

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 18 SEPTEMBER 2025

10.00 AM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - East Sussex County Council Members
Councillors Colin Belsey (Chair), Christine Robinson (Vice Chair),
Sam Adeniji, Abul Azad, Sorrell Marlow-Eastwood, Sarah Osborne and
Alan Shuttleworth

District and Borough Council Members
Councillor Kara Bishop, Eastbourne Borough Council
Councillor Christine Brett, Lewes District Council
Councillor Terry Byrne, Rother District Council
Councillor Mike Turner, Hastings Borough Council
Councillor Graham Shaw, Wealden District Council

Voluntary Sector Representatives
Emma McDermott, VCSE Alliance
Jennifer Twist, VCSE Alliance

AGENDA

1. **Minutes of the meeting held on 26 June 2025** *(Pages 5 - 14)*
2. **Apologies for absence**
3. **Disclosures of interests**
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **Access to General Practice in East Sussex** *(Pages 15 - 30)*
6. **NHS Sussex update** *(Pages 31 - 32)*
7. **Children and Young People Mental Health update** *(Pages 33 - 54)*
8. **HOSC future work programme** *(Pages 55 - 62)*
9. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Deputy Chief Executive
County Hall, St Anne's Crescent
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10 September 2025

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Next HOSC meeting: 10am, Thursday, 11 December 2025, County Hall, Lewes

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 26 June 2025

PRESENT:

Councillor Colin Belsey (Chair), Councillors Abul Azad, Sorrell Marlow-Eastwood, Steve Murphy and Alan Shuttleworth (all East Sussex County Council); Councillor Kara Bishop (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Christine Brett (Lewes District Council) and Councillor Terry Byrne (Rother District Council)

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)

Simon Dowse, Director of Transformation, Strategy & Improvement

NHS Sussex

Wendy Young, Director of Acute Services Commissioning and Transformation

Danny Leach, Deputy Head of Acute Services Commissioning and Transformation (Non Elective)

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

Rachael Kramer, Deputy Director of Emergency Preparedness, Resilience and Response

Dr Suneeta Kochhar, Clinical Director

East Sussex County Council

Mark Stainton, Director of Adult Social Care and Health

LEAD OFFICER:

Patrick Major

1. MINUTES OF THE MEETING HELD ON 6 MARCH 2025

1.1 The minutes of the meeting held on 6 March 2025 were agreed as a correct record.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillor Sarah Osborne (Councillor Steve Murphy substituted), Councillor Christine Robinson, Councillor Graham Shaw, Jennifer Twist and Emma McDermott.

3. DISCLOSURES OF INTERESTS

3.1 There were no disclosures of interest

4. URGENT ITEMS

4.1 There were no urgent items.

5. NHS SUSSEX WINTER PLAN 2024/25 - REVIEW AND EVALUATION

5.1 The Committee considered an update and evaluation report on the NHS Sussex Winter Plan. The Winter Plan set out how the local health and social care system plans to effectively manage capacity and demand pressures anticipated during the Winter period and ran from 1 November 2024 to 31 March 2025. The plan was developed against demand and capacity modelling for each of the key workstreams, and the outcomes have been evaluated against the objectives. This review identifies key areas of improvement to be incorporated into planning for Winter 2025-26.

5.2 **The Committee asked what the barriers to discharging patients from hospital were and how capacity can be developed in the community to receive people out of hospital.**

5.3 Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development NHS Sussex, responded that managing hospital discharge was a system-wide issue, requiring collaboration between all system partners. NHS Sussex have been working with partners to develop consistency in their approach to discharge; there was a correlation between the ability

to discharge 'No Criteria to Reside' (NCTR) patients and bed occupancy levels, so this work is ongoing.

5.4 Mark Stainton, Director of Adult Social Care and Health, East Sussex County Council, clarified that NCTR refers to patients that no longer had a medical criteria to reside in hospital, but there are multiple reasons why people might need to remain in hospital longer than necessary. A number of NCTR patients have multiple and complex needs, including cognitive needs, so multiple agencies are engaged to safely discharge them. Significant capacity exists in the home care market, but bedded care placements were more limited and more complex needs made discharge into bedded care more complicated. While much work went into preventing people needing to go into hospital in the first place, there was also work done with hospital trusts to map patient journeys through hospital, particularly where they had an extended length of stay, to locate where they encounter barriers to discharge and address these ahead of time. While there had been a sustained improvement in the number of patients waiting for discharge, there was still a lot of progress needed.

5.5 Simon Dowse, Director of Transformation, Strategy and Improvement, East Sussex Healthcare Trust (ESHT) added that bed occupancy numbers could be misleading as what mattered from a hospital operational perspective was whether the right beds were available to meet patient need. This fluctuated day to day and multi-agency discharge events (MADE) had been successful in improving intra-day bed occupancy levels. The trust continues to work with community based bed capacity and the social care sector to improve flow of people. ESHT were also conducting analysis of its own processes to manage patients' movement as quickly as possible.

5.6 The Committee asked how Integrated Care Board (ICB) savings plans will impact this capacity next winter.

5.7 Ashley Scarff clarified that the ICB was having to make savings in the cost of running the organisation, which is separate to its commissioning budget. The savings plans may impact the ICB's management capacity as opposed to the capacity of service provision.

5.8 The Committee asked how ESHT will improve Emergency Department (ED) waiting times.

5.9 Simon Dowse responded that ESHT EDs had been performing well since the end of winter, despite a continued increase in the number of attendances. Waiting times depend on a number of factors, including arrival times for patients and their volume, the ability to avoid conveying patients that attend EDs, and the ability to move people to other settings in the hospital. The developments undertaken as part of the winter plan did improve waiting times, and the Trust would have faced more challenges meeting those targets over the winter had these developments not been in place, due to the impact on bed occupancy. There was a high degree of excess demand this winter as a result of high levels of flu, COVID-19, RSV and norovirus, which would have been difficult to predict ahead of winter. ESHT was exploring options to improve bed occupancy and increase escalation capacity in the future, which directly impacted on ED performance. Further work to increase use of virtual wards, development of integrated care teams to reduce demand, and realigning capacity within the hospital for peak times would also help improve ED performance.

5.10 The Committee asked what efforts were being made to target vulnerable and high-risk populations for vaccination for winter 2025-26.

5.11 Rachael Kramer, Deputy Director of Emergency Preparedness, Resilience and Response, NHS Sussex, responded that an independent review of vaccination scheme success was undertaken by the primary care team. This identified key areas of focus to target people that are vulnerable and harder to reach for vaccinations for winter 2025-26. As well as targeting vulnerable people, the ICB worked with providers to improve staff vaccination rates. In the coming winter, this would begin much earlier and more would be provided on-site to increase uptake. Rachael clarified that staff who were eligible to receive vaccinations for medical reasons and did so from their GP or other providers were not counted in the statistics in the report, so the overall figures of staff vaccination levels may be higher.

5.12 Dr Suneeta Kochhar, Clinical Director NHS Sussex, responded that reaching vulnerable groups is key to prevention, and that further work was being undertaken to reach vulnerable populations, including outreach and quiet clinics and bringing care closer to the community. It will also be necessary to increase staff vaccination rates by making them more accessible to staff, to reduce absences and maintain capacity in the winter months.

5.13 The Committee asked for clarification on the definition of a 4-hour versus 12-hour ED waiting time, and when 12-hour waiting times were likely to be in line with targets.

5.14 Simon Dowse explained that the clinical target for a four-hour waiting period was for a patient to have left the emergency department (either discharged or taken to their next place of care) within four hours of them first having registered as attending ED. However, the 12-hour waiting period refers to the time to move people safely from the ED into a suitable bed in the hospital after the decision to admit has been made, and this relies on bed occupancy. ESHT was working to address the bed occupancy challenge and reduce the number of patients over the 12-hour clinical target with the ambition of reaching zero.

5.15 The Committee asked how ESHT can speed up prescriptions to expediate discharge and reduce the number of No Criteria to Reside (NCTR) patients.

5.16 Simon Dowse responded that although having prescription medications ready has been identified as something that can delay the discharge process on the day, due to its reliance on pharmacy capacity and Doctor sign-off, this is not one of the larger barriers to discharge. Work was underway to improve ESHT's internal processes to pre-plan, identify and prepare medication for individual patients in advance of discharge in hospital pharmacies, to expediate their discharge.

5.17 The Committee enquired about the location of the vaccination sites in Hastings that had a low uptake over winter 2024-25, and where these might be moved to for winter 2025-26 to reach the greatest number of vulnerable people.

5.18 Dr Suneeta Kochhar responded that although she did not have the specific locations, clinics were often located in areas of deprivation and worked with voluntary, community and social enterprise (VCSE) organisations to try to increase vaccination rates. There were also outreach clinics, including GP home visits to deliver vaccinations, which although only reached a small number of people, was important for getting the most vulnerable vaccinated. In some areas there was a level of vaccination fatigue, with people choosing not to opt in to the vaccination programme, explaining the lower level of uptake.

5.19 The Committee noted challenges in accessing primary care and asked how pathways into same-day emergency care and virtual wards were being improved to prevent patients attending ED.

5.20 Simon Dowse confirmed that same-day emergency care and virtual ward delivery was being expanded, so the capacity for these would increase in the future. Simon recognised that the route into same-day emergency care and virtual wards needed to be streamlined, and the communication around these pathways improved; this was being investigated by the Trust.

5.21 Suneeta Kochhar responded that virtual wards could be seen as alternatives to in-patient bedded care, and they have significantly increased capacity in wards recently. Access to virtual wards can be relatively straightforward but relies on initial access to primary care. ESHT worked closely with hospice teams, community and district nursing teams to coordinate care outside of hospital.

5.22 The Committee asked whether unused wards (such as James Ward after it closed) could be used to increase bed capacity in future years, and what happens to staff when wards close.

5.23 Simon Dowse explained that ESHT had escalation wards which could be opened to increase capacity as needed, although remedial work had meant the Trust had to close these wards in summer. For winter 2025-26, ESHT was planning to identify its escalation capacity, and this would be budgeted for and staffed accordingly. The impact on staff is minimised when wards close, as vacancies are available in other wards and staff are consulted so that they can have a voice in deciding where they will be redeployed. In some cases, the Trust could see a benefit as redeploying staff could reduce the need for Bank and temporary staff, which both improves quality of care and reduces costs.

5.24 The Committee asked why ESHT had one of the highest proportions of NCTR patients in the country and whether ESCC had a statutory duty to provide support for people with NCTR.

5.25 Mark Stainton responded that the statutory duties of Adult Social Care are set out in the Care Act 2014 which largely relate to assessing and meeting eligible need. Many NCTR patients do not have any Care Act needs, but the Council has a duty to support those that do. There are varying levels of care that patients may need after they are discharged: people may need support like equipment, housing support or care; they may require reablement or assessment before discharge; or they may need more complex bedded care like hospice or community care to be arranged. The figures are particularly high in East Sussex due to the nature of our older population, an increasing number of people with complex needs, and safeguarding concerns preventing discharge. Capacity in the ICB, ESHT and ESCC also impact discharge rates, as increased activity and complexity increase workloads. The system overall faces challenges, including those of staff recruitment and retention, which places further pressure on the ability to discharge. The system received support from the national Discharge Support Oversight Group (DSOG), but that challenges for the system meant that even with this support there were difficulties in identifying solutions.

5.26 The Committee noted that 18,500 staff received vaccinations over the winter plan period and asked what percentage of staff that represented.

5.27 Rachael Kramer confirmed that 43% of ESHT staff received a flu vaccination over the winter 2024-25 period, and 14% had a COVID-19 vaccination through the staff vaccination

programme. Though, the number of staff who received vaccinations may be higher if staff received them outside of the staff vaccination programme, such as through their GPs.

5.28 The Committee asked whether there is a team in the NHS that works to discharge people while waiting for longer term social care arrangements.

5.29 Ashley Scarff responded that there are multi-faceted aspects to discharge from hospital, and Transfer of Care Hubs (ToCHs) based in hospitals operate as a multi-disciplinary team to facilitate patients moving through the system. Discharge teams work with Adult Social Care and other system partners to discharge and make best use of resources, but it remains a challenge.

5.30 The Committee asked whether the GP practices that did not sign up to the multi-disciplinary teams could be identified, and what can be done to ensure all practices sign up in the future.

5.31 Rachael Kramer responded that information on the practices not signed up could be provided outside of the meeting, but that the success of the programme in winter 2024-25 provides an incentive for further practices to engage with the multi-disciplinary teams in the coming year. Ashley Scarff added that through working with Integrated Community Teams, multi-disciplinary teams are able to identify populations with complex and compound needs and enables the system to affect wider health and wellbeing, focused on neighbourhood health.

