

## Adult Social Care and Health – Q2 2025/26

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

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

##### **Care Quality Commission inspection**

The Care Quality Commission (CQC) inspected the Council earlier in 2025 and have now given a positive assessment of our adult social care services, recognising our commitment to providing the best possible support for residents. Giving the Council a rating of 'good', the CQC highlighted the collaboration with those using the service as a 'real strength'. Their report was based on an inspection and feedback from residents and partners. It found our workforce to be knowledgeable and passionate, supported by a strong leadership team. The CQC recognised the efforts of staff to provide care and support that was person-centred through services that were easy to access. They found that effective systems, processes and practices are in place to ensure people are protected from abuse and neglect, strengthened by the ethos that safeguarding was "everyone's business" which inspectors found to be embedded across the local authority.

The CQC's chief inspector of adult social care and integrated care, said: "What really stood out was how people felt listened to and treated with dignity. The staff at East Sussex should be really pleased with their good rating and the services they're providing to people in the county."

##### **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, with demand for services exceeding pre-pandemic levels and continuing to increase. Some examples include:

- There has been an 7.1% increase in activity (Appearance of Need Tool, assessments, reviews, other statutory work, and safeguarding episodes) completed in 2025 (up to end of September) compared to the same period in 2024, and a 12.7% increase on the same period in 2023.
- There has been a 5.8% increase in contacts handled by Health and Social Care Connect (HSCC) Access and Assessment combined from 2024.
- There has been a 3.1% increase in the number of people receiving bedded care (residential and nursing care), Long Term Support in a community setting, Telecare or Equipment when compared to the same period in 2024.
- There has been a 5.5% increase in the number of assessments completed January to September 2025 compared to the same period in 2024 as well as increased levels of contacts at HSCC.

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

An informal Health and Wellbeing Board (HWB) session in September focused on reducing health inequalities and assessing collective impact, using measures set out in the East Sussex Shared Outcomes Framework. The briefing notes with the key messages from all of the development sessions can be found [here](#).

Published in July 2025, the national 10-Year Health Plan involves moving to a 'Neighbourhood Health Service' that brings care into local communities, convenes professionals into patient-centred teams and ends fragmentation. Our implementation of Integrated Community Teams (ICTs) is our shared ambition that will support the delivery of Neighbourhood Health in Sussex. In East Sussex this is structured around our teams working together in common footprints aligned to our 5 borough and district boundaries.

In addition to establishing the formal joint leadership arrangements in each ICT footprint, collaborative work has now started to introduce multi-disciplinary neighbourhood teams for populations of 30,000–50,000. Closer working through a 'one-team' approach across our

organisations aims to provide increased proactive and coordinated care for groups of people with complex health and care needs, to help reduce the need for unplanned admission to hospital over the winter.

East Sussex was also successful in applying to be part of the first wave of the National Neighbourhood Health Implementation Programme (NNHIP), to support the shift from hospital-based care to a community-focused 'Neighbourhood Health Service' aligned with the national 10-Year Health Plan. With an initial focus on Hastings and Rother, using existing local system resources, this national support will help us accelerate and build on our local plans for ICTs and proactive care.

NHS Sussex Integrated Care Board published draft Commissioning Intentions for 2026/27 in August which emphasised neighbourhood health and system sustainability. The Council actively engaged in the consultation to help shape these plans as a key partner, commissioner (including joint commissioner) and provider of key local social care and public health services in East Sussex.

Whole-system efforts have also continued to improve hospital discharge processes, helping reduce the number of patients remaining in hospital unnecessarily due to their complex onward care needs. As a result, the number of people classed as No Criteria to Reside (NCTR) has continued to show a sustained decrease in key parts of our system, as we move into winter.

### **Third Sector support**

During Q2 the Community and Voluntary, Community and Social Enterprise Development Programme providers finalised delivery plans and began to strengthen their collaborative working across the different geographies of the county. In the east of the county, Rother and Hastings area providers are looking at joint activities and training to support communities, and in the west Eastbourne, Wealden and Lewes District, providers are focusing on connecting with communities. These connections will help to further drive provider collaborations going forward.

