

## Adult Social Care and Health – Q3 2024/25

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

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

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

In accordance with the Care Act 2014, Adult Social Care (ASC) commission and provide a range of services and support to working age adults and older people across East Sussex. There is an increasing complexity of need among people accessing support, and demand for services has returned to pre-pandemic levels. As an example, when comparing January to December 2024 to the same period in 2023:

- assessments completed have increased by 3.3% (Adult Core, carers assessments, OT and Sensory assessments)
- reviews completed have increased by 7.7%
- completed safeguarding episodes have increased by 1.8%

A good level of performance continues to be maintained against most measures, with East Sussex performing well (either in the upper or upper middle quartile) in 17 (77%) of the 22 national Adult Social Care Outcomes Framework (ASCOF) outcome measures for 2023 – 2024. However, the additional pressures facing the service are having a significant impact on the financial position and details of the work being undertaken to address these issues can be found in the Revenue Budget Summary section below.

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

A second informal Health and Wellbeing Board (HWB) development session has taken place, focussed on whole health and care system collaboration to improve healthy life expectancy. This is part of a broader programme to increase the shared understanding of our population health challenges and generate innovation and ideas to inform and shape in-year delivery plans as well as the next refresh of our rolling 5-year HWB Strategy.

Activity has continued to build on the groundwork laid for 5 Integrated Community Teams (ICTs) through the initial development sessions. 262 staff and volunteers from across health and care services attended 5 ICT events held in partnership with the local voluntary sector, to learn about the services and support available for the people they work with ahead of winter. The post-event feedback evaluation showed that the sessions contributed to a 20% increase in confidence in supporting people this winter and the connections with others working in the ICT footprint.

A live menu of small-scale ‘tests of change’ has been put together in each footprint where partners are keen to try out doing things differently together. This includes better using data to improve outcomes for people at increased risk of Urinary Tract Infections and falls; holding clinics in community settings; and joint work with Citizens Advice to increase targeted access to advice in health settings for those experiencing financial difficulties, fuel poverty and cold homes. A small snapshot survey has also been conducted to better understand our baseline position for multi-disciplinary team-working with primary care. This will inform the next steps for a care coordination model for people with more complex health and care needs, along with plans to formalise leadership and planning arrangements in each ICT in 2025 as part of the broader Sussex approach.

Delivery has remained strongly focussed on the shared Integrated Care System objectives for hospital discharge in East Sussex and Sussex as a whole, where since September we have been seeing high numbers of people in hospital who are ‘medically fit for discharge’ from an acute hospital bed, and who have onward care needs. Prior to Christmas there was a sustained 10% reduction in these numbers, as a result of collaborative action and initiatives. Joint work to improve hospital discharge includes support to help people stay active whilst in hospital and minimise deterioration in health and wellbeing, running hubs to better coordinate the transfer of care, and

developing a needs-based demand and capacity model to help to get the right type of support in place to respond to people's needs appropriately after being in hospital.

ASCH also contributed to the Sussex System Winter Plan, which runs from November 2024 to March 2025 and sets out key areas of focus in the context of seasonally driven increases in illness, such as acute respiratory illness, flu, Covid-19, and norovirus, and increased demand being seen across services generally. Delivery of the Winter Plan seeks to mitigate this which, together with the impact of cold weather and ongoing cost-of-living pressures, constrains the ability of the people with the highest level of needs to keep themselves well.

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

The target continues to be met, with 27.0% of adults and older people in receipt of services receiving Direct Payments at the end of Q3, a total of 1,432 people. Direct Payments are always considered when deciding how to meet an adult's care needs and identified outcomes and they are always 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 the effectiveness of reablement services:

- 93.2% of older people discharged from hospital to reablement / rehabilitation services were at home 91 days after their discharge from hospital between 1 April and 30 September 2024 (reported a quarter in arrears)
- 93.8% of people who received short-term services between April and December 2024 made no further request for ongoing support

### **Care Quality Commission (CQC) Assurance**

The CQC started the ASCH CQC Assurance Process in East Sussex on 12 August 2024 with an Information Return request which was submitted by the Council to the CQC on Friday 30 August 2024. On the 2 December 2024 the CQC notified the Council of their site visit, which will take place in the week commencing 10 February 2025. Preparation work for the visit continued in Q3.