5.32 Suneeta Kochhar added that in areas where GP practices did not engage with the multi-disciplinary teams, this was usually due to workforce capacity. These practices are undergoing engagement with the Trust so that they can join next winter.

5.33 The Committee asked how ICB savings proposals will impact delivery of primary and secondary care.

5.34 Ashley Scarff clarified that ICB savings relate to the reduction of its organisational running costs. Separately the ICB, working with system partners, needs to identify savings in commissioning services due to the rising costs of demand and technology. In finding efficiencies, the organisation will need to ensure the system maintains the ability to provide care and meets the needs of the local population in the best way that it can.

5.35 The Committee expressed concern about the rate of uptake for vaccinations, and whether the NHS could consider bulk vaccination programmes for future years.

5.36 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request an update on the Winter Plan 2025/26 at the December 2025 HOSC meeting.

6. NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

6.1 From 1 April 2025, following a procurement process run by NHS Sussex, ERS Transition Limited, trading as EMED Group, has been the provider of Non-Emergency Patient Transport Services (NEPTS) for Sussex. NEPTS is an eligibility driven service that is a statutory obligation for NHS commissioners to provide to transport patients to and from their healthcare

appointments. The Committee considered an update report on the mobilisation of the new contract for NEPTS in Sussex.

6.2 The Committee asked whether there have been changes to the eligibility criteria for NEPTS with the new provider, as some residents had been unable to access the service.

6.3 Wendy Young, Director of Acute Services, Commissioning and Transformation NHS Sussex confirmed that the criteria for NEPTS is determined nationally, though there is some variation in how local areas interpret and apply it. In Sussex approximately 90% of NEPTS requests that are filed are accepted, compared to much lower rates of acceptance in areas like Surrey. Where there had been a lack of capacity, the system was working with the new provider to identify and fill gaps in transport. She clarified that if patients don't meet the criteria, the provider has links to the VCSE sector and can direct them to organisations for assistance.

6.4 The Committee asked if there is a 2-week limit for patients when booking in advance of appointments, and how appointment information is considered as part of capacity planning.

6.5 Wendy Young responded with concern that patients had reported that they had not been able to book NEPTS in advance of their appointments. She confirmed that the issue would be investigated to ensure the ability to book further in advance was included within the service, and that this would be taken as an action from the meeting. It was important that patients who have been waiting a long time for appointments can have reassurance in their transport being booked further in advance. Wendy also agreed to verify that failed booking data was captured where appropriate.

6.6 The Committee asked what information is available to patients about NEPTS and similar resources in the VCSE sector, and what the routes to accessing the service are.

6.7 Danny Leach, Deputy Head of Acute Services, Commissioning and Transformation NHS Sussex, responded that extensive promotion among staff and patients had been undertaken at all hospital sites to raise awareness of the new service. He confirmed that appointments can be made online as well as via telephone, to make accessing the service as broad as possible. He clarified that where multiple cancellations are made, the system is reviewing eligibility of patients for unutilised NEPTS to free up capacity for those that need it.

6.8 The Committee asked what reminders are sent to patients about their booked transport.

6.9 Danny Leach responded that there is a reminder process in place, but there was further work to be done to ensure that the reminders are effective to mitigate future cancellations.

6.10 The Committee asked if there have been any changes in the number of people accessing the service compared to the previous provider.

6.11 Danny Leach confirmed that there had been no recent changes to the eligibility criteria for NEPTS. Capacity for the service had been modelled by EMED from previous years' activity levels; from the data gathered for April 2025, the rate of activity is similar to usage under the previous provider.

6.12 The Committee asked what is being done to reduce cancelled, delayed and missed journeys, and how capacity was managed at peak times.

6.13 Wendy Young responded that cancelled journeys are driven largely by hospitals' capacity and changes to appointments, but the system was working with both the hospital and the provider to ensure that capacity and demand for NEPTS are aligned.

6.14 Danny Leach added that there had been initial issues with appointment data, but the provider worked to resolve these quickly. Part of the reason for this was data being received from different providers. There had been some variation in types of journeys, and EMED have been working to train staff and equip them for these changes. The vehicles for the new provider are malleable and can adapt to patients' needs and criteria on arrival if needed.

6.15 The Committee noted challenges that had previously existed with NEPTS provision and emphasised the importance of NHS Sussex addressing issues arising quickly and effectively. Wendy Young confirmed that the ICB was mindful of previous issues, which was part of the reason for having a longer mobilisation period than was usual, and that a very active approach to monitoring the service was being taken. Danny Leach added that the involvement of Healthwatch and provider Trusts had been an important for designing the new contract

6.16 The Committee RESOLVED to:

- 1) Note the report; and
- 2) Request a short update on NEPTS at a future meeting.

7. HOSC FUTURE WORK PROGRAMME

7.1 The Committee received a verbal update from Ashley Scarff about changes to NHS England, the Department of Health and Social Care, and changes to the ICB. NHS Sussex will be merging with NHS Surrey, to form one ICB covering two health and care systems.

7.2 The Committee requested to receive a regular update from NHS Sussex, to report back on progress and changes within the ICB. The Committee requested that this update include metrics for performance and areas for improvement in key areas of interest, so it can be used to inform the future work programme.

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

7.4 The Committee RESOLVED to:

- 1) Receive a regular update from NHS Sussex;
- 2) Schedule the reports on Access to Primary Care Services and the Children and Young People Mental Health update to its September meeting; and
- 3) Defer the full reports on the HOSC Review of the Provision of Audiology Services in East Sussex and Paediatric Service Model at Eastbourne District General Hospital, currently scheduled for its September 2025 meeting, and instead receive a short update on these items.

8. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

8.1 None.

The meeting ended at 12.10 pm.

Councillor Colin Belsey

Chair

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Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 18 September 2025

By: Deputy Chief Executive

Title: Access to General Practice in East Sussex

Purpose: To provide an update on work being done to improve access to General Practice and Primary Care Network (PCN) services in East Sussex

RECOMMENDATIONS

The Committee is recommended to:

- 1) note the report; and
 - 2) consider whether to include any further work on this topic in the Committee's future work programme
-

1. Background

1.1 The Health Overview Scrutiny Committee (HOSC) has received a number of reports at its previous meetings which explored primary care services, most recently an overview and update of Primary Care Networks (PCNs) at its meeting in October 2024. At that meeting HOSC requested a further update on access to GPs and primary care services be brought to this meeting.

1.2 In July 2025, the Government published the 10-year health plan, which aims to improve access to general practice by: bringing care closer to home; ending barriers in Primary Care; improving digital entryways; and prioritising preventative care. Increasing GP appointments and improve inpatient experience have been identified as key priorities for PCNs for the year 2025/26.

2. Supporting information

2.1 PCNs are groupings of local neighbouring general practices that are a mechanism for sharing staff and collaborating while maintaining the independence of individual practices. These groupings started from 1 July 2019 and there are 12 PCNs in East Sussex, covering all areas of the county. PCNs require existing providers of general practice to work together and to share funds, with additional national funding being made available to employ Additional Roles Reimbursement staff (ARRS), to deliver services to patients across the member practices.

2.2 Integrated Community Teams (ICSTs) have been developed to act as the vehicle to integrate primary, community, social care and the voluntary sector services within a defined footprint. There are 5 ICTs in East Sussex which map to the geographies of the five district and borough councils.

2.3 The report, which is attached as **Appendix 1**, provides members with an update on the work being done to improve access to General Practice in East Sussex. It includes details on General Practice in East Sussex, and covers a number of areas which the HOSC asked about when it considered the report at its September meeting, as well as developments that have taken place since the last report. This includes:

- Background information about the wider context of this report
- GP appointment data

- The Additional Roles Reimbursement Scheme (ARRS)
- Integrated Neighbourhood Teams
- Health Inequalities
- Approaches to addressing unwarranted variation in Primary Care
- Improving Primary Care patient experience
- Planning for winter 2025/26

2. Conclusion and reasons for recommendations

3.1. The HOSC is recommended to note the report and consider whether to include any further work on primary care or access to general practice in the Committee's future work programme.

PHILIP BAKER
Deputy Chief Executive

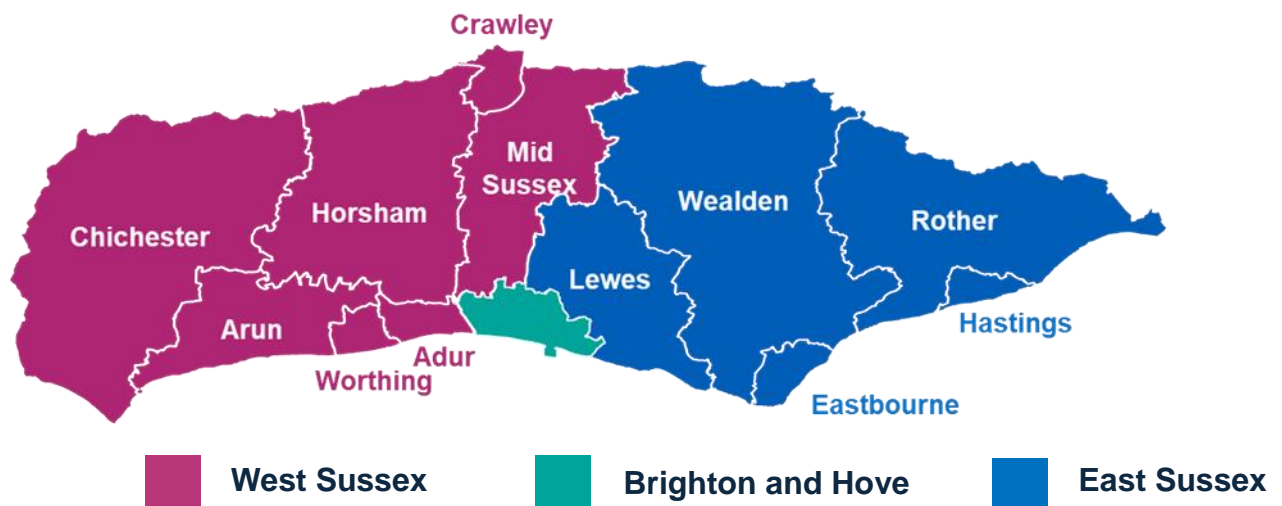
Contact Officer: Rachael Bellew, Scrutiny and Policy Support Officer

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Improving Access to General Practice in East Sussex – Update Report (September 2025)

1. Introduction and Context

- 1.1. This report provides members of the Committee with an update on the work being done to improve access to General Practice in East Sussex, this follows on from previous reports presented in December 2022, September 2023, and October 2024 and includes updates on specific areas requested such as GP appointment data, the Additional Roles Reimbursement Scheme (ARRS), Health Inequalities, and our approach to addressing unwarranted variation in Primary Care.
- 1.2. NHS Sussex Integrated Care Board (ICB) is responsible for delivering care to 1.72 million people, across three Places (East Sussex, West Sussex, Brighton and Hove). Within the three Places, there are 13 Integrated Community Teams (ICTs). The ICTs will act as the vehicle to integrate primary, community, social care and the voluntary sector services within a defined geographical ICT footprint.



Services across Sussex are largely provided by:

- 156 GP practices and 293 Community Pharmacies
- Two acute Trusts - University Hospital Sussex NHS Foundation (UHSussex), Surrey and Sussex Healthcare NHS Trust (SASH)
- One acute and community health Trust - East Sussex Healthcare NHS Trust (ESHT),
- One specialist Trust - Queen Victoria Hospital NHS Foundation Trust (QVH)

- One community health Trust - Sussex Community NHS Foundation Trust (SCFT)
- One mental health Trust, Sussex Partnership NHS Foundation Trust (SPFT)
- One ambulance provider - South East Coast Ambulance Services NHS Foundation (SECAmb)

1.3 As of August 2025, there are 50 GP practices in East Sussex, and 94 Community Pharmacies, as well as one Primary Care Hub (in Hastings). The total number of registered patients with a GP Practices in Sussex in July 2025 was 591,037. The registered list sizes of the East Sussex Practices vary from 28,553 at Foundry Healthcare Lewes to 2,840 at Sedlescombe House Surgery.

1.4 The 50 GP Practices in East Sussex are grouped into twelve Primary Care Networks (PCNs) and five Integrated Neighbourhood Teams (INT) - Lewes, Wealden, Eastbourne, Hastings, Rother – Annex A provides further detail.

