HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 18 September 2025

PRESENT:

Councillors Colin Belsey (Chair), Councillors Abul Azad, Sorrell Marlow-Eastwood, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Kara Bishop (Eastbourne Borough Council), Councillor Christine Brett (Lewes District Council), Councillor Mike Turner (Hastings Borough Council), Councillor Graham Shaw (Wealden District Council) and Emma McDermott (VCSE Alliance)

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)

Simon Dowse, Director of Transformation, Strategy & Improvement

NHS Sussex

Jessica Britton, Deputy Chief Delivery & Strategy Officer and Director of Strategic Commissioning

Lizzie Izzard, Head of Children and Young People Mental Health Commissioning

Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development (East Sussex)

Garry Money, Director of Primary Care

Kate Symons, Deputy Director of Primary Care

Dr Binodh Bhaskaran, Clinical Lead (via Teams)

Sussex Partnership Foundation Trust (SPFT)

John Child, Chief Operating Officer

Dr Anna Moriarty, Associate Clinical Director for CAHMS

LEAD OFFICER:

Claire Lee, Head of Policy

9. MINUTES OF THE MEETING HELD ON 26 JUNE 2025

9.1 The minutes of the meeting held on 26 June 2025 were agreed as a correct record.

10. APOLOGIES FOR ABSENCE

10.1 Apologies for absence were received from Councillor Terry Byrne and Jennifer Twist.

11. DISCLOSURES OF INTERESTS

11.1 There were no disclosures of interest.

12. URGENT ITEMS

12.1 There were no urgent items.

13. ACCESS TO GENERAL PRACTICE IN EAST SUSSEX

13.1 Garry Money, Director of Primary Care NHS Sussex, presented the report, which provided an update to prior reports regarding primary care performance and the services that Primary Care Networks (PCNs) provide across East Sussex, including access to GP appointments. The report existed in the context of national policy changes in the NHS, including changes to Integrated Care Boards (ICBs), NHS England, and the 10-year Health Plan, which would likely change the way general practice is contracted in the future. When compared to other counties, East Sussex had been performing well in terms of volume of appointments, but patient experience, service variation and connection between services remained areas to monitor for improvement.

13.2 The Committee asked what the long-term issues are for the recruitment and retention of staff.

13.3 Garry Money responded that recruitment decisions in general practice were made individually across the 156 practices, which were sometimes in competition with each other for staff. The Additional Roles Reimbursement Scheme (ARRS) enables specialists to work flexibly across practices within PCNs, but there was room for further integration in the local workforce, which may be achieved in the development of neighbourhood health teams. Difficulties with capacity have also stemmed from the segregation of roles and a lack of flexibility in the workforce, which has led to pressures on doctors and nurses in practices. This amounts to a loss of flexibility for patients too.

13.4 Dr Binodh Bhaskaran added that a training hub had been established that provided support to apprentices and students to use resources effectively to retain staff. He raised complications regarding finding training areas and having sufficient estates to host trainees and recently qualified staff, has become difficult, but the PCNs were working collaboratively to address this. He added that the Levelling Up Partnerships in Rother and Hastings was being used to support the expansion of necessary infrastructure, which aids the retention of staff in the area, and that these efforts should also be inclusive of non-clinical staff that support practices.

13.5 The Committee asked for an update on the development of the Seaford Health Hub, which had been in development for 6 years, as residents in Seaford have been allocated GP appointments in Eastbourne.

13.6 Garry Money confirmed that NHS Sussex would provide a response to this question outside of the meeting.

13.7 The Committee noted from the report that the clinical workforce shrank by 15FTE, whereas the non-clinical workforce increased by 23FTE, and asked what is being done to increase the clinical workforce.

13.8 Garry Money responded that there was no fixed level of staffing within GP practices, and an increase in non-clinical workforce could, for instance, be to correct a deficit in the workforce. The goal was for clinical staff in practices to spend as much time as possible with patients, but there were other practical issues for recruiting and retaining a workforce which are beyond the control of GP practices, such as affordable housing and local facilities. Recruitment and retention of staff in practices was a challenge, especially when practices were in competition with each other and other healthcare providers such as hospital trusts, and it was important for NHS organisations to collaborate on workforce planning.

13.9 The Committee asked when and where in the County enhanced access hours appointments were being offered by GP practices.