### **Later Life**

The Life Transitions Service, which helps people to think about, plan for, and manage their later life, has been developed following work with local residents, organisations, and services. The service is available in person or online through one-to-one sessions with trained volunteers, and through a new digital app.

The service helps people to identify and prepare for significant changes that often occur in older people's lives – 'later life transitions' – which can have a significant impact on immediate and future health and wellbeing. Such life transitions include retiring, moving home, experiencing a significant change in health and/or mobility, family separation (divorce, empty nest), menopause, finding new roles and interests (including returning to work or education), becoming a carer, and experiencing a bereavement.

The Life Transitions Team currently offers a service to East Sussex residents through regular sessions with trained volunteers, to cover over 30 later life transitions, and through a digital app, which covers the most common transitions. The Service, which is available to all, is promoted through a wide range of networks and media, and aims to target people who are least resourced and more likely to experience a poor quality of later life. In the current pilot phase the Service has trained around 15 volunteers, while the app has been downloaded 140 times. The Life Transitions pilot is currently being evaluated, and learning will be used to inform the development and promotion of the service.

## **Safeguarding Adults Board**

During Q3 the Safeguarding Adults Board (SAB) support team delivered a joint training session “Guidance on Working with People Who Self-Neglect” for the NHS Safeguarding Fortnight. Self-neglect was a key theme in the Safeguarding Adults Review (SAR) Gwen and Ian, published in January 2024. The training session was delivered in partnership with pan-Sussex SAB board managers and the named GP for safeguarding for NHS Sussex. The session was attended by 110 participants, including ASC staff, and feedback indicated that 98% of responders felt their confidence in identifying and working with self-neglect had increased as a result of the session.

In October, the SAB support team and Safeguarding Development Team (SDT) supported the East Sussex micro provider engagement event. This provided an excellent opportunity to network with various local organisations, raise awareness of the work of the SAB and SDT, and to offer safeguarding adults information and guidance to the East Sussex micro provider market.

## **Adult Social Care Strategy: What Matters to You**

Since the approval of the action plan by the ASCH Departmental Management Team (DMT) in January 2024 further action and analysis has taken place which indicates that the action plan, and the 64 actions within it, has acted as a catalyst for improvements that are now becoming embedded in ‘business as usual’ and ongoing project work.

This newly adopted approach for adult social care in terms of strategy development has received largely positive engagement from teams tasked with the implementation, with over a third of the actions (22) already completed. 6 actions are currently not on track (amber), and all have mitigation actions in place. It is anticipated that approximately 80% of the actions will be complete by the end of Q4.

## **Waiting Times**

To maintain performance, we are continuing to increase the number of assessments completed year-on-year to help meet increasing demand, and to triage and prioritise referrals according to people’s needs. As part of the project to reduce adult social care assessment and review waiting times, in November 2024, we launched guidance to support operational team to manage their waiting lists for assessments in a standardised way. This includes risk assessment and case prioritisation, monitoring the safety and wellbeing of people who are waiting, and communicating with those who are waiting for a Care Act assessment. Since October, we have also piloted a delegation portal with our strategic partner Care for the Carers, making it easier and quicker for them to process carer reviews.

## **Community Equipment**

The community equipment offer has been developed through expanding equipment assessment capacity and providing advice and self-assessment options for people who choose to purchase equipment.

As part of this the Service Provider (Millbrook Healthcare) trained 3 technicians as Trusted Assessors to undertake assessments for low level equipment. A pilot identified that the small volume of referrals, due to East Sussex’s clinic model helping the same people that could be referred to trusted assessors, carried a risk that the trusted assessors may not be able to retain their skills for assessing across the equipment range. To mitigate this risk trusted assessors will only be carrying out grab rail installation assessments at this time, and the trusted assessor scope will be periodically reviewed to consider any further changes.

We are working with our community equipment provider to develop a website for community equipment self-assessment for Q4. We are learning from other examples of website and portals and adapting them to produce a bespoke offer for people who live in East Sussex.