1.5 In Sussex, the Primary Care Provider Collaborative (PCPC) is a body which brings together General Practice and Community Pharmacy across Sussex and will include Dentists and Optometrists in the future. It has been established to support Primary Care's role in developing neighbourhoods and there is a now a named GP, Community Pharmacy and Management lead for each of Sussex' 13 Neighbourhood footprints.

Strategic Context

1.6 The New 10 Year Health Plan for England 'Fit for the Future' [10 Year Health Plan for England: fit for the future](#) published in July 2025 focusses on three key transformational shifts – From Hospital to Community, From Analogue to Digital and from Sickness to Prevention, with a strong focus on improving access to general practice by:

- **Bringing care closer to home** with the aim of delivering a faster, more convenient, equitable access to a wide range of services by establishing Neighbourhood Health Centres (NHCs) in every community, bringing together GP, nursing, mental health, pharmacy, dentistry, diagnostics and more under one roof.
- **Ending Barriers in Primary Care**, outlining an approach to ensure Same-day appointments guaranteed, ending the "8 am rush" for GP booking. Expanded capacity via multidisciplinary teams, administrative streamlining, and improved digital triage.
- **Improving the Digital Front Door** so that the NHS App becomes the primary route into the NHS,
- **Putting Prevention First** which will see the Shift from reactive to preventive care: expanded screening, vaccination, obesity management, and early intervention programmes.

- 1.7 In Jan 2025 NHS England published the 2025/2026 Priorities and Operational NHS Planning Guidance [NHS England » 2025/26 priorities and operational planning guidance](#) which highlighted the need to Improve patients’ access to general practice by continuing to support general practice to enable patients to access appointments in a more timely way and to improve patient experience. ICBs should ensure that all GP practices inform patients, on the day they first make contact, how their request will be handled, as stipulated in the GP contract.
- 1.8 The key priorities for Primary Care for 2025/26 are:
 - 1. **Increase GP Appointments:** The target is to achieve a 1.2% growth in GP appointments for 2025/26 compared to 2024/25, which equates to 11.62 million appointments in 2025/26.
 - 2. **Improve Patient Experience:** Patient experience will be measured via the ONS Health Insight Survey.

2. Improving General Practice Access in East Sussex

- 2.1 During the year 2024/2025 NHS Sussex exceeded its Operating Plan target for delivery of GP appointments by 11.5%. In East Sussex 3,771,179 GP appointments were delivered which was a 4.2% increase on the previous year.
- 2.2 Our target for 2025/26 is to exceed our performance in 2024/25 by delivering an additional 1.2% appointments in General Practices across Sussex.
- 2.3 The table below highlights the comparison of the total number of appointments delivered in East Sussex from April to July for 2025 against the same position in 2024. In total, there is a negative 2.8% variation, however we have seen an increase in performance over the last month and are not forecasting a negative position against our plans for 2025/26. This trend was also seen across Sussex with lower % recorded for both April and May across each Place.

East Sussex	April	May	June	Total
2024-25	308,589	313,634	290,401	912,624
2025-26	286,761	293,691	306,390	886,842
Variance	-7.1%	-6.4%	5.5%	-2.8%

- 2.4 Between April to July 2025 over 2.7 million General Practice appointments were delivered across Sussex, representing an 1.3% increase in activity for the same period last year. This is broken down in to Place in the table below:

	Apr-25	May-25	Jun-25	Total

Brighton & Hove	136,545	137,718	143,497	417,760
West Sussex	488,618	487,453	510,177	1,486,248
East Sussex	286,761	293,691	306,390	886,842
Sussex Total	911,924	918,862	960,064	2,790,850

2.5 In June 2025, Sussex outperformed the other ICB's in the South East Region for the number of GP appointments provided per 1,000 registered patients – with 516 for Sussex, compared to an average of 468 for the South East. In East Sussex the total number of appointments per 1000 (531) is above both the Sussex, Regional and National averages – see table below.

	Apr-25	May-25	Jun-25
East Sussex	497	509	531
Sussex Total	490	494	516
South East	450	448	469
England	459	457	478

2.5 In addition, we continue to work with PCNs to ensure that they deliver the required minimum level of Enhanced Access requirements in East Sussex, contractually set out in the form of a specific number of additional minutes of appointments based on size of registered population, as well as encouraging local innovation based around local population needs.

3. Delivering improvements in Primary Care through working with our PCNs and Integrated Neighbourhood Teams

3.1 Our Primary Care Networks are positioned as the 'front door' of Integrated Neighbourhood Care and are at the core of the model, connecting primary care with wider services so patients experience more joined up care. The Additional Roles Reimbursement Scheme (ARRS) enables a wider mix of staff i.e. social prescribers, health and wellbeing coaches, mental health practitioners to provide the connections into the wider services as appropriate for the individual.

3.2 Adult social care and children's service staff are aligned to PCN/ICT footprints, and social workers will often join multidisciplinary team meetings in PCNs. PCNs also host adult mental health practitioners who work alongside the Sussex Partnership NHS Foundation (SPFT) to provide links across the system.

3.3 Our recently published Draft Commissioning Intentions outline our approach to transforming primary care services by going further and

ensuring that healthcare services in Sussex become more proactive in supporting residents with identified high and ongoing care needs and to ensure there is greater continuity of care provided across the spectrum of neighbourhood health providers, focussed on the needs of the individual.

3.3 In order to support the achievement of this ambition, in 2026/27 we expect practices to follow the Sussex neighbourhood health framework, where:

- all general practices within each of the 13 Integrated Community Team areas in Sussex will be expected to risk-stratify their patients, using the John Hopkins tool, in accordance with the agreed system framework of population need, including the identification of those patients who would benefit most from continuity of care.
- all general practices, community pharmacies and dental services, are expected, under the leadership of their neighbourhood clinical and managerial primary care leads, to collaborate with other community physical health and community mental health services; specialist clinical leads (e.g. frailty consultants and respiratory consultants); voluntary community and social enterprise sector providers; and hospices, to improve patient experience and care. Where required, some members of practice teams and / or additional roles reimbursement scheme roles, will be asked to work under the leadership of a multi-disciplinary team.

4. PCNs tackling Health Inequalities

4.1 All East Sussex PCNs have made tangible progress and engaged in multi-agency collaboration to support their Tackling neighbourhood health inequalities plans. This has included teams within the ICB, East Sussex County Council, OneYou East Sussex, Wave Leisure, Health in Mind (SPFT), ESHT, Healthwatch, Surrey & Sussex Cancer Alliance and various voluntary organisations including Vandu language services, Macmillan Cancer Support, East Sussex Community Support.

4.2 The following specific actions show a commitment to addressing health issues with equity potential. (e.g., reductions in the number of high-risk hypertensive patients, identifying patients needing further support/ referrals, improved signposting, reduction in prescribed opiates, audit and review of 2 Week Wait referrals and pathway for vulnerable patients, improve 2 Week Wait Colorectal referrals, and establishing a PCN Mental Health team.)

4.3 East Sussex PCNs have demonstrated commitment to tackling health inequalities through diverse partnerships and targeted interventions. To further strengthen equity, there is a need to ensure that actions are explicitly shaped by disaggregated data and community voice, with focused attention on those facing the greatest health

disparities. Embedding equity impact assessments and aligning with national frameworks like Core20PLUS5 will help ensure sustained and measurable progress in closing health gaps.

5. Improving Access and Reducing Unwarranted Variation

- 5.1 Reducing variation in primary care is a crucial objective for healthcare systems aiming to deliver consistent, high-quality care to all patients. Variability in care can arise from differences in clinical practices, access to healthcare services, resource availability, and even patient demographics. Addressing this variation can have significant positive impacts on patient outcomes, healthcare efficiency, and equity.
- 5.2 Reducing unexplained or 'unwarranted' variation in general practice continues to be a priority in Sussex and is key in ensuring that every patient has access to high quality services alongside better access to these services. In recognition of this we have co-developed a new Quality Improvement programme with our Primary Care Clinical Leads, and our Primary Care Provider Collaborative, which is currently been delivered with Practices and PCNs in their neighbourhoods throughout 2025/26.
- 5.3 The new local scheme aims to support Practices to reduce variation between across four priority areas: Improving Patient Access to General Practice, Disease Management, Improving patient experience of General Practice and referral pathways and interface. The scheme is focussed on metrics that allow practices to better understand where variation - both unexplained or unwarranted - exists providing support to general practice colleagues to identify where improvements can be made, based on sharing best practice, utilising quality improvement methodologies to enable change to happen both at an individual practice, neighbourhood or across Sussex as appropriate.
- 5.4 The programme launched in March 25, and all neighbourhood teams across Sussex now have named QI Lead and are actively participating in the programme. Since the inception of the programme all neighbourhoods have been engaging in the programme through facilitated sessions and have now concluded sprint one, have started sprint two with sprint three starting in September 2025.
- 5.5 Sprint One Focus Areas included:
 - Pharmacy First uptake - % by practice
 - Patient Satisfaction Survey - Overall experience of contacting GP practice
 - National Diabetes Audit Data
 - Learning Disability (LD) Health Checks uptake - % of eligible population and
 - A&E attendances per 1000 population
- 5.6 Neighbourhood Sprint Activity – Highlights for East Sussex:

- Wealden: Focused on variation in LD Health Check delivery and explored coding inconsistencies, offering tailored practice support.
- Rother: Initial work on diabetes recall. Early engagement completed, though operational delays have slowed momentum.
- Hastings: Identified a data gap for Pharmacy First. Convened neighbourhood wide discussions and connected with the Sussex Respiratory Network to explore opportunities on chronic obstructive pulmonary disease (COPD) diagnosis.

5.7 The second sprint is now underway with neighbourhoods identifying new priorities, with neighbourhoods choosing COPD, Asthma, improving patient experience in GP practices, increasing physical health checks for patients with Severe Mental Illness (SMI), Diabetes, and Referral rates with the focus specifically on rate difference between practices for specific specialities between standard referrals and advice and guidance requests. The third sprint is taking place following the next workshop in September 2025.

5.8 In addition to our work with PCNs and Neighbourhoods Teams we are also continuing to work with individual practices to provide targeted support to explore and understand where unexplained variation may exist. Where areas are identified then we have a programme of support available, which includes engagement in the national Practice Level Support (PLS) Offer, accessing funding to support Modern General Practice, and bespoke support tailored to practices.

6. Developing an Improving Primary Care Patient Experience Programme 25/26

6.1 As noted earlier, in the 2025/26 NHS priorities and operational planning guidance there are two main measures. Improve access to general practice and urgent dental care, and specifically for general practice the measure of Improve patient experience of access to general practice as measured by the ONS Health Insight Survey, all of which provide an opportunity to further support our patients to understand how to navigate the system, including understanding the different skills within a practice to allow people the best opportunity to access appropriate health and care first time, supporting the shift from Treatment to Prevention.

6.2 The Improving Primary Care Patient Experience Programme 25/26 (IPCPE) has been developed to focused upon direct interventions to enhance and improve patient experience across primary care at Sussex wide, place and practice level.

6.3 The Key Programmes of work within this initiative include:

- Provision of a Primary Care focused communications and engagement suite of resources

- Unlocking the potential within existing Patient Participation Groups (PPGs) – includes development of a self-assessment toolkit, creating PPG champions and creating a bespoke training programme for PPGs
- Promoting translation and integrating services amongst marginalised communities

7. Increasing our Primary Care Workforce

7.1 Increasing the Primary Care workforce is both a national and local priority, both in terms of recruiting and training more staff, but also supporting and retaining existing ones too. Nationally the previous government set out a [Long Term Workforce Plan](#) for the NHS in June 2023, while in Sussex we have developed our own [Sussex People Plan](#) across system partners which includes a key focus upon supporting the Primary Care workforce. This is particularly important not just for improving access to Primary Care, but also in working with partners to develop new Integrated Community Teams (ICTs) in Sussex.

