

Adult Social Care and Health – Q1 2025/26

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

Adult Social Care (ASC)

Demand for care and support services

In accordance with the Care Act 2014, ASC commission and provide a range of services to support adults and older people across East Sussex. There is an increasing complexity of need amongst people accessing support, and demand for services is exceeding pre-pandemic levels and continuing to increase. As an example:

- Overall contacts handled by Health and Social Care Connect (HSCC) Access and Assessment, excluding HSCC Health, continue to increase, with a 5.0% increase in contacts handled in 2024/25 compared to 2023/24, and a 7.8% increase in contacts handled in April to May 25 compared to the same period in 2024.
- Between 2023/24 and 2024/25 new 'care' contacts relating to requests for support around care needs increased by 14.2%.

Against the context of this increased demand activity levels also continued to increase, including:

- a 3.6% increase in Appearance of Need Tools completed in the period April to May 25 compared to the same period in 2024
- a 4.0% increase in assessments completed in the period April to May 2025 compared to the same period in 2024
- a 5% increase in reviews conducted in the period April to May 2025 compared to the same period in 2024

Health and Social Care integration.

To build on the progress in 2024/25, the East Sussex Health and Care Partnership has reviewed and refreshed our Shared Delivery Plan (SDP) for 2025/26 for endorsement by our Health and Wellbeing Board (HWB). This has taken into account the NHS [2025/26 priorities and operational planning guidance](#) published in January 2025, as well as alignment with other strategies, annual plans, insights and evidence, and will help us to be clear about the drivers and scope of our joint work together in East Sussex within our Sussex Integrated Care System in 2025/26.

An informal HWB development session took place in June, as part of the broader programme to deliver our ongoing SDP objective of strengthening the leadership role of the East Sussex HWB. It focussed on the Joint Strategic Needs Assessment (JSNA) theme of the importance of the “life course” approach, a good start in life, living well, ageing well and a good end in life, and how our work as a system contributes to this. A key focus was understanding the collaborative work that supports a good start to life for our children and young people. The session also explored the wider context of change, some of the challenges and risks influencing our work as health and care system partners in 2025/26, and the potential impacts on collaboration at an East Sussex level. An important topic was the national announcement that all Integrated Care Boards (ICBs) must reduce their organisational costs by 50% by December 2025/26, in part through reconfiguring to larger footprints, as part of a broader move to stabilise NHS finances and reduce duplication. The expectations we have of ourselves as partners working for the common good of the East Sussex population, how our HWB can continue to be strengthened, and how we help lead and hold ourselves mutually to account for this, will be vitally important.

Our 5 Integrated Community Team (ICT) joint management and planning groups (MPGs) aligned to our borough and district footprints have continued to meet and work on joint action plans. Members include local team leads from general practice, community pharmacy, social care, public health, housing, Voluntary, Community and Social Enterprise (VCSE) organisations, mental health and community health services. Plans will include developing multi-disciplinary teams working in

neighbourhoods to offer proactive care for people with more complex health and care needs.

Our joint plans for ICTs will support the shift from hospital to a neighbourhood health service in the community set out in the Government's 10 Year Health Plan '[Fit for the future](#)' (published in July 2025), through enabling better coordination and increased integration of services in our local communities and neighbourhoods, and the shift to prevention. We expect to be able to further evolve and strengthen our plans for ICTs in light of 'Fit for the Future' as the detailed guidance emerges.

Whole system collaboration continues to focus on improving hospital discharge and reducing the number of people who remain in hospital after they have no clinical need to stay due to their complex onward care needs. Actions include supporting people to stay active whilst in hospital and minimise deterioration in health and wellbeing, establishing hubs to better coordinate the transfer of care, two Social Work Teams supporting 'discharge to recover and assess' beds and a discrete scheme commissioned to help people arranging and paying for their own care. Funding allocations have been agreed until the end of Q2 2025/26. Despite a reduction in Discharge To Assess (D2A) beds overall performance is improving, but this is reliant on our health and care system investing in the right type of support to respond to people's increasingly complex needs appropriately after being in hospital.

Third Sector support

During Q1 the mobilisation of the new Community and Voluntary, Community and Social Enterprise Development Programme, and the development of the initial delivery plans began. Providers and Council officers met regularly to ensure a collaborative partnership approach, alongside the continuous learning approach. Both are key components that will ensure the programme is contributing to Council strategies, while at the same time supporting people, communities, groups and organisations to develop activities that directly benefit them.