### **Third Sector support**

During Q3, work continued on the development of the new Community and Voluntary, Community and Social Enterprise (VCSE) Development Programme. Resourcing was identified from the Public Health budget, and the importance of development support for people, communities, groups, and organisations was recognised as key to the Council priority of Helping people help themselves. The new programme went out to tender in the latter part of Q3 and is ready to begin on 1 April 2025.

During Q3, Adult Social Care and Health (ASCH) agreed a further year of funding for the Tribe Project, to contribute to specific outcomes in the ASC What Matters to You Strategy. Over Q4 the focus will be on continued development of the Tribe platform based on user experience, and the development of robust feed-back loops that will demonstrate how it is able to assist people in East Sussex in finding and taking part in volunteering opportunities across the county. During Q4 the Council's Communications Team will be running a New Year campaign for residents on how they can use the platform to find new opportunities to get involved in their communities. The campaign commences in February and will run for one month.

### **Homes for Ukraine**

As of 31 December 2024, a total of 1,965 guests had arrived in East Sussex under the Homes for Ukraine scheme since the start of the war, sponsored and hosted by 882 sponsors. A significant number (826) have successfully moved from hosted accommodation into independent private sector accommodation.

### **Safer Communities**

The combined Q1 and Q2 outturn (reported a quarter in arrears) for the percentage of those affected by rape, sexual violence and abuse who have improved coping strategies when they leave the service is 2.6 percentage points below the target for 2024/25 (**ref i**). Joint commissioners are working with the provider to explore the reasons for the dip in performance.

### **Serious Violence**

The remit of the East Sussex Violence Reduction Partnership (VERP) has recently expanded to include criminal and sexual exploitation of adults, aiming to improve shared understanding of trends and issues, and developing systems change in service design and commissioning.

The VERP's focus for Q3 therefore was on how partners identify and support victims of exploitation. This included learning from programmes that focus on knife carrying, child exploitation, the BrightPath Project and contextual safeguarding.

Over the last year the Safer East Sussex Team (SEST) worked with partners including youth services and the VCSE sector to tackle public-place serious violent crime in high-incidence communities. In Q3, outcomes of the work included the launch of a pilot Youth Infrastructure Forum in Newhaven, completion of contextual safeguarding projects in Bexhill, increased understanding of child criminal exploitation, and input to partnership work in Hailsham. The project findings will inform allocation of Levelling Up funding for the Broomgrove estate in Hastings.

### **Preventing Violent Extremism**

In Q3 SEST delivered 13 Community Safety Prevent awareness and training sessions to secondary schools, colleges, special educational needs schools, and community groups supporting refugees and migrants.

The team undertook engagement at 7 events to support community cohesion and talk about their work. They took part in the 'Hastings is No Place for Hate' community day, visited Eastbourne Mosque and The Sanctuary Project in Eastbourne, and participated in events during Interfaith Week.

## Drug and alcohol treatment/ recovery

Further central Government funding is anticipated for 2025/26 although this is subject to approval by Treasury. A number of task and finish groups continue to address areas for system improvement, including continuity of care from prison to community treatment and respiratory conditions within the treatment population, Prevention and Enforcement sub-groups, as well as work on a Joint Working Protocol for those with a co-occurring mental health condition and substance misuse.

National figures for drug misuse deaths and alcohol specific mortality in 2023 were released in December 2024. In East Sussex 103 individuals died (**ref ii**), which is an increase of 34% on 2022. The average number of deaths across England increased by 9% over the same period. The East Sussex figure is drawn from ONS information on drug deaths and DHSC alcohol specific deaths. It should be noted the majority of these deaths (78) were due to alcohol specific conditions. There has been far less investment and additional funding for alcohol-related work compared to drugs-related work. Alcohol is not covered by the national From Harm to Hope (Combatting Drugs) Strategy which drives the use of the additional grants East Sussex has received. The definition attached to the ONS drug mortality figures are broad – they include accidental medication overdose and one-off illicit drug use and not just deaths related to habitual and/or illicit drug misuse. Therefore it is being proposed that in future years the measure should be changed to monitor deaths only of those in drug and alcohol treatment services. This data is expected to demonstrate the protective nature of being in treatment and will only include those affected by habitual or prolonged drug use and alcohol misuse. The SEST continues to work with partners to increase the number of individuals accessing support and treatment, disseminate harm minimisation advice and equipment, and issue overdose reversal medication where appropriate.