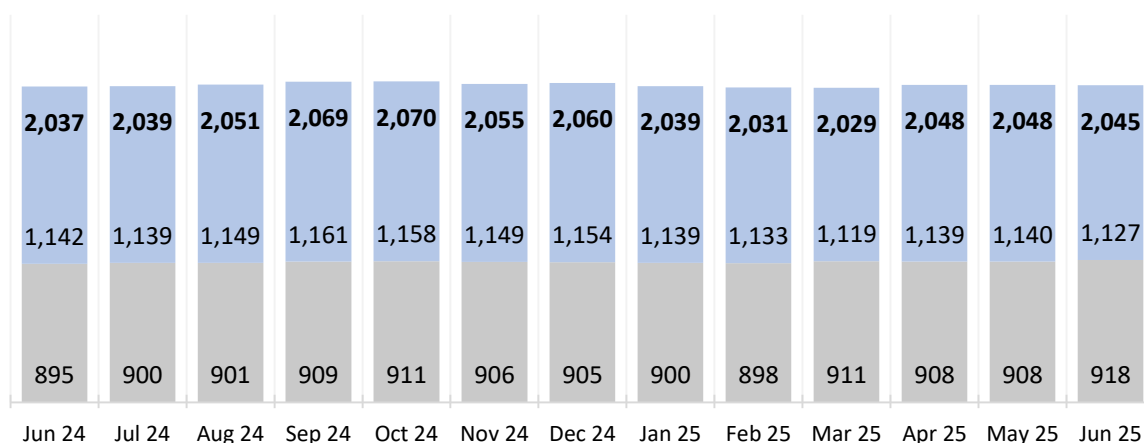
7.2 Over the past two years, we have surpassed Primary Care Workforce recruitment targets across Sussex at both PCN and practice level. From June 2023 to June 2025, the workforce grew by 537.0 FTE, comprising 279.0 clinical and 258.0 non-clinical roles. In East Sussex alone, there was an increase of 130.5 FTE, with 72.8 FTE clinical and 57.7 FTE non-clinical staff added.

7.3 Key points to note as of June 2025 in East Sussex:

- Compared to a year ago the Primary Care workforce increased by 8.1 FTE (or 0.4%) to 2,045 FTE. The Clinical workforce shrank by -1.4% or -15.7 FTE; non-Clinical staff +2.7% or 23.8 FTE.

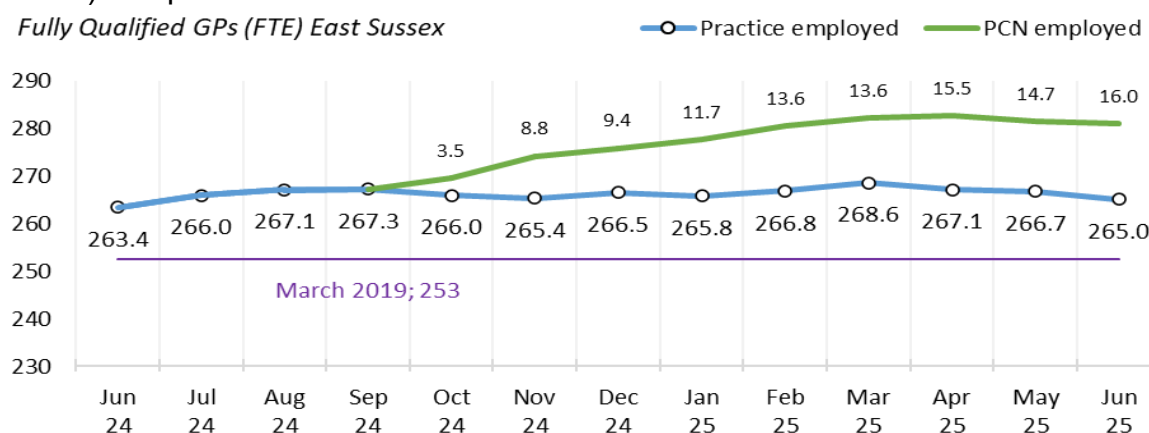
East Sussex Primary Care workforce (FTE)

■ Admin/non-clinical staff ■ Clinical staff



- Practice employed total GPs (including in training) have increased by 1.4% (+5 FTE) compared to June 2024.
- PCN employed GPs, introduced in August 2024 as part of ARRS, have reached 16.0 FTE.
- The Fully Qualified GP workforce (excluding in training) has increased by 0.6% (1.7 FTE) compared to June 2024.

Fully Qualified GPs (FTE) East Sussex



- Fully Qualified GPs (FTE/100k) in East Sussex are above England and above the comparator system average (42.0).
- When including ARRS GPs, the fully qualified GP workforce has increased by 17.6 FTE, reaching 281.0 FTE. Compared to other systems, and excluding ARRS GPs due to unavailable comparison data, East Sussex reports 45.9 FTE per 100,000 patients, above the national level (44.3) and the South East average (43.6) and ranking second among comparator systems.
- East Sussex now has 32.7 FTE nurses per 100,000 patients which is significantly above the England level (26.2) and South East average (25.5) and ranks second among comparator systems.
- Practice-employed Direct Patient Care staff 45.6 FTE per 100,000 patients, East Sussex remains well above the England level (27.4) and the South East average (30.5) while ranking highest among comparator systems.

Additional Roles Reimbursement Scheme (ARRS)

7.5 As of June 2025, the total ARRS workforce in East Sussex was 358.5 FTE; comprising 352.1 clinical FTE and 6.4 non-clinical FTE. With 62.1 FTE per 100,000 patients, East Sussex has the highest ARRS workforce across Sussex.

7.6 The most employed ARRS roles in East Sussex are:

- Care Coordinators – 118.5 FTE
- Advanced Practitioners – 39.8 FTE
- Clinical Pharmacists – 38.9 FTE

- Pharmacy Technicians – 36.0 FTE
- First Contact Physiotherapists – 24.5 FTE
- General Practice Assistants – 24.3 FTE

7.7 This growing workforce is becoming an integral part of general practice, enabling practices to offer a broader range of support directly to patients, reducing the need for onward referrals to other services.

8. Planning for Winter 2025/26

Highest and ongoing Needs Programme

- 8.1 In preparation for Winter we are working alongside the Primary Care Provider Collaborative to establish Neighbourhood Teams focussed on the proactive identification and management of patients with the highest and ongoing needs to improve their outcomes.
- 8.2 This programme builds on the Cohort Identification and Proactive Care Winter Project 2024-25 and will sit alongside our existing locally commissioned Frailty and End of Life services in Primary Care.
- 8.3 The current Frailty and End of Life Locally Commissioned Service (LCS) supports practices to identify those with severe frailty or palliative care needs and to deliver appropriate interventions such as care planning and structured medication reviews.
- 8.4 The ambition is to evolve towards a better and more integrated proactive care service in future based on integrated multidisciplinary community teams delivering holistic care to those with the highest needs.
- 8.5 To promote the further development of integrated community teams, NHS Sussex is starting focussed work across several providers. Identified professionals from General Practice, Community Nursing, Mental Health, Social Care, VCSE, and Hospice Services will be asked to work together and consider how they can better support people proactively.
- 8.6 A series of workshops with each Neighbourhood team will be taking place from September 25, with the aim to implement this approach across Sussex from October 25.

Winter Vaccinations – COVID and Flu

- 8.7 Eligibility for Covid Vaccinations for our Autumn and Winter programme includes the following:
- Residents in a care home for older adults
 - All adults aged 75 years and over

- Persons aged 6 months and over who are immunosuppressed
- 8.8 The COVID-19 programme will run from 1 October 2025 to 31 Jan 2026. However, the national ambition is that the majority of COVID-19 vaccinations should be completed by 19 December 2025.
- 8.9 In preparation for the start of the campaign we have been working with our neighbourhood teams, local authority Public Health colleagues and care home system leads with a focus on neighbourhood working to improve uptake with a focus on identifying those areas where vaccine hesitancy or lower uptake exist.
- 8.10 There are 182 COVID vaccination sites across Sussex; for East Sussex this includes 55 Community Pharmacy Providers, 7 local Practice or PCN delivery sites and 1 Federation led delivery site.
- 8.11 In February this year the national flu immunisation programme 2025 to 2026 letter was published, which outlined the importance of vaccination to provide direct protection to those who are at higher risk of flu associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children. The programme is critical in supporting NHS and adult social care resilience through the winter months when hospital admissions are at their peak, demand on adult social care is high, and GP practices see an increased number of patients. The eligibility cohorts have remained the same as previous years.
- 8.12 The Autumn and Winter campaign dates are outlined below:
- Pregnant women and all eligible children will start from 1st September 2025. For school aged cohorts, vaccination in schools should be completed by 12 December 2025 with further catch-up opportunities as appropriate.
 - All other adult flu cohorts will start from 1 October 2025 and will run until the 31 March 2026. Although, we anticipate that the majority of vaccinations should be completed by the end of November 2025 to provide the best possible protection going into winter.
- 8.13 We have been working closely with our local Trusts to ensure that frontline health and social care workers are given the opportunity to get vaccinated; and each Trust has an action plan in place with the aim of increasing uptake for 25/26.

9. Conclusion

- 9.1. This report gives an overview of the latest position for the East Sussex HOSC on improving access to General Practice services locally.
- 9.2 Improving access to, and experience of Primary Care, is a continuing strategic priority for NHS Sussex. We are committed to maintaining our focus on making it easier for patients to access community and primary care

services in East Sussex, working with our practices, PCNs and Neighbourhood Teams.

- 9.3 Our focus in 2025/26 will be to continue to focus on improving access, continuity and the experience of general practice, ensuring that everyone who needs an appointment with their GP practice gets one, and those who contact their practice urgently are assessed the same or next day according to clinical need supported by increased use of our digital enablers. We continue to focus on reducing unwarranted or unexplained variation across our PCNs and Practices and deliver an enhanced offer to General Practices to support this.
- 9.4 NHS Sussex is committed to ensuring that everyone across our communities have access to high quality health and care services when they need support.

Annex A – Practices aligned to Integrated Neighbourhood Teams

Integrated Neighbourhood Team	Practice
Eastbourne	Arlington Road Surgery Grove Road Surgery Harbour Medical Practice Park Practice Seaside Medical Practice Sovereign Practice The Lighthouse Medical Practice Victoria Medical Practice
Hastings	Carisbrooke Surgery Harold Road Surgery Hastings Old Town Surgery High Glades Medical Centre Priors Road Surgery Sedlescombe House South Saxon House Surgery The Station Practice
Lewes	Chapel Street Surgery Foundry Healthcare Old School Surgery Quayside Medical Practice Seaford Medical Practice
Rother	Collington & Pebsham Surgery Fairfield surgery Ferry Road Health Centre Little Common Surgery Martins Oak Surgery Northam Surgery Oldwood Surgery Rye Medical Centre Sedlescombe House & Westfield Surgeries Sidley Medical Practice
Wealden	Ashdown Forest Health Centre Beacon Surgery Bird in Eye Surgery Bridgeside Surgery Buxted Medical Centre Downlands Medical Centre Groombridge and Hartfield Medical Group Hailsham Medical Group Hertsmonceux Integrative Health Centre Manor Park Medical Centre Quintins Medical Centre Rotherfield Surgery Saxonbury House Surgery

	Stone Cross Surgery The Meads Surgery Wadhurst Surgery Wealden Ridge Woodhill Surgery
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Agenda Item 6.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 18 September 2025

By: Deputy Chief Executive

Title: NHS Sussex update

Purpose: To receive an update from NHS Sussex about changes to the ICB and other key areas.

RECOMMENDATIONS

The Committee is recommended to:

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

1. Background

1.1. On 26 June 2025 the HOSC considered, as part of its regular work programme item, a verbal update from NHS Sussex on structural changes to the ICB being made in response to the Government reducing ICB running costs. At that meeting it was confirmed that NHS Sussex will be merging with NHS Surrey Heartlands, to form one ICB covering two health and care systems.

1.2. Having considered the update, the Committee agreed to continue to receive regular verbal updates on any further changes to the ICB at its future meetings. The Committee also requested to receive regular updates from NHS Sussex outside of its meetings to ensure it remains sighted on progress where things are ongoing or developing in areas of interest. The first of these is being prepared by NHS Sussex and will be shared with the Committee in due course.

1.3. The Committee further agreed to defer full reports on the response to the HOSC Review of the Provision of Audiology Services in East Sussex, and Paediatric Service Model at Eastbourne District General Hospital, which had been scheduled for this meeting. A verbal update on audiology services will be provided at this meeting.

2. Recommendations

2.1 The HOSC is recommended to comment on the NHS Sussex update, and consider whether it would like to receive further updates or reports on any of the issues raised under this item.

PHILIP BAKER
Deputy Chief Executive

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Agenda Item 7.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 18 September 2025

By: Deputy Chief Executive

Title: Children and Young People mental health update

Purpose: To provide the Committee with an update on services for Children and Young People's Emotional Wellbeing and Mental Health in East Sussex.

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the report; and
 - 2) identify if there are any areas it wishes to scrutinise further and add to the future work programme.
-

1. Background

1.1. The Committee has a long-standing interest in mental health services for Children and Young People (CYP) and the Child and Adolescent Mental Health Service (CAMHS).