13.10 Garry Money confirmed that the ICB were unable to provide data for all 12 PCNs, as the totality of minutes offered varied across PCNs and practices, the data does show a sustained level of service over time.

13.11 The Committee asked what work is being undertaken to encourage the workforce to get vaccinated, as the uptake figures were low in the report.

13.12 Kate Symons responded that frontline health and social care workers were not included in the eligible groups for COVID-19 vaccination for winter 2025-26, so a drop in uptake was expected. Frontline health and social care workers remained eligible for the flu vaccination, and the ICB was working with each healthcare trust to increase flu vaccination uptake for frontline staff, with an aim for a 5% increase on the previous year.

13.13 Simon Dowse, Director of Transformation, Strategy & Improvement, added that work was being undertaken to frame messaging around vaccinations, including reassuring staff, and ensuring that vaccinations remain accessible. He stated that it was not easy to encourage people to get vaccinated, and that often data is skewed by staff receiving vaccinations outside of

the trust (e.g. through their GP), which was often missed in data. He explained that extensive communications are sent out to staff in the lead-up to winter to ensure questions about vaccinations are answered in the messaging.

13.14 The Committee asked how NHS Sussex are delivering the 10-year Health Plan through access to general practice, and what key issues they face.

13.15 Garry Money responded that access to general practice, and same-day or urgent care were key areas for delivering the 10-year Health Plan. Neighbourhood health and continuity of care were key focuses of the plan, which is something practices have been trying to deliver. There were changes anticipated in PCNs, due to the expiration of the initial 5-year PCN contract, however these had become fundamental to delivering primary care through the ARRS roles. The plan advanced the idea of neighbourhood working, which would be built around larger and more coherent geographies than PCNs currently were. In the context of cuts to non-clinical costs in the ICB though, there remained a key question of how to deliver this with fewer non-clinical staff.

13.16 Dr Binodh Bhaskaran added that key issues experienced across Sussex include managing frailty, as many of the population needing care are frail and vulnerable. Bringing care closer to home, as in the 10-year plan, could improve support for those people, but would need to involve working with community trusts and the VCSE sector. Hastings and Rother had been announced as areas that would be part of a national programme to support neighbourhood working.

13.17 The Committee asked if, in circumstances where patients experience adverse reactions to vaccines, this is kept in patients' records.

13.18 Garry Money responded that record keeping is a basic requirement of all GP practices, and Binodh Bhaskaran added that this is part of the duty of care that practices have for their patients, regardless of vaccination status. Dr Bhaskaran noted that self-limited adverse reactions to the COVID-19 vaccine have been observed in approximately 5% of the total people who received it, due to their immune system reaction. The decision to receive the vaccine remained an individual one, and the risks should be assessed between individuals and their healthcare professionals where patients do have certain risk factors.

13.19 The Committee asked what work the ICB is undertaking to mitigate health inequalities in end of life care in Hastings, and whether health data in future reports can be broken down by area in East Sussex.

13.20 Garry Money confirmed the ICB maintained an active programme with the hospice alliance, to enable access to palliative and specialist care for East Sussex residents. He confirmed that data is collected from the five ICTs in East Sussex, and future data can be presented at that level. Hastings and Rother were set up as a single neighbourhood, for the establishment of neighbourhood health teams in the area, which would be undertaking work to address health inequalities.

13.21 The Committee commented that the VCSE sector had found engagement with GP practices to be irregular, and asked what the ICB and the VCSE sector could do to support further engagement by GPs in neighbourhood working.

13.22 Garry Money replied that practices work with Healthwatch and the voluntary sector to deliver improvements and acknowledged there was some variation in delivery between practices, due to resource capacity. GPs conduct assurance but, despite constraints on resources, often have delivered improvements that they have not been asked to. The task of the ICB was to therefore ensure that these improvements become more wide-spread. Part of the reason for this variation in service stemmed from PCNs grouping practices into silos, whereas

previously practices would group together naturally to form co-working arrangements and share good practice. He expressed hope that neighbourhood health working would reinvigorate co-working between practices, as well as working with VCSEs to make improvements. Further information could be shared with the Committee when the programme was launched.

13.23 The Committee asked how patient voice contributed to the quality improvement programme.

13.24 Kate Symons responded that patient experience surveys and collecting data were important to deliver improvements. Metrics used in the report came from patient experience surveys, including a survey of over 10,000 residents, and this was being used to facilitate conversations about service improvements. Receiving further feedback from patients was key to identify and address variation in services, as part of quality improvement. Garry Money added that the ICB were due to launch a new programme for patient engagement and experience, working with Healthwatch and the VCSE sector.