During Q3 the SEST supported the creation of a Lived Experience Recovery Organisation (LERO); this organisation is made up of and led by people with lived experience of drug and alcohol recovery. The Council, Brighton University and The Seaview Project are collaborating on a project where drug and alcohol training is delivered by people with lived experience in recovery. A series of face-to-face consultation events took place in December 2024; service users were asked to give their feedback to inform the development of the service specification of the treatment service, which is being recommissioned to commence in April 2026.

## Domestic and Sexual Violence and Abuse Services

In November, the 16 Days of Activism against Gender Based Violence began with White Ribbon Day. SEST promoted the initiative and engaged with partners, staff, and the local community. This included the creation of a programme of events, White Ribbon Champion and Ambassador drop-in sessions, a social media campaign promoting services in East Sussex, public facing road show events with partners, and engagement with local sports clubs, including an awareness-raising event at Lewes Football Club. At the end of Q3, the SEST had recruited 30 Ambassadors and Champions to share messages and raise awareness about harmful definitions of masculinity. This represents 50% of the target of 60 Ambassadors and Champions required for the Council's White Ribbon Accreditation by February 2027.

One Domestic Abuse Related Death Review (DARDR) (Domestic Homicide Review (DHR) Joan) was published in Q3, a second review resumed (SAR Eve), and a third (DARDR Bridget) was signed off by the Safer Communities Partnership Board (SCPB) and submitted to the Home Office for quality assurance. Learning Briefings on each published Review are produced and shared with SCPB members and partners across the system. Learning is shared across the three Sussex authorities via the pan-Sussex Domestic Abuse Board DARDR Sub-Group. There is an annual cross-referencing of DARDRs, SARs and Local Child Safeguarding Practice Reviews (LCSPR) for common themes that are discussed at the SCPB, SAB and Safeguarding Children Partnership. Action Plans associated with each DARDR are monitored at the East Sussex Domestic Abuse Management Oversight Group.

The Domestic Abuse Small Grants Fund, which launched in summer 2024, awarded funds to six local projects in November 2024, with projects due to start in Q4. The awards will fund a range of activities including support for victims/ survivors from ethnic minority backgrounds, older people, those in temporary accommodation, and clients with Multiple Compound Needs (MCN), as well as child to parent abuse initiatives and whole family approaches.

The MCN Safe Accommodation and Community Support Service contract has been awarded to Interventions Alliance. The contract will be for a term of 3.25 years from 1 January 2025 to 31 March 2028 and will provide community outreach and supported safe accommodation to adults (18+) which gives victim/ survivors a strong sense of being in control of their lives, reduces incidents of harm relating to domestic abuse, and which can respond flexibly to changing legislation, needs, and preferences.

## **Public Health**

### **Successful smoking quits through the OneYou East Sussex service**

Reported a quarter in arrears. At the end of Q2, 1,345 smokers have set a quit date (2% against a target of 7% of the local smoking population) (**ref iii**). Activity at this point is higher than activity at the same point in 2023/24 (1,345 vs 1,263) which is significant, given the service is working with the most entrenched smoking populations. Although we can expect a higher level of activity towards the end of the year it is unlikely to be enough to meet this ambitious target. Ongoing efforts are being adopted by One You East Sussex to maximise referral generation (to include dedicated engagement staff to work with primary care, GP text campaigns to patients on smoking registers, and outreach approaches). Public Health is also supporting referral generation through targeted campaigns, developing bespoke referral pathways with partner organisations and undertaking behavioural insights to understand why marginalised communities with high smoking prevalence are not accessing stop smoking support. We do achieve a good rate of successful 4-week quits of those that have set a quit date. To date, 679 individuals achieved a 4-week quit (50.5% against a target of at least 50%).

