
<b>Total Adult Social Care</b>	<b>386,574</b>	<b>(126,617)</b>	<b>259,957</b>	<b>423,500</b>	<b>(153,739)</b>	<b>269,761</b>	<b>(36,926)</b>	<b>27,122</b>	<b>(9,804)</b>	

**Public Health – Core Services:**

Divisions	Planned Gross	Planned Income	Planned Net	2024/25 Gross	2024/25 Income	2024/25 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Mental Health & Best Start	11,760	-	11,760	11,646	-	11,646	114	-	114	
Risky Behaviours and Threats to Health	13,604	-	13,604	13,461	-	13,461	143	-	143	
Health Systems	3,637	-	3,637	3,478	-	3,478	159	-	159	
Communities	1,054	-	1,054	1,050	-	1,050	4	-	4	
Central Support	3,869	-	3,869	3,251	-	3,251	618	-	618	
Recovery & Renewal	245	-	245	245	-	245	-	-	-	
Funding to be released	2,500	-	2,500	2,500	-	2,500	-	-	-	
Public Health Grant Income	-	(30,389)	(30,389)	-	(30,389)	(30,389)	-	-	-	
Other Grants and Income	-	(3,044)	(3,044)	-	(3,044)	(3,044)	-	-	-	
Draw from General Reserves	-	(3,236)	(3,236)	-	(1,928)	(1,928)	-	(1,308)	(1,308)	
Draw from Health Visiting Reserves	-	-	-	-	(270)	(270)	-	270	270	
Project Board Reserves	1,596	(1,596)	-	1,596	(1,596)	-	-	-	-	
<b>Total Public Health</b>	<b>38,265</b>	<b>(38,265)</b>	<b>0</b>	<b>37,227</b>	<b>(37,227)</b>	<b>0</b>	<b>1,038</b>	<b>(1,038)</b>	<b>0</b>	

**Capital programme 2024/25 (£'000)**

Approved project	Budget: total project all years	Projected: total project all years	Budget Q1	Actual to date Q1	Projected 2024/25	Variation (Over) / under Q1 budget	Variation analysis: (Over) / under spend	Variation analysis: Slippage to future year	Variation analysis: Spend in advance	Note ref
Supported Living Projects	6,421	6,421	3,700	915	3,700	-	-	-	-	
Greenacres	2,598	2,598	70	-	70	-	-	-	-	
House Adaptations for People with Disabilities	2,769	2,769	50	(11)	50	-	-	-	-	
<b>Total ASC Gross</b>	<b>11,788</b>	<b>11,788</b>	<b>3,820</b>	<b>904</b>	<b>3,820</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	