13.25 The Committee asked what system is used by GP practices to triage same-day appointments.

13.26 Garry Money responded that every practice operated a triage process, but the appearance of this process may be different in different areas. In some cases, GP practices encouraged patients to complete a form which would be triaged, or patients would receive a call back with appointment information, and the ICB was monitoring how practices triaged patients. Part of practices' contractual agreements specifies that patients should not be told to call back for an appointment, so practices would always follow up with patients after triage.

13.27 Binodh Bhaskaran outlined how a practice in Bexhill operated a triage system whereby the reception team were trained in care navigation and supported by a paramedic to direct patients to the correct support; they received approximately 350 online questions per week which would then be triaged to a pharmacist, nurse, GP or other services as appropriate. How the triage process operated was dependent on the workforce and the skills available, so this system may not be applicable to all practices. Practices receive calls from patients, but also from healthcare professionals and carers, so triage systems were encouraged to manage the demand.

13.28 The Committee asked what will be done to ensure access to the NHS for patients that are digitally excluded, given that East Sussex has one of the highest proportions of over-85s nationally.

13.29 Garry Money responded that the development of the NHS app was a key priority for the government; the app was intended to be the primary route of usage for the majority of people, and most people would be able to access the NHS through this route, but this did not mean it was the only route. The ICB have been working with Healthwatch, the VSCE sector and patients to ensure that patients can still access services without the app, to mitigate digital exclusion.

13.30 Binodh Bhaskaran added that many older people are digitally literate and can use the app to access their medical records. Practices in East Sussex have set up hubs in town centres to upskill people in using the NHS app, but this work was ongoing.

13.31 The Committee asked what future planning is being undertaken to build new GP practices, to cope with new people moving into the area if new housing is built under the direction of a Mayor.

13.32 Garry Money responded that housing remained a constant topic of discussion, but that ultimately what decisions on new health facilities were considered on the unique circumstances of each development, and the ICB worked closely with district and borough councils on this. He confirmed that there were practices in East Sussex undergoing reviews to improve capacity or

facilities, but this is dependent on resources available and staffing needs. He added that the role of the ICB is to be a strategic commissioner, meaning that they would need to consider what health facilities would be needed for any new housing developments.

13.33 The Committee expressed a view that developers should be responsible for the building of new health facilities around large developments. In areas like Telscombe Cliffs, the number of GP practices has reduced in recent years from four to one, for an area of 23,000 people, so the Committee stressed that the ICB must ensure that infrastructure is in place for new developments.

13.34 The Committee asked what the impacts the rural/urban split in East Sussex has on unwarranted variation in access to GPs, and what the areas for improvement are, including through neighbourhood working.

13.35 Garry Money responded that GP practices in rural areas are a lot more knowledgeable about their area and patients than the ICB, but there have been difficulties, with rural practices sometimes unable to keep up with wider developments in practice. This has previously included changes to dispensing practices, for example. He stated that the aim for incoming neighbourhood health changes should create support for rural areas, by enabling feedback from rural areas and co-working for the wider population.

13.36 Ashley Scarff added that integrated community teams (ICTs) are coterminous with the areas for district and borough councils, who are directly engaged in their operation. This is partially due to housing needs and developments and their role as a local planning authority, which means the ICB will find it useful to be involved with the mayoral authority at a strategic level in the future. The ICB have been investigating inequalities and unwarranted variations in services, through actions like working with Healthwatch and considering the role of the wider determinants of health, including housing. The 10-year plan set out the new role of the ICB as that of a strategic commissioner, so health inequalities and variation in services would be considered as part of that role.

13.37 The Committee asked what the variation is in digital access across the county, how digital access is spreading between practices and what initiatives the ICB has for improving digital access.

13.38 Garry Money clarified that there are public reports available to see digital access in the county. He stated that GP practices aim to focus on outcomes: for example, calling you back to follow-up, rather than telling you to call the practice back. He noted that while technology can help to an extent, there is a limit to its benefits, as this was dependent on developments being joined up, to streamline working.

13.39 The Committee RESOLVED to:

1) note the report; and

2) request a focused update report on general practice issues at an appropriate date.