### **NHS Health Checks**

Reported a quarter in arrears. Our target requires an average of 561 IMD1 NHS Health Checks each quarter. IMD1 refers to the indices of multiple deprivation (IMD), 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 being the most deprived. We have achieved 389 in Q1, 401 in Q2 and the estimate for Q3 is 499. To date, that is a total of 1,289 against a target of 2,244 (**ref iv**). There is likely to be a final flurry of activity in Q4 but not enough to reach our target. A new system will be introduced in 2025/26 under which each GP Practice will be allocated a set amount of activity to be delivered. Where we can see that a Practice is unlikely to achieve planned activity levels, this will be transferred to another Practice that is able to deliver additional activity.

### **Baton of Hope**

The Mr Hastings and St Leonards project has been successful in their application to host the [Baton of Hope](#) 2025. As the UK's largest ever suicide prevention initiative, the Baton of Hope tour provides an amazing opportunity to build on the collaborative action around men's health and wellbeing that has been nurtured over the first two years of the Mr. Hastings and St Leonards programme. A successful community launch event was held in November 2024 that brought together various partners from across the town to co-produce next steps.

### **Beachy Head Ambassador pilot**

Spending time in the natural environment improves our mental health and feelings of wellbeing. Beachy Head, near Eastbourne boasts some of the most magnificent views in East Sussex. To encourage people to make the most of the nature, beauty and heritage of the area in a safe and responsible way, October 2024 saw the launch of the Beachy Head Ambassador pilot. Six

volunteer 'ambassadors' have been recruited to welcome visitors to the area and provide information on the facilities, wildlife, history and walking routes offered by Beachy Head. In spring 2025, the recruitment of ambassadors will be extended to encourage more local people to make use of this beautiful environment and the benefits it offers, and to help connect Eastbourne to the green space surrounding it.

### **Workplace health checks for ESCC staff**

In collaboration with One You East Sussex, Council staff can have a free health check at work. The 6-month project is part of a wider project funded by the Department of Health and Social Care and aims to provide evidence for the effectiveness of delivering health checks in workplace settings. Staff members can book an appointment at a time that suits them, and will have their height and weight taken, their blood pressure and cholesterol levels measured and will be provided with an overall cardiovascular disease risk score. Individuals will also be given tailored behavioural advice and referrals into behavioural support programmes, such as weight management, if they wish.

### **NIHR funded drugs prevention research**

Secondary school children across the county have been offered the opportunity to take part in a Theatre-in-Education intervention which involves drama performances alongside Personal, Social, Health and Economic (PSHE) education lessons which aims to promote healthy behaviours and to prevent uptake of drugs. The National Institute for Health and Care Research (NIHR) has awarded £411,599 for research to evaluate the programme's effectiveness and the project will be led by Public Health, Children's Services and the University of Brighton. The research will build evidence for creative methods in PSHE education and strengthen understanding of potential health, wellbeing and economic benefits. An advisory group of young people and a multidisciplinary steering group will oversee the 12-month project. Collaborators include Brighton and Sussex Medical School, University of Kent, Unity Insights and Solomon Theatre Company. Further information: can be found at [New research to help reduce demand for drugs in young people | NIHR](#)

## **Revenue Budget Summary**

### **ASC and Safer Communities**

The net ASC and Safer Communities budget of £262.436m 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 £272.376m, which is a forecast overspend of £9.940m. The net forecast outturn has increased from £269.944m at Q2, largely due to the inclusion of the budget and spend for the 2024/25 staff pay award. The overspend has decreased by £0.051m from £9.991m reported at Q2. The overspend largely relates to the Independent Sector, where the overspend is forecast to be £12.197m, up from £10.936m in Q2. 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 forecast increase from Q2 is due to budget realignment where budget has been redistributed to set a more accurate starting point.

The financial challenges facing the Council are echoed nationally. We 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 make 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 will more than double by 2036 (inflation assumed at 2% per annum) and at that point will make up 63% of all social care spending on adults.