1.2. The HOSC last considered a report providing an overview of Children and Young People's Emotional Wellbeing and Mental Health services, which includes CAMHS specialist services, at its meeting on 29 June 2023. This report provided an update on the areas requested by the HOSC at its 22 September 2022 meeting on CAMHS, with particular emphasis on the mental health transformation plan, progress on managing increased need and reducing waiting times for CAHMS, the neurodevelopmental pathway, and mental health support in schools.

1.3. The Sussex Health and Integrated Care System agreed a five-year strategy in 2022; building on existing Health and Wellbeing strategies to transform the health system through encouraging joined-up and partnership working. This enables staff to more effectively address health inequalities by enabling access to services, reduce waiting times, and improve health outcomes. These programmes of work are overseen by the Sussex Mental Health, Learning Disability and Autism Delivery Board, and reports to the Sussex Children and Young Peoples board.

1.4. This report provides an overview of the children and young people's mental health service provision in East Sussex alongside an overview of the two associated system wide transformation programmes for children and young people's mental health and all age neurodevelopmental pathway, as well as an overview of CAHMS activity and waiting times. This work is being done within the local and national context of an increase in the emotional and mental health needs of children and young people, which has meant significant increases in people needing these services.

2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides the requested overview on children and young people's mental health service provision, including CAHMS. It has been prepared by

the Sussex Partnership NHS Foundation Trust (SPFT), NHS Sussex and East Sussex County Council. It covers:

- An overview of the local context and key insights in Sussex
- Service provision in East Sussex, including MHSTs in schools and CAHMS
- Service activity, including neurodevelopmental services
- Waiting times
- Feedback and outcomes
- An outline of the Sussex Children and Young People Transformation Programme, an update on its priorities and services

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to note the report and consider whether there are any areas it wishes to scrutinise further and add to the future work programme.

PHILIP BAKER
Deputy Chief Executive

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Report to	East Sussex County Council Health Overview and Scrutiny Committee
Meeting date	18 th September 2025
Report Title	Children and Young People Mental Health and Neurodevelopmental Pathway
Presenter(s)	Jessica Britton - Deputy Chief Delivery and Strategy Officer, and Director of Strategic Commissioning, NHS Sussex John Child – Chief Operating Officer, Sussex Partnership NHS Foundation Trust Dr Anna Moriarty - Associate Clinical Director – CAMHS, Sussex Partnership NHS Foundation Trust
Authors	Stuart Gibbons- Deputy Director for Children and Young People Mental Health and All Age Learning Disability and Autism, NHS Sussex Lizzie Izzard – Head of Children and Young People Mental Health Commissioning, NHS Sussex Dr Anna Moriarty - Associate Clinical Director – CAMHS, Sussex Partnership NHS Foundation Trust
Summary:	
<p>Following a request by the East Sussex County Council HOSC, this paper has been developed in partnership between NHS Sussex, Sussex Partnership Foundation Trust (SPFT) and East Sussex County Council (ESCC).</p> <p>The paper provides an overview of the children and young people’s mental health service provision in East Sussex alongside an overview of the two associated system wide transformation programmes for children and young people’s mental health and all age neurodevelopmental pathway.</p>	

1.0 Introduction and Background

The Sussex Health and Care Integrated Care System (ICS) agreed a five-year strategy in 2022 - *Improving Lives Together* - building on the Health and Wellbeing Strategies we have in place across East Sussex, West Sussex and Brighton and Hove that focus on the priorities across our local populations. Our five-year strategy sets out the ambition of all our partners for our population and the areas that will make the biggest positive difference to people’s lives that can be best achieved by working across the whole of Sussex.

These are:

- A new joined-up community approach to health and care
- Growing and developing our workforce
- Improving the use digital technology and information
- Maximising the power of partnership working.

We now have a better opportunity to make our ambition a reality because of the different way that we – the organisations responsible for planning, providing, supporting and influencing health and care - are working together. This includes our work on supporting children and young people’s mental health.

As a system, we have a key role to play in ensuring that children and young people with mental health needs can access and receive high quality care and support. Health and care partners have a responsibility to ensure that the mental health needs of people of children and young people, from mild to severe needs and when in urgent or emergency need of help, receive the care and support they need. This includes addressing health inequalities for children and young people with mental health needs, by improving equity of access to services and reducing inequity of outcomes and experience. Services are provided by Sussex Partnership NHS Foundation Trust (SPFT), East Sussex County Council (ESCC) and Voluntary and Community Sector providers alongside services provided from primary care settings.

Further to ensuring access to services for this year, it is also recognised that collectively transforming services across our system is essential for the future to increasing access, reducing waiting times, enhancing clinical effectiveness and improving outcomes for children and young people. The children and young people's mental health priorities and transformation programme, and neurodevelopmental programme outlined in this paper sit within the context of [Sussex Integrated Care Strategy](#) *Improving Lives Together*, [Foundations for our Future Strategy](#) *Children and Young People Emotional Wellbeing and Mental Health Strategy*, Sussex Partnership NHS Foundation Trust organisational strategy, alongside the strategic objectives outlined in the NHS Long-Term Plan for Mental Health.

The programmes of work are overseen by the Sussex Mental Health, Learning Disability and Autism (MHLDA) Delivery Board, and also reports to the Sussex Children and Young People's Board. The Sussex Children and Young People's Mental Health Delivery Group has been established by the MHLDA Board to ensure the delivery of agreed programmes of work and achievement of required outcomes.

This paper provides:

- An overview of children and young people's mental health service provision in East Sussex.
- A high level overview of specialist Child and Adolescent Mental Health Service (CAMHS) provided by Sussex Partnership NHS Foundation Trust (SPFT) activity and waiting times.
- An overview of the Children and Young People's Mental Health and All Age neurodevelopmental pathway programmes.

1.1 Context: Sussex overview

Across Sussex, mental health services for children and young people have seen increases in acuity and complexity and this is impacting access to services and waiting times for some services that are longer than anyone would want. In particular there have been significant increases in demand for neurodevelopmental assessment that impact on the overall capacity of CAMHS services. Alongside this, there are some inconsistencies in service offer and unwarranted variation in access to services.

This position is reflected nationally. The Children's Commissioner's annual report ¹(May 25) on the state of children's mental health services in England highlights inequalities in access and notes that

¹ [Press Notice: Children's Commissioner calls for urgent action to tackle waiting times and inequality in mental health care for children | Children's Commissioner for England](#)

during 23/24, 92% of children and young people who were referred to mental health services entered treatment within a year and 45% within four weeks. Whilst more children began treatment within the year in England, those still waiting for treatment increased from 270,300 (2022/23) to 320,000 (2023/24). Anxiety was the most common reason for referral, followed by neurodevelopmental conditions excluding autism, then suspected autism and finally referrals for crisis. The number of children referred for neurodevelopmental conditions like autism and ADHD has increased by almost 30% 2022/23 to 2023/24. There has also been an increase in crisis care referrals, up 7.7% between 2022/23 and 2023/24.

In parallel, nationally and locally, the Sussex Health and Care system is navigating a challenging financial environment. In 2024/25, Sussex spent approximately £50 million on commissioned children and young people's Mental Health, Learning Disability and Autism (MHLDA) services across a range of system providers. While this investment has delivered some important developments, including extending Mental Health Support Teams in schools and early intervention models, outcomes remain variable and demand continues to exceed capacity.

Key insights in Sussex:

- An estimated 60,000 children and young people in Sussex live with a diagnosable mental health condition.²
- 22,035 children and young people in Sussex have accessed NHS Funded MH services in the previous 12 months (April 2025 data); this represents 98% of the national standard for access to services.
- This is an increase of 66% from March 2021 where 13,265 children and young people in Sussex accessed NHS Funded Mental Health services.
- Demand for specialist services increased significantly post-pandemic and are stabilising. In Sussex Child and Adolescent Mental Health Services (CAMHS) referral volumes have fluctuated throughout the year, with monthly numbers ranging from 559 (August 2024) to 1,157 (January 2025) and an average per month of 901 during 2024/25.
- 17% of referrals in Sussex began treatment within four months as of March 2025, with an average across 24/25 of 19%.
- Alternatives to inpatient care are expanding with the average number of Tier 4 beds occupied across Sussex has declined from a high of 46.2 (in July 2022) to 28.5 (in October 2024).
- Some children and young people are waiting longer than we would want to access services, most notably for neurodevelopmental assessment; however, there are some areas of notable good practice in Sussex such as the i-Rock hubs, and the new Crisis Outreach Acute Support Team (COAST) that support alternatives to inpatient care and further areas for innovation should continue. Further detail is described in the following sections.

2.0 Children and Young People's Mental Health Service Provision in East Sussex

There are two main children and young people's community mental health services in East Sussex commissioned by NHS Sussex:

- Mental Health Support Teams (MHST) in Schools provided by East Sussex County Council

² Approximate based on numbers of CYP in Sussex and potential 1 in 5 prevalence in *NHS digital: Mental Health of CYP in England, 2023 - wave 4 follow up to the 2017 survey*.

- Specialist Child and Adolescent Mental Health Service (CAMHS) provided by Sussex Partnership NHS Foundation Trust

This provides a graduated offer of care to children and young people to support their emotional wellbeing and mental health and promote mental well-being. The services work with each other to ensure children and young people access the right service to meet their needs. Please note that children and young people also have access to targeted commissioned offers with voluntary and community sector partners such as Impact Initiatives and Amaze.

2.1 Me & My Mind - Mental Health Support Teams in Schools (MHSTs)

The East Sussex Mental Health Support Teams (MHSTs), known as Me & My Mind, provide short-term support for children and young people affected by mild to moderate mental health needs. Education Mental Health Practitioners (EMHPs) deliver the evidence-based interventions. The service is provided by East Sussex County Council.

94 education settings in East Sussex are currently supported by MHSTs. This represents approximately 65% coverage of education settings. The main referral pathway into the service is via the school / college Link Person. MHSTs will also accept direct referrals from certain services and professionals. This includes the East Sussex School Health Service and i-Rock (described in section 2.2 below).

Please note that every school has access to mental health and emotional wellbeing in education advisors and access to parent and carer practitioners. The Whole School Approach (all parts of the school working together to prioritise mental health and wellbeing in the school community) is offered to every school across East Sussex, irrespective of whether they have an MHST allocated to the school. The support involves workshops and group interventions for parents and carers, INSET day training, audit visits to schools about their mental health offer, guidance on mental health emotional wellbeing in education, psychoeducation workshops for children and young people, development of schools' resources (for example, anxiety and self-harm toolkit).

Further information about the expansion and development of MHSTs is included in section 4.2.1.

2.2 Specialist Community Child and Adolescent Mental Health Service (CAMHS)

SPFT provides the specialist Child and Adolescent Mental Health Services (CAMHS) across Sussex. CAMHS provide specialist assessment and treatment pathways for moderate and severe anxiety and/or depression, emotional intensity and trauma. There are also specialist teams for eating disorders and early onset psychosis. These services are delivered by a range of experienced professionals including, Child and Adolescent Psychiatrists, Nurses, Occupational Therapists, Social Workers, Psychologists, Child and Adolescent Psychotherapists, CBT therapists and Creative Therapists.

East Sussex CAMHS operates a stepped care model, delivering interventions matched to the severity and complexity of young people's needs. Primarily, referrals are triaged through the Single Point of Advice (SPOA), a countywide provision streamlining access into CAMHS and children's services. SPOA CAMHS is clinically led and co-located with ESCC Children's Services, improving

coordination and ensuring appropriate signposting or access to services. Of the referrals received by SPoA CAMHS in the last 12 months 8% were accepted for CAMHS Initial Assessment and 31% for the neurodevelopment assessment pathway.

The East Sussex stepped care CAMHS offer includes:

- **Universal/Preventative Support:** i-Rock operates across 3 sites in East Sussex. The service is open access, with no threshold criteria, young people can present without an appointment or a referral. The service supports young people from mild to acute presentation. In 2024 i-Rock provided 1262 appointments.
- **Assessment:** On receipt of a referral from SPoA, East Sussex CAMHS contact the young person/family to offer a choice of appointment dates/times/venues. All initial assessments are offered within 8 weeks (usually 4 weeks).
- **Targeted Support:** Group and brief individual interventions are offered as part of early steps to provide more timely intervention. Of the young people completing our DNA-V group (an evidence based model that promotes psychological strength), 71% were discharged from CAMHS having met their goal-based outcome. East Sussex CAMHS also offer brief 1:1 psychoeducation for anxiety; Obsessive Compulsive Disorder (OCD) specific Early Access Psychoeducational (OCD-EAO); Systemic Family Consultation and signposting to online resources.
- **Specialist CAMHS:** Multidisciplinary place-based teams offering evidence-based interventions for moderate to severe mental health presentations. Lead Practitioner provision to offer stabilisation intervention and support to the network where acuity and risk are high.