## **Safer Communities**

### **Preventing Violent Extremism**

The Safer East Sussex Team (SEST) submitted a successful bid for Home Office funding to improve the knowledge amongst professionals on violence-fascinated individuals, assisting them in safeguarding communities from harmful extremism. Over the summer, SEST delivered 4 Prevent awareness sessions which focussed on educational inputs for learners expressing hateful or extreme views and made visits to community groups and places of worship to provide support and reassurance in the background of anti-migrant protests taking place in other parts of the country. All of this activity aims to increase community trust and confidence in reporting harmful extremism.

Over the last 3 months SEST has collaborated with partners to develop their collective understanding of community sentiment and to develop a framework which will enable partners to proactively scan for risk, address community grievances, promote inclusivity, and disrupt extremist networks and narratives.

### **Serious Violence and Exploitation**

SEST developed an East Sussex Preventing Serious Violence and Exploitation Strategy which will benefit the community by enabling early intervention and prevention, supporting victims, enabling behaviour change, and implementing place-based responses in areas of highest harm.

## **Public Health**

### **Wellbeing at Work programme**

162 employers and approximately 20,000 employees are now supported by the programme. Through up-to-date health and wellbeing guidance, tailored training, and organisational support,

the programme helps workplaces adopt practices that improve staff wellbeing, such as offering training sessions focusing specifically on men's and women's health, including overcoming overwhelm and the menopause respectively. This contributes to better health and wellbeing outcomes for employees, which also benefits their families and the wider East Sussex community.

### **Climate Change Health Impact Assessment**

A public survey was carried out to better understand how climate-related events affect residents' lives. Over six weeks 600 responses were received. Many respondents noted an increase in high winds in recent years, linking them to climate change. While wind hasn't been a major focus in national reports, this local evidence has prompted us to include it in our project scope. By doing so, we're ensuring our work reflects what matters most to our communities to help us prepare more effectively for future challenges.

### **Embedding physical activity into adult social care and health**

The stroke rehabilitation pilot at Bexhill's Irvine Unit has been shortlisted for the Community Hospitals Association Innovation and Best Practice Awards 2025. This six-month programme supported stroke survivors to rebuild strength, confidence and independence through supervised physical activity. Early results showed significant improvements in balance and mobility, with participants also reporting better wellbeing and social connection. The pilot was supported by strong collaboration between the Council, Active Rother, Active Sussex and East Sussex Healthcare Trust.

### **Baton of Hope**

On Tuesday 23 September 2025 the Baton of Hope Tour came to Hastings. The Baton of Hope is a charity with a vision to inspire a society where suicide and suicide prevention are openly and widely discussed, with the tour visiting 20 locations across England to raise awareness of suicide and to offer hope through action. In Hastings, 43 people with lived experience of suicide carried the baton around Hastings and St Leonard's. The event was co-ordinated by Men's Room Hastings and St Leonard's Community Interest Company and Hastings Voluntary Action, supported by the Council.

### **Revenue Budget Summary**

#### **ASC and Safer Communities**

The net ASC and Safer Communities budget of £285.747m 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 £294.787m, which is an overspend of £9.040m. This largely relates to the Independent Sector, where the overspend is £8.862m.

This is due to an increase in demand compared to Q4 2024/25 and periods before, which informed the modelling for 2025/26 and therefore would not have captured the 7.4% growth in demand. More people are being supported but at a lower average cost compared to Q4 2024/25 (a decrease of 3.5%) because we are working closely with the market, being prudent with packages of support and reviewing more people.

There is an overspend in Directly Provided Services of £0.178m 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



**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	-	662	87	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	-	-	
<b>Total Savings</b>	<b>7,420</b>	<b>0</b>	<b>7,208</b>	<b>157</b>	<b>55</b>	
			-	-	-	
Operations			55	-	(55)	
<b>Subtotal Permanent Changes <sup>1</sup></b>			<b>55</b>	<b>0</b>	<b>(55)</b>	
<b>Total Savings and Permanent Changes</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
Learning Disability Directly Provided Services	87	-	87	
Operations	70	-	70	
	-	-	-	
<b>Total</b>	<b>157</b>	<b>0</b>	<b>157</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 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	203,984	(112,849)	91,135	207,027	(105,149)	101,878	(3,043)	(7,700)	(10,743)	
Learning Disability Support	102,518	(10,584)	91,934	103,092	(12,012)	91,080	(574)	1,428	854	
Mental Health Support	44,285	(19,570)	24,715	42,968	(19,280)	23,688	1,317	(290)	1,027	
<b>Subtotal</b>	<b>350,787</b>	<b>(143,003)</b>	<b>207,784</b>	<b>353,087</b>	<b>(136,441)</b>	<b>216,646</b>	<b>(2,300)</b>	<b>(6,562)</b>	<b>(8,862)</b>	