14. NHS SUSSEX UPDATE

14.1 Ashley Scarff delivered an update from NHS Sussex regarding national and county-wide changes to the NHS, including some service changes. This included the following updates:

- The publication of the Government's 10 Year Health Plan, which had three main strands which were well aligned with the strategic direction of NHS Sussex and the Sussex health and care system as set out in its five year strategy, 'Improving Lives Together'.
- The ICB had set out its commissioning intentions for year 1 (2026/27) of the 10-year Health Plan.
- The ICB were working on developing neighbourhood health services for East Sussex and the wider area, they planned to use ICTs to deliver integrated community health services together with social care, and incorporate broader health determinants like employment and education in planning to meet population health and care needs.
- The National Neighbourhood Health Implementation Programme has allocated East Sussex with a focus on Hastings and Rother as one of its 44 pilot areas.
- It has been confirmed that NHS Sussex will be combining with NHS Surrey Heartlands to form a single ICB from April 2026, driven by the national requirement for ICBs to reduce their non-clinical costs by 50%.
- The procurement process was underway for a new community audiology provider. They were planned to be in place by January 2026 and the go-live for the new end-to-end pathway would be April 2026.
- Births have been suspended at Crowborough Birth Centre by the Maidstone and Tunbridge Wells NHS Trust. All antenatal and post-natal services continue to operate from the centre. The ICB is working with the Trust to understand service issues and plans.

14.2 The Committee asked when changes to posts within the ICB would be known.

14.3 Ashley Scarff answered that the ICB would continue to operate as two organisations, until 1 April 2026, and that any changes to officers would be announced as soon as possible. Ian Smith had been appointed as the Chair of the ICB, and chief officer announcements were due in the coming months, but so far there had been delays nationally to ICB changes.

14.4 The Committee asked how the 10-year plan and neighbourhood health teams would deliver improved access to services in deprived areas of the county.

14.5 Ashley Scarff responded that local delivery of health through ICTs is clearly set out in the 10-year plan; it was expected that the plan would amplify services at the community level. He explained that the learning opportunities from the new neighbourhood teams in Hastings and Rother would support future teams to deliver better health outcomes, particularly around health inequalities. The system hoped that these teams would highlight issues experienced by residents across the county, and could be used for wider mobilisation of neighbourhood healthcare.

14.6 The Committee asked how the ICB were involving system partners, including the VCSE sector, in changes to the system at appropriate governance levels to ensure coherence.

14.7 Ashley Scarff affirmed that the ICB recognises and values the VCSE sector for their support, and that in comparison to some other areas of the country, NHS Sussex is embedding partner engagement into their processes. However, the ICB were always conscious of creating a governance burden to system partners, so have been investigating more alliances and

collaborative ways of working (like ICT leadership groups, provider alliances, community teams) to facilitate discussion.

14.8 The Committee enquired about how well other hospitals were prepared to manage additional demand, following the closure of Crowborough Birthing Centre.

14.9 Ashley Scarff responded that the centre is part of a broader network of maternity services, which is well prepared to resource additional births, as the number of births at Crowborough Birth Centre were relatively low. The scheduled births were being rescheduled to other centres, and the ICB were working with trusts and provider partners to do this.

14.10 The Committee noted that ICTs have been built on the footprints of district and borough councils and asked what would happen to these after local government reorganisation.

14.11 Ashley Scarff responded that once more information was known about local government reorganisation, the ICB will consider the impact of that on the footprint of the ICTs, noting that PCNs did not have the same boundaries as the ICTs, but that this was not currently being reconsidered.

14.12 The Committee RESOLVED to:

1) note the verbal update from NHS Sussex; and
2) consider whether it would like to receive further updates or reports on any of the issues raised under this item.

15. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH UPDATE

15.1 Jessica Britton, Deputy Chief Delivery & Strategy Officer and Director of Strategic Commissioning NHS Sussex, introduced the report, which provides information about the mental health transformation programme, the work of mental health support teams and neurodevelopment pathways in East Sussex. She highlighted significant increased demand for services in the neurodevelopment pathway, and a change in patterns for the support needed by children and young people.

15.2 The Committee noted that approximately 60,000 children in East Sussex have a diagnosable mental health condition, representing a 66% increase since 2021, and asked what is being done to expand mental health support teams in schools to support these young people, and whether the establishment of i-Rock hubs is being considered in other areas in the county.