Locally, a review of the current forecast and trends has been undertaken to better understand the specifics of the overspend drivers and has identified that there were marked differences between residential care and non-residential care trends in 2023/24. Costs of non-residential care were the main driver of the increase in care package commitments as the average package rose almost 15% across the financial year, compared to a 6% increase in the numbers of packages. Residential care demonstrated an inverse trend with cost increases at 8% but package numbers rising by 18% across the same time period. Total numbers of clients had increased to just above pre COVID-19 levels by the end of 2023-24, but numbers in residential care were still 6% lower than in 2019/20 (pre COVID-19 levels).

The Council shows 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 £2.257m due to staffing vacancies which reflects the difficulties in recruitment.

**Public Health**

The Public Health (PH) budget of £38.765m comprises of the PH grant allocation of £30.389m and additional income and grants of £3.744m. On top of this are planned draws from reserves of £1.596m for reserve board projects, £2.420m released funding and £0.616m to support in year PH spending.

As at Q3 PH expenditure is projected to underspend against the plan by £1.084m.

Public Health Reserves: As at 31 December 2024 General PH Reserve of £5.101m is projected to reduce to £1.732m. The Health Visiting reserve of £1.193m is forecast to reduce to £1.014m.

**COVID-19 related funding streams**

ASC has incurred the final expenditure of £0.413m relating to schemes initiated during the national COVID-19 response in 2024/25. In November 2024 the Council submitted a Statement of Assurance to the government that all £16.026m of COMF grants received were fully spent in line with the grant determinations.

<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. Expenditure in 2024/25 is forecast to be £4.319m against funding of £7.794m, with the



remaining budget allocated for the subsequent years of support required under statutory guidance. In addition, ASC is forecasting to pass £1.372m 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	584	7,794	4,319	3,475
Thank you Payments	-	1,372	1,372	1,372	-
<b>Total</b>	<b>7,210</b>	<b>1,956</b>	<b>9,166</b>	<b>5,691</b>	<b>3,475</b>

**Capital Programme Summary**

The ASC Capital programme budget for 2024/25 is £3.092m, reduced from £3.820m at Q2 to reflect a reprofiling of expected spend over the project's lifespan.

The Q3 forecast is for further slippage of £0.663m on the Supported Living Project due to delays in getting planning approval and signing the Phase 2 contract with the main contractor, which caused works to start later than planned. There is a forecast underspend of £0.053m on House Adaptations due to lack of demand.

Construction works on Phase 2 of the Supported Living project commenced in December 2024 at The Meads and Jasmine Lodge, with expected completion by autumn 2025. The project is expected to come in on budget despite inflationary pressures and delays caused by contractor insolvency during Phase 1.

**Performance exceptions (see How to read this report for definition)****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	Q3 24/25 outturn	Note ref
When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies	90.2%	88%	G	G	A		Reported a quarter in arrears: Q2 85.4%	i
Number of drug and alcohol related deaths in the county	77	72	G	G	R		103	ii

**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	Q3 24/25 outturn	Note ref
Successful smoking quits through the OneYou East Sussex service	New measure 2024/25	7% of local smoking population to set a quit date, with 50% achieving four-week quit	G	G	R		Reported a quarter in arrears Q2 2024/25 2% set quit date, 50.5% achieve a four-week quit	iii
GP practices in East Sussex deliver a targeted NHS Health Check service (coverage means uptake by total eligible population).	New measure 2024/25	Increase coverage of IMD1 NHS Health Checks by 9% (2,244)	G	A	R		Reported a quarter in arrears Q2 2024/25 3.2% (790)	iv