There are currently 54.56 whole time equivalent (WTE) staff working in the East Sussex community CAMHS team including 9.08 WTE Primary Mental Health Workers (PMHW), 11.2 WTE administration staff and 5.3 WTE medics. Services are provided by locality teams operating from community locations. In East Sussex the teams are based across 3 main sites in Lewes, Hailsham and St. Leonards. In addition to the community teams there are also the following teams within the CAMHS and children and young peoples services provided by SPFT:

Duty and Liaison services:

CAMHS Duty and Liaison Services provide two key elements: The Duty service is available to provide support to all young people open to CAMHS, this includes young people waiting for assessment and / or intervention. This is predominantly a phone-based service, Monday-Friday 9am-5pm which is both reactive and proactive, taking calls from families and young people where there are concerns and following up young people whilst they are on waiting lists and for whom risks have been identified. Face to face appointments can also be made if clinically indicated. Should a young person's needs be identified through a duty call to have increased this can act as a triage following which they would be prioritised for an assessment.

Liaison services support young people presenting to A&E or admitted to a paediatric ward. The service assesses and care plans with young people and their families and professional/carer networks when they present in crisis. The practitioners liaise with acute hospital colleagues

supporting planning whilst in the hospital and to support discharge. The service operates Monday-Friday 9am-8pm and weekend and Bank holidays 10am-6pm.

Eating Disorder Community Services:

The Pan-Sussex Family Eating Disorder Service provides a comprehensive assessment and treatment pathway for those with an eating disorder supporting young people and their families and looking at both their physical and mental health needs in a way that complies with current guidance. The service covers the whole of Sussex via a local network or hub and spoke model and includes transition to adult services. By maintaining close links with primary and secondary care services including inpatient mental health units and the acute hospital, patients access a consistent and holistic care pathway.

This service is provided by a multi-disciplinary team of clinicians, experienced in working with children, young people and families affected by an eating disorder. The team is clinically led by a principal systemic psychotherapist and includes psychologists and assistant psychologists, psychiatrists, specialist nurses, social workers, dieticians, a paediatrician, systemic psychotherapists, eating disorder therapists, healthcare assistants and support workers.

Access to eating disorder services is monitored nationally, with the focus is on ensuring rapid access for assessment, particularly for young people deemed to have an urgent need. Ensuring rapid access to services is impacted by: volumes of referrals in any given period and alignment with available assessment slots, periods of staff absence or vacancies, young people and families being available to attend appointments. In order to mitigate risk there is clinical oversight of referrals and prioritisation, additional assessment appointments offered where possible and careful diary management to enable as much flexibility as possible to respond to the availability of young people and their families. However, there are a number of absences in the team and posts being recruited to so this flexibility is currently more compromised which has led to increased waits.

An improvement board has been set up with key outcomes to increase access and improve waiting times to treatment and to ensure the clinical model is effective going forward in meeting need.

Eating Disorder Day Service provision:

Springtide Eating Disorder Day Service (located in Hove but available to all children and young people across Sussex) provides packages of care Monday to Friday in a combination of virtual and on-site therapy and meal support for young people and their families. Children and young people have access to on-site school provision. The service is designed to provide an alternative to admission to a specialist eating disorder unit, supporting the young person to stay at home.

Crisis and Intensive Home Treatment:

The Crisis Outreach Acute Support Team (COAST) is a new service that launched in April 2025 which provides assessment/targeted support and a new alternative to inpatient admission or enhanced discharge offer for children and young people who are experiencing acute mental illness living in Sussex. The team delivers bespoke and holistic treatment based on formulation of clinical need and associated risk.

Inpatient General Adolescent Unit:

Chalkhill Inpatient Unit, located at Princess Royal Hospital, Haywards Heath is a 12 bedded inpatient general adolescent unit to which young people can be admitted either informally or when detained under the Mental Health Act. The unit has a multi-disciplinary team providing medical, nursing and therapeutic support to young people in their care. Children and young people have access to on-site school provision.

LAC (Looked After Children) CAMHS:

Looked After Children (LAC) CAMHS' purpose is to contribute to placement stability by supporting the mental health, emotional and behavioural needs of the looked after child and promoting positive attachments with their new carers, reduce the risk of Looked After Children (LAC) reaching threshold Tier 4 inpatient provision / Secure services, and support Social Workers and Personal Advisors supporting LAC to develop skills to better manage mental health, emotional and behavioural needs in the community and residential care settings. The services aim to improve the emotional wellbeing of Care experienced children but also to prevent placement breakdown and to facilitate these young people to fulfil their potential. Strong links with partner agencies in health, social care and education are pivotal to its success as well as LACCAMHS specialist knowledge and understanding of attachment and trauma.

Neurodevelopmental Service:

Alongside mental health services described above, SPFT CAMHS deliver assessments, diagnosis and treatment for neurodevelopmental conditions, predominantly ADHD and autism via a geographical hub model. The service is offered to those over the age of 6 and up to 18 for ADHD and from 11 to 18 for autism. There are currently 18.24 WTE staff working in the East Sussex CAMHS Neurodevelopmental service, including 4.59 WTE administration staff. The team includes experienced specialists from psychology, psychiatry, nursing and allied health backgrounds, contributing to high-quality, multi-disciplinary care. Please note autism assessments for under children under the age of 11 are provided by East Sussex Healthcare NHS Trust (ESHT).

3.0 Service Activity and Waiting Times

3.1 Mental Health Support Teams in Schools

Key Headlines – 24/25 academic year:

Whole school approach:

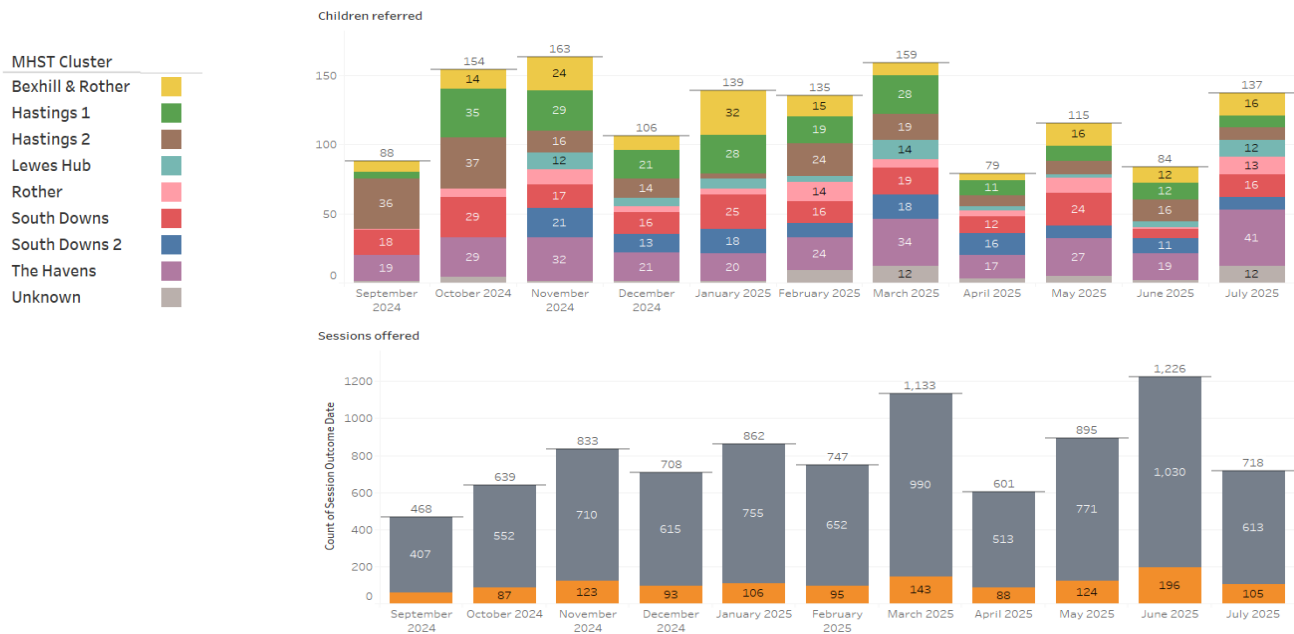
- 12 training events, including a Mental Health and Emotional Wellbeing Conference
- 14 workshops run in family hubs
- 4 online lunch and learn sessions
- 57 in school workshops

MHST referrals and sessions offered:

- Total referrals: 1359
- Highest levels of referrals are November and March and lowest levels are September and April
- Highest referrers are Hastings 1 & 2 MHST clusters

- Total sessions 8830
- Most sessions offers in March and June

Figure 1: referrals to MHSTs and sessions offered (orange = DNA) during 24/25 academic year.



3.2 Child and Adolescent Mental Health Services

3.2.1 Specialist Community CAMHS – East Sussex

Key headlines:

- The service receives an average of 48 external referrals per month (over the last 2 years)
- The service made an average of 1267 direct staff contacts per month
- The average time a young person waited to be assessed is currently 26 days and remains consistently within the 28 day target.

The following chart shows the fall in the volume of children and young people waiting for their initial CAMHS assessment. This is because of the introduction of the stepped care model in September 2023. The waiting list for assessment remains consistent with the sustained performance against the 28 day target for initial assessment. East Sussex CAMHS offers over 130 assessments each month. Focus has remained on assessment of need and risk and safety planning which impacts waiting time to treatment.

Figure 2: Number of children and young people waiting for initial assessment – highest point of 143 children and young people waiting for assessment in September 2023.



3.2.2 CAMHS Neurodevelopmental Service – East Sussex

Key Headlines:

- The service receives an average of 180 referrals each month, reflecting the growing awareness and demand for neurodevelopmental assessment and support across Sussex.
- The service delivers around 423 direct staff contacts per month, providing support to young people and their families during and beyond the diagnostic process.
- There are currently 5,604 children and young people waiting for neurodevelopmental assessment, waiting an average of 645 days.

As a result of ongoing increased referrals for neurodevelopmental assessment the number of children and young people waiting has continued to grow. The earliest available data for inclusion in this report is from 2022.

Figure 3: Number of children and young people waiting for neurodevelopmental assessment – indicative historical trend.



3.3 CAMHS Waiting Time Management

We understand the impact that long waits for support can have on children, young people, and their families. The service is actively working to mitigate these effects and improve the experience of care.

3.3.1 Recognising the impact of waiting

Waiting for assessment or treatment can have daily effects on a young person's wellbeing, including challenges with emotional health, physical health, school attendance, and progress towards achieving educational potential.

We recognise that mental health can deteriorate during long waits, and this can contribute to increased complexity of need upon accessing services. This is seen across both community CAMHS and neurodevelopmental services.

3.3.2 Actions taken to provide support while waiting

To reduce risk and provide ongoing support during waiting times, a number of initiatives have been introduced:

- Monthly case review days ensure that all young people on waiting lists have their needs reviewed, risk levels assessed, care plans updated and are sent a 'keeping in touch' letter. Families are encouraged to contact the service if circumstances change.
- A project has launched to contact every young person on the waiting list by phone. This will help to check risk levels and confirm whether the original intervention offered is still appropriate.
- Quarterly assessment weeks bring the whole team together to conduct initial assessments for 40–50 young people. These help to identify risks early, agree formulations, and allocate to the correct treatment pathway, reducing assessment wait times by approximately two months.
- The neurodevelopmental service also sends regular 'keeping in touch' letters and is working with experts by experience (EBEs) and families to develop online resources that provide advice and guidance while waiting for assessment.
- The CAMHS Duty team remains available by phone to provide time-limited support for young people in crisis.

3.3.3 Supporting transitions to adult services

A smooth transition to adult care is important to ongoing care at a key point in a young person's life. The following steps are in place to support young people approaching adulthood:

- At age 17 years and 6 months, the CAMHS services makes adult services aware of the young person to enable planning of smooth handover. CAMHS staff remain involved during the handover period to ensure continuity until the young person is settled in adult care.
- A Transfer of Care Lead is in place to work across CAMHS and adult services to improve the journey for young people and their families.
- Capacity issues in adult neurodevelopmental services continue to affect the transfer of young

people with ADHD. Plans are underway to increase adult service capacity, with improvements expected over the coming months. In parallel, system-wide discussions are taking place to strengthen pathways across the age boundary.

3.4 CAMHS experience and outcomes

CAMHS routinely seeks feedback from young people, carers and families regarding the experience of the service using a standardised questionnaire and also through participation and involvement work.