15.3 Jessica Britton responded that mental health support teams were part of a national programme for ensuring equal access to mental health services, and the system identified the schools enrolled according to where support was most needed. The system was working with schools to maintain the 65% coverage, but there was to be no further investment in those teams for the time being, as the system was working to ensure the goals of the mental health teams were aligned with early help and support set out in the mental health transformation programme. It was a core priority for the system to ensure a holistic approach to support for children and young people, before increasing support to 100% coverage. The system was exploring the expansion of i-Rock hubs and access to early help.

15.4 Lizzie Izzard, Head of Children and Young People Mental Health Commissioning NHS Sussex, added that i-Rock was viewed as core part of the mental health transformation

programme, providing quick advice and support for access to services. She explained the expansion of this across East Sussex would need to consider how it can best support children and young people in local areas, as it may not be suited to all of them, but would be used to develop the core offer. The service was intended to be preventative, so that children's immediate needs could be met without them escalating, but the ICB is mindful not to medicalise all children while offering them support.

15.5 The Committee expressed concern that the waiting time for neurodevelopmental pathways is 645 days and asked how this was being addressed.

15.6 Jessica Britton confirmed that this waiting time is longer than it should be, but that this was also a national issue being investigated by a national taskforce. Teams in the system had been working to develop a model to triage young people, to signpost residents to support, and the system was working with schools to expand available support while children waited for an assessment. This was developed in partnership with professionals, schools, the VCSE sector and children and young people with experience of the pathway. It was expected that a new assessment model will be finalised by June 2026, to work to reduce that waiting list.

15.6 John Child, Chief Operating Officer SPFT, responded that the transformation of CAHMS services included the early help support offer, to make sure that services were being as productive as possible while providing similar outcomes in different areas. The Trust had developed neurodevelopmental assessment hubs, containing neurodevelopment assessment teams, which contain specialists in different neurodivergences, in order to make best use of resources and ensure best outcomes. Previously, assessments had been carried out by CAHMS specialists, so these hubs were to make the best use of resources to carry out the assessments.

15.7 Anna Moriarty, Associate Clinical Director for CAHMS SPFT, added that the Trust has developed a support-whilst-waiting offer, to help families to access support from the community, VCSE sector and education without a diagnosis.

15.8 The Committee asked what barriers there are to accelerating and improving access to services for patients, including the expansion of i-Rock hubs.

15.9 John Child noted that constraints on resources in the NHS and local government mean that the trust has a gap between demand and resources. Thousands of young people have been referred to the neurodevelopmental pathway, but due to resource constraints the trust did not have the clinical capacity to see patients in the neurodevelopmental pathway within a reasonable timeframe.

15.10 The Committee asked how school environments impact on demand for CAHMS.

15.11 Lizzie Izzard assured the Committee that the neurodevelopmental programme and mental health support teams in schools have been working with ESCC to support children. However, the school environment often is not tailored to neurodiverse children, particularly children with autism, so the ICB have been working with schools through the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme to develop learning environments that are supportive of children with SEND.

15.12 Jessica Britton added that many children are referred to the pathway through schools, and the mental health schools' team and PINS are a large part of supporting that.

15.13 The Committee noted that initial assessments happen within 28 days and asked what the qualifications of staff conducting assessments are.

15.14 Lizzie Izzard confirmed that all assessments are completed by professionals with mental health qualifications, from the multi-disciplinary teams. Support workers may join an assessment

but would always be accompanied by a qualified professional and would not carry out an assessment independently.

15.15 The Committee asked how children are referred internally to the pathway.

15.16 John Child clarified that internal referrals are where a clinician within the pathway has identified that a patient needs a treatment from a specialist, and external referrals are where children are referred to the pathway from outside, such as from their GP or school.

15.17 The Committee raised feedback from residents that some parents were unhappy with their children being discharged from treatment and asked how carers and families are engaged prior to discharge from treatment.

15.18 Anna Moriarty noted that CAHMS and SPFT offered episodic care, which centres on goal-based outcomes. The trust aimed to have conversations about the limitations of their service early on with families to ensure that goals are obtainable, and this formed part of ensuring that all care offered is working towards a goal to ensure best use of resources. This less routine and systematic support would be utilised in the new clinical model, and support would be reviewed if patients were not making progress towards them.

15.19 The Committee asked if there are any figures available from before 2022 and whether the NHS has received any negative feedback about the neurodevelopmental pathway.