During Q1 the Council's Communications Team and third party provider Tribe delivered a campaign to promote volunteering amongst residents in the county. The results of the campaign are being analysed and will be used to direct outreach and further promotion of the Tribe platform which support the on-line promotion of volunteering opportunities and activities. There has been a strong uptake in Council teams that engage volunteers, using Tribe, to promote and recruit to the Council's volunteering opportunities, the June campaign included examples of these volunteering roles. [Four East Sussex locals give us the low-down on volunteering](#).

Safer Communities

When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies - The Q4 2024/25 outturn (reported a quarter in arrears) was 85.1%, meaning the outturn for the whole of 2024/25 was 86.6%, below the target of 88%. **(ref i)**. The provider has attributed the lower performance to staff changes across the organisation and data accuracy. Guidance on inputting information has now been created to resolve the issue.

Domestic Abuse Commissioning Activity

The six projects funded by the Domestic Abuse Small Grants Fund have started delivery. The projects consist of support for victim/ survivors from ethnic minority backgrounds, older people, those in temporary accommodation, and those with multiple compound needs (MCN), as well as child to parent abuse initiatives and whole family approaches.

A new contract awarded to Interventions Alliance to take over 37 existing units of safe accommodation successfully started on 1 July 2025. Plans to provide the additional 18 units within the first 6 months of the contract are underway. The contract will be in place until 31 March 2030.

The MCN Safe Accommodation and Community Support Service, also delivered by Interventions Alliance, continues to be implemented. A building has been purchased, planning permission granted, and works are underway to complete the renovations required. The contract runs from 1 January 2025 to 31 March 2028.

Domestic Abuse Related Death Reviews (DARDRs) (formally Domestic Homicide Reviews (DHRs))

Local Child Safeguarding Practice Review (LCSPR) / Domestic Homicide Review (DHR) Clare was signed off by the Safer Communities Partnership Board (SCPB) and East Sussex Safeguarding Children Partnership in February 2025. The report was then signed off by the National Child Safeguarding Practice Review Panel in April 2025.

The Chair of the SCPB was notified by Sussex Police of two deaths which met the DARDR threshold and the families of the deceased are being notified and commissioning of two independent chairs to take the reviews forwards is underway.

Drug and alcohol treatment and recovery

In Q1 the majority of the treatment and recovery services funded through the Drug and Alcohol Treatment and Recovery Grant (DATRIG) commenced. Two further services will go live in Q2. Work on the recommissioning of the new treatment service, to go live in April 2026, continues and the tender went live at the end of Q1.

As it is known that being in treatment is a protective factor, along with the fact that we have influence over numbers in treatment and reduced time in reporting the previous measure has been replaced by deaths in treatment as a proportion of all in treatment. The deaths in treatment figure for March 2025 was 1.21%, this is the lowest since October 2019 (also 1.21%), and the actual number of deaths in treatment in the 12 months to March 2025 (34) is at its lowest since the 12 months to October 2020 (also 34). The treatment provider has a national strategy to increase the number of people accessing their services, and through the DATRIG (Drug and Alcohol Treatment and Recovery Improvement Grant) an outreach provision continuing the legacy of Project ADDER is working predominantly with opiate and crack users who are at highest risk of drug related harm or death to support these individuals to access harm reduction advice and structured treatment

Preventing Violent Extremism

During Q1, the Council received Home Office ratings for the annual Prevent assurance process. All benchmarks were met, and 4 of the 7 exceeded expected outcomes. Strengths were identified in risk assessment processes and training.

During Q1, the Safer East Sussex Team (SEST) delivered 22 Community Safety Prevent awareness and training sessions, with a focus on educational inputs for learners expressing hateful or extreme views, alongside engagement at 8 events to support community cohesion.