Data from the Experience of Service Questionnaire ESQ (collated 2024-25) shows high overall satisfaction with East Sussex CAMHS services and very positive feedback from children, young people and their families. This indicates that once young person accesses support, they have a positive experience, and the key challenge remains with the length of time a young person waits for assessment and intervention.

Figure 4: Experience of Service Questionnaire (ESQ) quantitative feedback 2024/25.

Total: 40 ESQs completed and returned

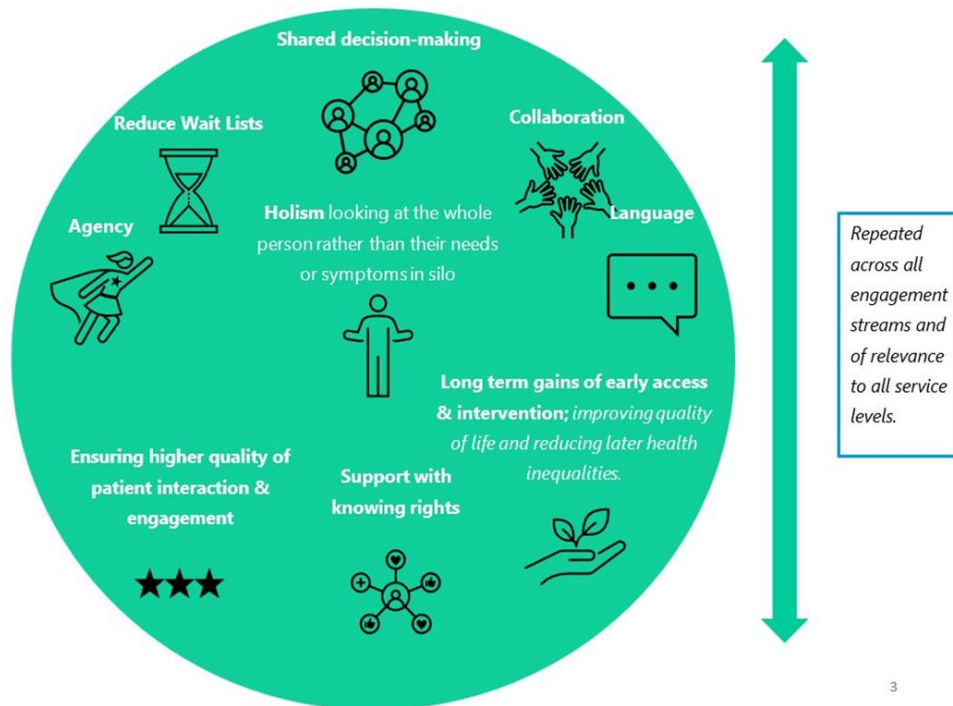
ESQ item	% of Certainly True or Partly True responses
I felt that the people who saw me listened to me	100%
It was easy to talk to the people who saw me	100%
I was treated well by the people who saw me	100%
My views and worries were taken seriously	98%
I feel the people here know how to help me	100%
I have been given enough explanation about the help available	98%
I feel that the people who have seen me are working together to help me	98%
The facilities here (like the waiting area) are comfortable	100%
The appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)	90%
It is quite easy to get to the place where I have my appointments	100%
If a friend needed this sort of help, I would suggest them to come here	95%
Overall, the help I have received here is good	100%

3.4.1 Feedback themes from engagement / co-production with young people

Feedback has been captured in a visual below and highlights the core principles and values that underpin all aspects of our transformation work. While not tied to any single service or intervention, these themes consistently emerge across engagement with children, young people, families, and professionals, and are reflected in the design and delivery of services at every level.

From reducing waiting times and improving patient experience, to embedding shared decision-making, promoting agency, and ensuring high-quality engagement, these priorities speak to what matters most to those using and delivering care. They reinforce the importance of holistic, timely, rights-based approaches that look at the whole person, not just individual symptoms or diagnoses. These themes are not isolated; they are woven through every strand of our work, informing how we

design services, train staff, involve families, and measure impact. Ultimately, they reflect our shared ambition to improve outcomes, reduce inequalities, and deliver high-quality, person-centred care across the system.



3

3.4.2 Outcome measures

East Sussex CAMHS routinely uses outcome measures to identify and monitor clinical need and measure impact of intervention, as well as ensuring treatment is targeted and focused on shared goals. Routine outcome measures are collected at assessment, during and following treatment for children and young people. This includes two types of measure, Goal-Based Outcomes (GBO) and Children's Global Assessment Scale (CGAS). GBO focuses on evaluating progress towards individual goals set by the child or young person, while CGAS provides a clinician-rated assessment of the child's overall level of functioning e.g. ability/confidence to return to school full time.

East Sussex Paired CGAS Change January - June 2025		
	Number	%
Increase	670	53
Decrease	449	36
No Change	142	11
Total	1261	100

East Sussex Paired GBO Change January - June 2025		
	Number	%
Increase	323	67
Decrease	41	8
No Change	121	25
Total	485	100

Please note that the CGAS figures above are likely to be an underestimate of improvement in functioning as some of the young people will not yet have received an intervention/full intervention, due to the waiting times for specialist CAMHS that the system is working together to address as outlined in section 4 below (Sussex Children and Young People Transformation Programme) in particular section 4.4 (Specialist CAMHS Service Development).

4.0 Sussex Children and Young People Transformation Programme

4.1 Mental Health Transformation Programme

It is recognised that transforming services is essential to increase access, reduce waiting times, enhance clinical effectiveness and improve outcomes for children and young people. The multi-agency Children and Young People’s Mental Health Delivery Group have identified four improvement priority areas, focussing on the importance of a whole system pathway approach utilising the [Thrive Framework](#)³, with the overall aim of improving access to effective support for children, young people and families.

These priorities are outlined below. Task and Finish Groups have been established for Getting Advice and Help and Children and Young People’s Mental Health Urgent and Emergency Care and programme arrangements are being developed and mobilised for Specialist CAMHS Service Development.

Priority Area		
Getting Advice and Help	Children and Young People Mental Health Urgent and Emergency Care (UEC)	Specialist Community CAMHS Development
Develop and improve: <ul style="list-style-type: none"> • Access • Communications • Core Offer 	<ul style="list-style-type: none"> • Review and build on Urgent and Emergency Care Improvement Plan • Improve pathway including new Hospital at Home service 	<ul style="list-style-type: none"> • Develop and deliver a new specialist CAMHS clinical model of care
Task and Finish Group membership includes: NHS Sussex (lead) , VCSE, SPFT, Public Health, Local Authority, Parent Carer, Expert By Experience	Task and Finish Group membership includes: NHS Sussex (lead) , Provider Collaborative, SPFT, Local Authority, VCSE, Parent Carer, Expert By Experience	Overseen through SPFT governance and Steering Group. Multi-agency clinical reference group.
Pathway Interface	<ul style="list-style-type: none"> • Oversee interface between each element of the pathway to ensure pathway is connected and joined up support for CYP. 	Delivery mechanism to be developed.

³ The Thrive Framework is a needs-based approach to children and young people's mental health services. It replaces the traditional “tiered” model (Tier 1 - 4) with a more flexible and integrated system based on the type of help needed, not on severity or diagnosis.

4.2 Getting Advice and Help

This priority area focuses on improving access to information, early intervention and support and includes the range of emotional wellbeing and mental health services to meet mild to moderate need (including Mental Health Support Teams in schools – see below 4.1.1). This element of the pathway should provide timely needs-led support for children and young people as part of the wider emotional wellbeing and mental health pathway ensuring that their needs are met and reducing the likelihood of their needs escalating and requiring further support from specialist CAMHS services. A key deliverable will be the development of a consistent Sussex wide core offer. This priority area will be delivered through three improvement workstreams:

1. **Access** focussing on all aspects of Access (and entry points) to mental health support.
2. **Communications** focussing on all aspects of communications and information for children and young people's mental health and neurodevelopmental services.
3. **Core Offer** focussing on determining the key, shared elements of a support offer for mild to moderate mental health need (pre specialist CAMHS), including the Mental Health Support Teams (MHSTs) in schools offer.

Initial scoping and development took place during January to April 2025. Recommendations were presented to the MHLDA Board in May 2025 and agreed and a delivery plan has now been developed for approval by the CYP Mental Health Delivery Group and MHLDA Board.

4.2.1 Mental Health Support Teams (MHST) in Schools

As part of our strategic priority to improve access to early support, we are continuing to implement the government's ambition for 100% of schools and colleges to have access to a Mental Health Support Team (MHST) by 2029/30. MHSTs are a key element of the national offer to provide earlier help for children and young people with mild to moderate mental health needs. These teams are central to the local *Getting Advice and Help* offer.

Each MHST includes specially trained Education Mental Health Practitioners who deliver evidence-based support, including low-intensity Cognitive Behavioural Therapy (CBT) and solution-focused interventions. These address issues such as anxiety, low mood, self-esteem, sleep, emotional regulation, and safety planning in relation to self-harm or suicidal thoughts.

MHSTs have three nationally defined core functions:

1. **Delivering evidence-based interventions** to children and young people with mild to moderate mental health needs in school settings.
2. **Supporting schools to develop a Whole School Approach** to mental health and emotional wellbeing.
3. **Providing timely advice and liaison**, helping staff navigate local services and ensuring children and young people access the right support at the right time.

Since national implementation began in 2019, MHST coverage in Sussex has steadily expanded. There are now 20 MHSTs across Sussex, including 6.5 teams in East Sussex, with distribution aligned to the school-aged population in each Local Authority area. With the introduction of Wave 11 teams (1 additional team in East Sussex) from September 2024, coverage has risen from 52% to 65% of schools in Sussex, exceeding the current national average of 52%.

4.2.2 Looking Ahead

NHS Sussex has paused expansion in 2025/26 during which we will evaluate the current model, strengthen existing delivery, and explore opportunities for development in collaboration with South East ICBs and the regional NHSE team within the context of our overall mild to moderate children and young people's mental health offer. We are keen to work locally and regionally to review learning, shape future service design, and influence the evolution of the national MHST model. MHSTs continue to be a core part of our offer for children and young people with mild to moderate mental health needs and we remain committed to achieving full coverage by 2029/30.

4.3 Children and Young People's Mental Health Urgent and Emergency Care (UEC)

This priority area focuses on improving support for children and young people in mental health crisis. Urgent and emergency mental health care for children and young people ranges from liaison within acute hospitals to intensive home support and inpatient services. Key deliverables include building upon the UEC Improvement Plan and developing the pathway of care which will include the new Crisis Outreach Acute Support Team (COAST) service (see further detail below 4.3.1).

The multi-agency improvement workstream was mobilised in September 2024, during which time a solution focussed approach has been taken to developing recommendations to address key challenges in the pathway with a focus on three areas: i) Rapid Response when a young person goes into crisis; ii) Pathway for young people for Mental Health and Neurodevelopmental pathway support; iii) Support for parents and carers. During this time the new COAST service has been developed and mobilised by SPFT, the service forms a key element of the wider UEC pathway. As above, recommendations were presented to the MHLDA Board in May 2025 and agreed with a full delivery plan under development.

4.3.1 COAST – Crisis Outreach and Acute Support Team

The COAST service is a key part of the Sussex urgent care pathway for children and young people experiencing mental health crises. Launched in April 2025, COAST provides intensive outreach and home treatment, offering a safe and effective alternative to inpatient admission. The new team brings together the existing Urgent Help and Home Treatment Teams with additional investment from the HSK CAMHS provider collaborative and existing investment from NHS Sussex.

Operating seven days a week, the team delivers assessment, crisis targeted intervention, and intensive home treatment based on defined care pathways (typically 12-16 weeks of intensive support). COAST works closely with community CAMHS, A&E liaison teams, and schools, ensuring a coordinated and timely response for young people in acute distress.

The service is jointly commissioned by the HSK CAMHS Provider Collaborative and NHS Sussex, and reflects our commitment to delivering high-quality, community-based crisis care that keeps children and young people safely supported at home wherever possible.

4.4 Specialist CAMHS Service Development

Sussex Partnership NHS Foundation Trust (SPFT) is leading a two-year (commenced Q4 2024/25) transformation programme to redesign and improve community CAMHS across Sussex. The aim is to ensure timely access to evidence-based care for children and young people with moderate to

severe mental health needs, in a way that is equitable, needs-led and future-focused. This work is a response to both rising demand and the current variation in provision across Brighton & Hove, East Sussex and West Sussex, shaped by historical commissioning differences.