**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	161,467	(89,262)	72,205	189,801	(104,815)	85,986	(28,334)	15,553	(12,781)	
Learning Disability Support	93,926	(6,130)	87,796	97,559	(9,519)	88,040	(3,633)	3,389	(244)	
Mental Health Support	41,401	(17,402)	23,999	41,348	(18,657)	22,691	53	1,255	1,308	
<b>Subtotal</b>	<b>296,794</b>	<b>(112,794)</b>	<b>184,000</b>	<b>328,708</b>	<b>(132,991)</b>	<b>196,717</b>	<b>(31,914)</b>	<b>20,197</b>	<b>(11,717)</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	34,415	(2,747)	31,668	37,706	(3,937)	33,769	(3,291)	1,190	(2,101)	
Directly Provided Services - Older People	17,944	(5,811)	12,133	17,113	(6,445)	10,668	831	634	1,465	
Directly Provided Services - Learning Disability	9,674	(605)	9,069	8,566	(636)	7,930	1,108	31	1,139	
<b>Subtotal</b>	<b>62,033</b>	<b>(9,163)</b>	<b>52,870</b>	<b>63,385</b>	<b>(11,018)</b>	<b>52,367</b>	<b>(1,352)</b>	<b>1,855</b>	<b>503</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	10,618	(4,329)	6,289	9,844	(4,352)	5,492	774	23	797	
Supporting People	6,221	(387)	5,834	6,221	(737)	5,484	-	350	350	
Equipment and Assistive Technology	8,504	(4,385)	4,119	9,055	(4,733)	4,322	(551)	348	(203)	
Carers	2,435	(1,736)	699	2,423	(1,729)	694	12	(7)	5	
<b>Subtotal</b>	<b>27,778</b>	<b>(10,837)</b>	<b>16,941</b>	<b>27,543</b>	<b>(11,551)</b>	<b>15,992</b>	<b>235</b>	<b>714</b>	<b>949</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	7,894	(1,013)	6,881	7,799	(1,508)	6,291	95	495	590	
Service Strategy	6,683	(6,176)	507	6,748	(5,861)	887	(65)	(315)	(380)	
Safer Communities	2,147	(910)	1,237	3,473	(2,351)	1,122	(1,326)	1,441	115	
<b>Subtotal</b>	<b>16,724</b>	<b>(8,099)</b>	<b>8,625</b>	<b>18,020</b>	<b>(9,720)</b>	<b>8,300</b>	<b>(1,296)</b>	<b>1,621</b>	<b>325</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>403,329</b>	<b>(140,893)</b>	<b>262,436</b>	<b>437,656</b>	<b>(165,280)</b>	<b>273,376</b>	<b>(34,327)</b>	<b>24,387</b>	<b>(9,940)</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	3,544	-	3,544	3,430	-	3,430	114	-	114	
Health Visiting (Reserve funded)	8,096	-	8,096	8,275	(179)	8,096	(179)	179	-	
Risky Behaviours and Threats to Health	14,304	-	14,304	14,135	-	14,135	169	-	169	
Health Systems	3,637	-	3,637	3,535	-	3,535	102	-	102	
Communities	1,054	-	1,054	1,044	-	1,044	10	-	10	
Central Support	3,869	-	3,869	3,237	-	3,237	632	-	632	
Recovery & Renewal	245	-	245	182	-	182	63	-	63	
Funding/Savings to be released	2,420	-	2,420	2,426	-	2,426	(6)	-	(6)	
Public Health Grant income	-	(30,389)	(30,389)	-	(30,389)	(30,389)	-	-	-	
Other Grants and Income	-	(3,744)	(3,744)	-	(3,744)	(3,744)	-	-	-	
Draw from General Reserves	-	(3,036)	(3,036)	-	(1,952)	(1,952)	-	(1,084)	(1,084)	
Project Board Reserve	1,596	(1,596)	-	1,596	(1,596)	-	-	-	-	
<b>Total Public Health</b>	<b>38,765</b>	<b>(38,765)</b>	<b>0</b>	<b>37,860</b>	<b>(37,860)</b>	<b>0</b>	<b>905</b>	<b>(905)</b>	<b>0</b>	

**Capital programme 2024/25 (£'000)**

Approved project	Budget: total project all years	Projected: total project all years	Budget Q3	Actual to date Q3	Projected 2024/25	Variation (Over) / under Q3 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	3,042	1,746	2,379	663	-	663	-	
Greenacres	2,598	2,598	-	-	-	-	-	-	-	
House Adaptations for People with Disabilities	2,769	2,716	50	(3)	(3)	53	53	-	-	
<b>Total ASC Gross</b>	<b>11,788</b>	<b>11,735</b>	<b>3,092</b>	<b>1,743</b>	<b>2,376</b>	<b>716</b>	<b>53</b>	<b>663</b>	<b>0</b>	