15.20 John Child confirmed that the earliest available inclusion data was from after 2022, as previously data for CAHMS and the neurodevelopmental pathway were grouped together. These were separated in 2022 to better understand the scale of demand for different assessments.

15.21 Anna Moriarty responded that the trust welcomes constructive feedback, and though the themes of qualitative feedback have not been provided in the report, the quantitative data provided indicates that the responses are mostly positive. The trust have been working with a limited data set so far but have started to issue QR code feedback forms to raise the response rate.

15.22 The Committee asked what work mental health support teams were doing in schools, and if there was a larger programme to help students understand anxiety and develop resilience.

15.23 Lizzie Izzard clarified that MHSTs are a national programme following a national model. As set by NHS England, MHSTs consist of four educational mental health practitioners. The first year a team is established, those four practitioners are in training at university and entering the mental health workforce, overseen by a manager and clinical supervision. One team covered approximately 8,500 students across a cluster of schools, as set by NHS England, and the roll out was planned to target areas of most need, with an aim to have full coverage of Sussex by 2030. She added that a whole school approach would be needed to effectively support students, and the teams were working with schools to train staff who work with children daily, to ensure that they were equipped to centre students' emotional and mental health in educational settings.

15.24 The Committee asked, if there is one team per 8,500 pupils, whether they are able to support all students that need support and whether the support offer covers colleges too.

15.25 Lizzie Izzard responded that the ICB are using their teams to meet need the best they can, including outreach work to schools to identify where the most need is. Where this need has been identified, the MHSTs offer one-to-one support for students that need it most. This is set

out in the wider national programme to reach 100% coverage by 2030, but other services like CAMHS and i-Rock are still available to deliver support. The service supported children up to age 18, including further education and colleges. John Child added that schools also commission their own mental health initiatives and internal support for students.

15.26 The Committee asked what will happen for children requiring in-patient care following the announced temporary closure of the Chalkhill unit.

15.27 John Child responded that Chalkhill is a general adolescent in-patient unit and that children requiring more specialist admissions – such as psychiatric intensive care or eating disorder admission – access inpatient care outside the local area. The decision to close Chalkhill was made over a planned period of time (3 months), so as not to disrupt continuity of care for the young people in the unit. He clarified that the closure was due to sustained improvements to the unit not having been made, key clinical roles being vacant and the need to ensure that care remains safe, especially as there had a shift in care needed, toward children with much higher needs, more complex emotional needs, and neurodiversity. He confirmed that SPFT will undertake a programme of work which will include a review of the clinical model to ensure it meets the needs of children and young people, skill mix and facilities to support patient needs, recruitment to key clinical roles and an opportunity to improve the environment of the building. He stressed that this was a temporary closure, and it was the Trust's full intention for the centre to reopen. He confirmed that young people would not be admitted to adult inpatient facilities and that the approach to bed finding via the Provider Collaborative would not change.

15.28 The Committee asked when it was expected that there would be long term improvement in young people's mental health services that residents expect to see.

15.29 John Child answered that there were significant ongoing changes in the NHS, and public services were operating under tight financial constraints. The trust were working to improve early intervention and prevention services, to keep children in schools and reduce impact on families. This was particularly important in the context of neurodevelopmental challenges, to prevent escalation and greater cost later on. That is not to disregard current complex needs, but prevention will ease pressures for the future.

15.30 Anna Moriarty added that the THRIVE framework, which enabled partners to give residents the knowledge of what help is available, was key to helping young people to access support as soon as possible. This was a large part of early intervention, but also following up with further specialist support as soon as possible was necessary to prevent escalating need.

15.31 The Committee RESOLVED to:

1) Note the report; and
2) Schedule a progress report on neighbourhood mental health support teams to a future meeting.

16. HOSC FUTURE WORK PROGRAMME

16.1 The Committee discussed the items on the future work programme.

16.2 The Committee RESOLVED to:

1) Schedule the reports on NHS Sussex Winter Plan 2025, ESHT Cardiology Transformation Programme and the ESHT Capital Works Programme to its December 2025 meeting; and

2) Receive a progress report on the implementation of the new Audiology contract, Neighbourhood Mental Health teams, and EDGH Paediatrics Model at its meeting in March 2026.

17. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

17.1 None

The meeting ended at 12.52 pm.

Councillor Colin Belsey

Chair