Public Health

Successful smoking quits through the OneYou East Sussex service

4.32% of the local smoking population (2,910 people) set a quit date in 2024/25 (reported a quarter in arrears) against a target of 7% (4,720 people) (**ref iii**). However, individuals do achieve good outcomes on the programme with 59% achieving a four-week quit, against a target of 50%. This is positive, and as smoking prevalence declines nationally the service is increasingly engaging with more entrenched smoking populations. Public Health is supporting referral generation through targeted communications campaigns (e.g. upcoming pan Sussex webinar for GPs), developing bespoke referral pathways with partner organisations (including primary and secondary care), undertaking behavioural insights to understand why marginalised communities with high smoking prevalence are not accessing stop smoking support, and establishing prescribing pathways to enable equitable access to stop smoking medications for One You East Sussex service users.

GP practices in East Sussex deliver a targeted NHS Health Check service

At the end of 2024/25 (reported a quarter in arrears), there was a 16% decrease in the number of IMD1 NHS Health Checks conducted, when compared to 2023/24 (**ref ii**). 449 IMD1 NHS Health Checks were conducted in Q4 bringing the annual total to 1,738 against a target of 2,244. The

overall NHS Health Check activity by Hastings and Rother Healthcare reduced by 43% between 2023/24 and 2024/25 which has impacted upon achievement of this target. Furthermore, unlike in previous years, overall health check activity across East Sussex did not increase in Q4 as typically expected. This may be linked to significant changes in how the programme is to be delivered from 2025/26, alongside wider operational pressures. The new system, introduced in 2025/26, provides each GP Practice with an allocated amount of activity to be delivered. Where it is identified that a Practice is unlikely to achieve its planned activity levels, this will be transferred to another Practice that is able to deliver additional activity.

Achievements

The Sexual and Reproductive Health Needs Assessment has been published as part of a regular five-year review. The data is collected from national, regional and local sources to identify the gaps in provision and to confirm the services that work well for residents. The latest data suggests that our services are effective, fit for purpose and meet resident needs.

The Council's East Sussex Wellbeing and Employment Service won the 'excellent support' category at the National Homeless Link awards. The award recognises the holistic approach to bringing together housing, health, wellbeing and support into skills and employment for people who are homeless and living in temporary accommodation and for people who are at risk of being homeless. The service forms one part of the Councils' Homelessness Prevention Programme.

The East Sussex Climate and Health Public Survey has now concluded, receiving just under 600 responses over a six-week consultation period. The survey aimed to understand how residents perceive the impact of climate change on their health and wellbeing. Among the climate-related issues reported, 'Extreme Winds' emerged as the most frequently mentioned concern, followed by 'Flooding' and 'Extreme Temperatures'. This valuable public engagement plays a crucial role in shaping the East Sussex Systemwide Climate Change Health Impact Assessment, ensuring that local voices inform future plans and policy to ensure we build and enhance our resilience as a system.

The new East Sussex Public Health Hot Food Take Away (HFT) Guidance has been published. It contains Public Health information and background on the obesity crisis, and evidence between the links to healthy weight, lifestyles and environments that reduce health inequalities in East Sussex. The guidance identifies tools and mechanisms for developing HFT approaches, including evidence for Local Planning Authorities to justify the development of restrictive policies within their Local Plans. Since publication, the guidance has been used as a case study for the Town and Country Planning Association's 'Restricting the appeal and availability of junk food' document: <https://www.tcpa.org.uk/resources/restricting-the-appeal-and-availability-of-junk-food-in-england-the-role-of-local-councils/>

Revenue Budget Summary

ASC and Safer Communities

The net ASC and Safer Communities budget of £283.953m for 2025/26 includes a 4% inflationary uplift of £10.724m to support the care market across the Independent Sector. This uplift is in addition to £9.626m to fund growth and demographic pressures and service demands, with the costs of the increases being partially funded by £7.515m raised through the 2% ASC Care Precept. The department has savings targets of £7.420m for 2025/26.

The net forecast ASC outturn for 2025/26 is £292.935m, which is an overspend of £8.982m. The overspend largely relates to the Independent Sector, where the overspend is £8.666m.

This is due to an increase in demand compared to quarter 4 2024/25 and periods before, which informed the modelling for 2025/26 and therefore would not have captured the 7.4% growth. More people are being supported but at a lower average cost compared to quarter 4 2024/25 (a decrease of 3.5%) because we are managing the market, being prudent with packages of support and reviewing more people.

There is an overspend in Directly Provided Services of £0.316m due to staffing cost pressures, increasing costs and demand for equipment services to support people in their homes. Legal costs have also increased due to an increased volume and complexity of cases and an increased need to instruct barristers to provide specialist legal advice and representation.