**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	37,262	(2,913)	34,349	38,271	(3,403)	34,868	(1,009)	490	(519)	
Directly Provided Services - Older People	18,502	(6,323)	12,179	17,919	(6,451)	11,468	583	128	711	
Directly Provided Services - Learning Disability	9,501	(605)	8,896	9,103	(605)	8,498	398	-	398	
<b>Subtotal</b>	<b>65,265</b>	<b>(9,841)</b>	<b>55,424</b>	<b>65,293</b>	<b>(10,459)</b>	<b>54,834</b>	<b>(28)</b>	<b>618</b>	<b>590</b>	

**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	10,587	(4,129)	6,458	10,252	(4,144)	6,108	335	15	350	
Supporting People	4,252	-	4,252	4,252	-	4,252	-	-	-	
Equipment and Assistive Technology	8,913	(4,487)	4,426	9,574	(4,742)	4,832	(661)	255	(406)	
Carers	2,387	(1,693)	694	2,378	(1,653)	725	9	(40)	(31)	
<b>Subtotal</b>	<b>26,139</b>	<b>(10,309)</b>	<b>15,830</b>	<b>26,456</b>	<b>(10,539)</b>	<b>15,917</b>	<b>(317)</b>	<b>230</b>	<b>(87)</b>	

**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	6,122	(1,131)	4,991	6,497	(1,386)	5,111	(375)	255	(120)	
Service Strategy	741	(160)	581	1,301	(160)	1,141	(560)	-	(560)	
Safer Communities	1,979	(842)	1,137	3,894	(2,756)	1,138	(1,915)	1,914	(1)	
<b>Subtotal</b>	<b>8,842</b>	<b>(2,133)</b>	<b>6,709</b>	<b>11,692</b>	<b>(4,302)</b>	<b>7,390</b>	<b>(2,850)</b>	<b>2,169</b>	<b>(681)</b>	

**APPENDIX 13**

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
<b>Total Adult Social Care</b>	<b>451,033</b>	<b>(165,286)</b>	<b>285,747</b>	<b>456,528</b>	<b>(161,741)</b>	<b>294,787</b>	<b>(5,495)</b>	<b>(3,545)</b>	<b>(9,040)</b>	

**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	3,614	-	3,614	(6)	-	(6)	
Health Visiting	8,556	-	8,556	8,556	-	8,556	-	-	-	
Risky Behaviours and Threats to Health	14,005	(3,903)	10,102	13,848	(3,903)	9,945	157	-	157	
Health Systems	2,994	-	2,994	2,994	-	2,994	-	-	-	
Communities	774	-	774	772	-	772	2	-	2	
Central Support and One-off funding	3,977	-	3,977	4,096	-	4,096	(119)	-	(119)	
Recovery & Renewal	12	-	12	12	-	12	-	-	-	
Funding/Savings to be released	3,055	-	3,055	3,235	-	3,235	(180)	-	(180)	
Projects - Reserve	1,314	-	1,314	1,152	-	1,152	162	-	162	
Public Health Grant Income	-	(32,679)	(32,679)	-	(32,679)	(32,679)	-	-	-	
Draw from General Reserves	-	(1,713)	(1,713)	-	(1,697)	(1,697)	-	(16)	(16)	
<b>Total Public Health</b>	<b>38,295</b>	<b>(38,295)</b>	<b>0</b>	<b>38,279</b>	<b>(38,279)</b>	<b>0</b>	<b>16</b>	<b>(16)</b>	<b>0</b>	

**Capital programme 2025/26 (£'000)**

Approved project	Budget: total project all years	Projected: total project all years	Budget 2025/26	Actual to date Q2	Projected 2025/26	Variation (Over) / under Q2 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	1,586	1,829	-	-	-	-	
Greenacres	2,598	2,598	140	-	-	-	-	140	-	
<b>Total ASCH</b>	<b>9,019</b>	<b>9,019</b>	<b>1,969</b>	<b>1,586</b>	<b>1,829</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	