ASC has a savings target of £7.420m this year of which £7.365m will be achieved. The savings for Linden Court will partially be achieved following the decision to continue providing the service at a reduced level. The remaining saving will be achieved through projects currently underway that will increase operational income.

Public Health

The Public Health (PH) budget of £38.185m comprises of the PH grant allocation of £32.570m and additional income and grants of £3.903m. On top of this are planned draws from reserves of £1.712m.

As at 30th June 2025 the General Public Health Reserve of £2.171m is projected to reduce to £0.318m by the end of the financial year. The Health Visiting Reserve of £1.827m is projected to reduce to £1.327m.

Homes for Ukraine

HFU Grant Funding	Funding b/fwd £'000	Expected Funding £'000	Total Funding £'000	Planned Usage £'000	Funding c/fwd £'000
Tariff Funding	4,767	106	4,874	2,526	2,300
Thank you Payments	-	-	-	48	-
Total	4,767	106	4,874	2,574	2,300

Capital Programme Summary

The ASC Capital programme budget for 2025/26 is £1.969m, with both schemes forecasted to be on-line at Q1.

Construction works on Phase 2 of the Supported Living scheme at Jasmine Lodge and The Meads are ahead of schedule, with completion of the works and handover of the buildings back to the Council expected by September 2025.

Performance exceptions (see How to read this report for definition)**Priority – Keeping vulnerable people safe**

Performance measure	Outturn 24/25	Target 25/26	RAG Q1 25/26	RAG Q2 25/26	RAG Q3 25/26	RAG Q4 25/26	Q1 2025/26 outturn	Note ref
No exceptions								

Council Plan measures marked carry over at year end 2024/25 – Final Outturn**Priority – Keeping vulnerable people safe**

Performance measure	Outturn 23/24	Target 24/25	RAG Q1 24/25	RAG Q2 24/25	RAG Q3 24/25	RAG Q4 24/25	2024/25 outturn	Note ref
The % of people affected by domestic violence and abuse who have improved safety/support measures in place upon leaving the service (CP)	96%	90%	G	G	G	G	95.2%	
When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies (CP)	90%	88%	G	G	A	R	86.6%	i

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	Q4 24/25 outturn	Note ref
GP practices in East Sussex deliver a targeted NHS Health Check service (CP)	9% of the eligible population in the 20% most deprived areas (IMD1) received a health check	Increase coverage of IMD1 NHS Health Checks by 9% (i.e., uptake by total eligible population)	G	A	R	R	16% decrease	ii
National outcome measure: Achieve independence for older people through rehabilitation / intermediate care (CP)	92.5%	>90%	G	G	G	G	92.5%	
Successful smoking quits through the OneYou East Sussex service (CP)	New measure for 24/25	7% of local smoking population to set a quit date, with 50% achieving four-week quit	G	G	R	R	4.32% set a quit date 59% achieve a four-week quit	iii

Savings exceptions 2025/26 (£'000)

Service description	Original Target For 2025/26	Target including items c/f from previous year(s)	Achieved in-year	Will be achieved, but in future years	Cannot be achieved	Note ref
Older People's Directly Provided Services	712	-	712	-	-	
Learning Disability Directly Provided Services	804	-	550	199	55	
Vulnerable Adults Supported Accommodation	129	-	129	-	-	
Adults with Mental Health needs Supported Accommodation	178	-	178	-	-	
Housing Related Floating Support	1,937	-	1,937	-	-	
Substance Misuse Contracts	641	-	641	-	-	
Learning Disability Commissioning	50	-	50	-	-	
Strategy	180	-	180	-	-	
Operations	770	-	700	70	-	
Community Development	500	-	500	-	-	
Planning, Performance and Engagement	425	-	425			
Public Health	1,094	-	1,094	-	-	
Total Savings	7,420	0	7,096	269	55	
			-	-	-	
Operations			55	-	(55)	
Subtotal Permanent Changes ¹			55	0	(55)	
Total Savings and Permanent Changes	7,420	0	7,151	269	0	

Memo: treatment of savings not achieved in the year (£'000)	Temporary Funding ²	Part of reported variance ³	Total	Note Ref
Learning Disability Directly Provided Services	199	-	199	
Operations	70	-	70	
	-	-	-	
Total	269	0	269	

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

² 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).

³ 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 2025/26 (£'000)**Adult Social Care – Independent Sector:**

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note ref
Physical, Sensory and Memory and Cognition Support	194,592	(103,438)	91,154	200,951	(102,949)	98,002	(6,359)	(489)	(6,848)	
Learning Disability Support	102,541	(10,584)	91,957	103,374	(9,628)	93,746	(833)	(956)	(1,789)	
Mental Health Support	27,080	(2,365)	24,715	27,277	(2,533)	24,744	(197)	168	(29)	
Subtotal	324,213	(116,387)	207,826	331,602	(115,110)	216,492	(7,389)	(1,277)	(8,666)	

Adult Social Care – Adult Operations

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Assessment and Care Management	36,335	(2,912)	33,423	37,213	(3,607)	33,606	(878)	695	(183)	
Directly Provided Services - Older People	18,027	(6,194)	11,833	17,565	(6,287)	11,278	462	93	555	
Directly Provided Services - Learning Disability	9,262	(605)	8,657	9,354	(605)	8,749	(92)	-	(92)	
Subtotal	63,624	(9,711)	53,913	64,132	(10,499)	53,633	(508)	788	280	

Adult Social Care- Strategy, Commissioning and Supply Management

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Commissioners, Commissioned Services and Supply Management	10,486	(4,129)	6,357	10,271	(4,148)	6,123	215	19	234	
Supporting People	4,252	-	4,252	4,252	-	4,252	-	-	-	
Equipment and Assistive Technology	8,909	(4,487)	4,422	9,477	(4,771)	4,706	(568)	284	(284)	
Carers	2,387	(1,693)	694	2,347	(1,653)	694	40	(40)	-	
Subtotal	26,034	(10,309)	15,725	26,347	(10,572)	15,775	(313)	263	(50)	

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

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Planning, Performance and Engagement	6,000	(1,135)	4,865	6,250	(1,293)	4,957	(250)	158	(92)	
Service Strategy	661	(160)	501	1,109	(160)	949	(448)	-	(448)	
Safer Communities	1,965	(842)	1,123	3,822	(2,693)	1,129	(1,857)	1,851	(6)	
Subtotal	8,626	(2,137)	6,489	11,181	(4,146)	7,035	(2,555)	2,009	(546)	

APPENDIX 3

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Total Adult Social Care	422,497	(138,544)	283,953	433,262	(140,327)	292,935	(10,765)	1,783	(8,982)	

Public Health – Core Services:

Divisions	Planned Gross	Planned Income	Planned Net	2025/26 Gross	2025/26 Income	2025/26 Net	(Over)/ under spend Gross	(Over)/ under spend Income	(Over)/ under spend Net	Note Ref
Mental Health & Best Start	3,608	-	3,608	3,616	-	3,616	(8)	-	(8)	
Health Visiting	8,446	-	8,446	8,556	-	8,556	(110)	-	(110)	
Risky Behaviours and Threats to Health	14,005	(3,903)	10,102	13,843	(3,903)	9,940	162	-	162	
Health Systems	2,994	-	2,994	2,992	-	2,992	2	-	2	
Communities	774	-	774	774	-	774	-	-	-	
Central Support and One-off funding	3,977	-	3,977	4,042	-	4,042	(65)	-	(65)	
Recovery & Renewal	12	-	12	12	-	12	-	-	-	
Funding/Savings to be released	3,055	-	3,055	3,255	-	3,255	(200)	-	(200)	
Projects - Reserve	1,314	-	1,314	1,236	-	1,236	78	-	78	
Public Health Grant Income	-	(32,570)	(32,570)	-	(32,570)	(32,570)	-	-	-	
Draw from General Reserves	-	(1,712)	(1,712)	-	(1,853)	(1,853)	-	141	141	
Total Public Health	38,185	(38,185)	0	38,326	(38,326)	0	(141)	141	0	

Capital programme 2025/26 (£'000)

Approved project	Budget: total project all years	Projected: total project all years	Budget 2025/26	Actual 2025/26	Variation (Over) / under 2024/25 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	1,829	917	-	-	-	-	
Greenacres	2,598	2,598	140	-	-	-	-	-	
Total ASC Gross	9,019	9,019	1,969	917	0	0	0	0	