The transformation focuses on:

- Improving access to timely, effective interventions
- Reducing waiting times for assessment and treatment
- Delivering care based on national best practice, including the i-THRIVE model
- Designing a consistent offer across Sussex that meets the needs of neurodivergent young people and those with care experience

SPFT has engaged widely with stakeholders including staff, children, young people, parents/carers, and partner agencies and reviewed national guidance, emerging research, and best practice from other areas. The i-THRIVE framework⁴, now adopted by over 70 CAMHS services nationally, is guiding the redesign of care pathways and clinical delivery.

SPFT are currently finalising a new clinical model and patient journey, grounded in:

- **Evidence-based interventions** tailored to individual need
- **Goal-focused care planning** in collaboration with young people and families
- **Skills audits and workforce development** to ensure the right support is available at the right time

This transformation is being delivered in close partnership with local authorities, education, social care, and NHS Sussex, with a shared commitment to improving outcomes and experiences for all children and young people accessing CAMHS across Sussex with a key focus on the reduction in waiting times to access intervention. We expect to see a positive impact on waiting during the phased implementation of the new clinical model as part of the two year specialist CAMHS service development as outlined above.

4.5 Wider system development for our most complex and vulnerable children

Aligned to the priority workstreams described above work is also being led by the Hampshire, Sussex and Kent (HSK) CAMHS Provider Collaborative and South East Regional Care Co-operative. We are working in partnership to improve support and outcomes for our most complex and vulnerable children.

4.5.1 Hampshire, Sussex and Kent (HSK) CAMHS Provider Collaborative

The HSK CAMHS Provider Collaborative brings together inpatient and community providers across Sussex, Kent, and Hampshire to oversee the commissioning and delivery of specialist (Tier 4) CAMHS services. Its core aim is to ensure that children and young people receive the right care, as close to home as possible, by moving from an inpatient-focused model to a blended approach that includes both inpatient beds and intensive community-based alternatives.

⁴ [i-THRIVE | Implementing the THRIVE Framework](#)

This aligns closely with the goals of the Sussex CAMHS transformation programme, which is redesigning community services to better meet the needs of children and young people with complex and high-risk presentations. By strengthening local capacity for crisis response and intensive outreach (e.g. through services like COAST), and embedding flexible, needs-led models of care, there is growing potential to reduce avoidable admissions and reduce lengths of stay for those who do require inpatient care.

The Provider Collaborative also offers a strategic opportunity to reinvest funding from traditional inpatient provision into enhanced community services, supporting the wider transformation ambition to deliver earlier, more personalised, and more sustainable care for young people. This integrated approach is key to delivering improved outcomes and a more responsive mental health system across the region.

4.5.2 HSK CAMHS Provider Collaborative Sussex Developments and Expansion

The pilot Spring Tide Eating Disorder Service continues to demonstrate positive impact in reducing hospital admissions and improving outcomes for children and young people. With the recent launch of the COAST crisis outreach service, we anticipate further reductions in the need for inpatient care through earlier, community-based intervention.

Building on this, the HSK CAMHS Provider Collaborative is preparing to align with the new nationally proposed clinical model for specialist services. Although the final model, led by NHS England, is still undergoing stakeholder testing, there is shared commitment to its central principle: hospital admission should only be used when absolutely necessary, and where intensive community alternatives are not appropriate or available.

At the December 2024 Provider Collaborative Executive Partnership Board, agreement was reached to invest non-recurrent funding into four proposed service developments that support this model:

- *EDiT – Intensive Eating Disorder Home Treatment*
- *IRoC – In-reach to Residential Care for Looked After Children*
- *IBiS – Improving Behaviour that Challenges Support Service*
- *ExIT – Extended Inpatient Transitions Support*

In Sussex, the current focus is on developing IRoC and IBiS, in response to identified local needs and capacity gaps. These services will complement existing provision such as COAST, supporting the broader CAMHS transformation aim to deliver more responsive, needs-led care in the community.

A defining strength of the Provider Collaborative is the active involvement of young people, parents, carers, and families. Through a strong participation programme, all service developments are co-designed with experts by experience, ensuring that services are shaped by those who use them.

4.5.3 South East Regional Care Co-operative

In 2024, the Department for Education (DfE) awarded capital and revenue funding to the South East and Greater Manchester to develop Regional Care Cooperatives (RCCs) with the key strategic priority of commissioning care placements for children with complex needs. The concept of regionalising activities in children's social care originated in the 2016 Narey review and has been woven through subsequent white papers including the Independent Care Review (2022) and Stable Homes, Built on Love (2023). The Children's Wellbeing and Schools Bill (currently going through Parliament) will allow government to mandate regional cooperation.

ESCC (along with West Sussex County Council and Brighton and Hove City Council) are members of the South East RCC. The intention is for the RCC to be formally established as a Social Enterprise (not for profit) by December 2025. The RCC is focussing on addressing the critical issues we face regarding inconsistent and worsening outcomes for children and young people while simultaneously spending more on their care. The RCC will enable us to work together across Local Authorities and the NHS to break the cycle of rising costs in residential care and worsening outcomes.

A Pan Sussex children with complex lives project has been mobilised and is supported by £687,000 DfE funding to pilot innovative approaches for children with complex lives. The funding split into two elements: development of a Multi-disciplinary Team (MDT) and implementation of a standard assessment tool. The RCC will project manage the project and will support close working across health and the local authorities. The intention is to develop shared children's homes across Sussex to be adapted to meet the needs of children with complex lives. The HSK CAMHS Provider Collaborative will work with RCC in developing an 'in-reach' service to support the children's homes.

4.6 All Age Neurodevelopmental Pathway Programme

Neurodevelopmental (ND) needs, particularly autism and ADHD, frequently co-occur with mental health challenges such as anxiety, trauma, emotional dysregulation, and difficulties with relationships, learning, and daily functioning. This overlap means that improving neurodevelopmental pathways is not only essential to supporting neurodivergent children and young people, but also forms a core part of the wider children and young people's mental health transformation programme across Sussex.

Waiting times impact the mental health, school attendance, family wellbeing, and young people's ability to engage in daily life. In response, the Sussex-wide All Age Neurodevelopmental Transformation Programme has been developed as a cross-system initiative that works in close alignment with the mental health transformation programme.

4.6.1 Neurodevelopmental Programme Priorities

The programme is structured around three strategic priorities that have been supported by the MHLDA Delivery Board. These are

1. Introducing a needs-based approach to support people irrespective of diagnosis and associated reduced demand on this element of the pathway.
2. Clear and streamlined access to services and support, including digital support.

3. Streamlined approaches to assessment and post assessment across NHS services; and training more practitioners, primary care and mental health, to increase assessment capacity.

4.6.2 Key achievements to date include:

- A multi-agency leadership group supporting joined-up planning and delivery across the ICS.
- A live pilot of the Dimensions needs-led tool in schools, helping identify needs earlier with the aim of supporting these irrespective of diagnosis.
- Delivery of the Partnership for Neurodiversity in Schools (PINS) in 38 schools in 2024/25, improving inclusive practices and teacher confidence. Year 2 of the PINS project delivery is underway.
- A new pilot to coordinate ADHD and autism assessment pathways, aiming to reduce duplication and delays

In East Sussex, schools have been key partners in piloting ND tools and inclusive practice projects, helping ensure that young people's needs can be met within their existing education settings irrespective of diagnosis and/or while they wait for assessment or specialist support.

4.6.3 Looking ahead

A cross-system taskforce is now aligning adult and children's pathways, supporting smoother transitions and consistent approaches across the life course. Alongside this, work is underway to expand community-based and digital assessment models, build workforce capacity, and provide more flexible, non-diagnostic interventions.

This transformation work is interdependent with the Sussex Children and Young People's Mental Health Transformation Programme, with both forming part of the wider MHLDA programme reporting to the MHLDA Delivery Board. This supports the broader ambition of the ICS: to deliver earlier, more equitable, and more joined-up care for children, young people, and families, particularly those with the most complex needs.

5.0 Conclusion

East Sussex is facing the same national challenges seen across children and young people's mental health and neurodevelopmental services including rising levels of need, increasing acuity, and significant demand for assessment, diagnostic and therapeutic support. Locally, these pressures are reflected in high referral volumes, long waiting times (particularly for neurodevelopmental assessments), and challenges in transition pathways to adult services.

Despite these challenges, meaningful progress is being delivered across the County. East Sussex benefits from a well-established, collaborative approach across NHS Sussex, Sussex Partnership NHS Foundation Trust, and East Sussex City Council. This partnership is delivering targeted improvement, such as the reduction in waiting times, the launch of the COAST service, and enhanced support within schools through integrated MHSTs.

The local transformation programme is embedded within the Sussex Integrated Care Strategy "*Improving Lives Together*", the *Children and Young People's Emotional Wellbeing and Mental Health Strategy*, and aligns fully with the NHS Long-Term Plan. It reflects the shared ambition to:

- Improve early access to support,
- Reduce reliance on inpatient care,
- Deliver personalised, evidence-based care closer to home,
- And create a more joined-up experience for children, young people, and families.

Sustained leadership, strong local partnerships, and a continued focus on workforce and pathway development continues to be critical to delivering on our ambition: a high-quality, responsive, and inclusive mental health and neurodevelopmental system that meets the needs of children and young people in East Sussex.

Agenda Item 8.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 18 September 2025

By: Deputy Chief Executive

Title: Work Programme

Purpose: To agree the Committee's work programme

RECOMMENDATIONS

The Committee is recommended to review its work programme at Appendix 1 and agree any updates needed.

1. Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for review at each committee meeting. It is an important tool in ensuring the correct focus and best use of the Committee's time in scrutinising topics that are of importance to the residents of East Sussex.

1.2 This report also provides an update on any other work going on outside the Committee's main meetings.

2. Work programme

2.1. The Committee is asked to review the items in the current work programme, attached as **Appendix 1** to this report, and discuss the future agenda items and other scrutiny work of the Committee for inclusion in the Committee's future work programme based on current priorities for scrutiny and the NHS.

2.2. The Committee is asked to consider any future reports or other work items that it wishes to add to the work programme, and whether to schedule or remove any of the items listed under the "Items to be Scheduled" section of the work programme for future meetings to be held later in the municipal year.

3. Conclusion and reasons for recommendations

3.1 The work programme sets out HOSC's work both during formal meetings and outside of them. The committee is asked to consider its priorities in the context of NHS reforms and agree an updated work programme.

PHILIP BAKER
Deputy Chief Executive

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Health Overview and Scrutiny Committee (HOSC) – Work Programme

Current Scrutiny Reviews		
Title of Review	Detail	Proposed Completion Date
To be agreed.		

Initial Scoping Reviews		
Subject area for initial scoping	Detail	Proposed Dates
To be agreed.	To be agreed.	To be agreed

List of Suggested Potential Future Scrutiny Review Topics	
Suggested Topic	Detail
To be agreed.	

Scrutiny Reference Groups

Reference Group Title	Subject Area	Meetings Dates
Sussex Partnership NHS Foundation Trust (SPFT) HOSC liaison group	Regular informal meetings with SPFT and other Sussex HOSC Chairs and Vice Chairs to consider the Trust's work and other mental health issues. Membership: Cllrs Belsey and Robinson	Next meetings: TBC

Reports for Information

Subject Area	Detail	Proposed Date
To be agreed.		

Training and Development

Title of Training/Briefing	Detail	Proposed Date
Visit to new Sussex Surgical Hub at Eastbourne District General Hospital	A visit to see the new minor surgical hub that has been built at Eastbourne District General Hospital.	TBC 2025
Visit to the new Inpatient Mental Health facility at Bexhill	A visit to the new Inpatient Mental Health facility due to be built at a site in North East Bexhill to replace the Department of Psychiatry at Eastbourne District General Hospital (EDGH).	TBC 2025
Joint training for Health Scrutiny Members	Two training sessions for members of West Sussex, Brighton and Hove and East Sussex to provide a refresher on information and tools on how to approach Health scrutiny, particularly in the context to changes at ICB level.	22 October (online) and 7 November (in person)

Visit to Ambulance Make Ready station and new Operations Centre – East.	A visit to the new Medway Make Ready station and new Operations Centre for 999 and 111 services once the new centre is operational.	TBC
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Future Committee Agenda Items		Witnesses
11 December 2025		
NHS Sussex Winter Plan	To receive a report on the Winter Plan for 2025/26. The report to include planning across the health system for East Sussex including services provided by ESHT, UHSx, MTW, SECamb and SPFT that provide services to East Sussex residents.	Representatives from NHS Sussex, University Hospitals Sussex (UHSx), ESHT, SPFT MTW and SECamb.
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
5 March 2026		
SECamb CQC report	To receive a further update report on the progress of South East Coast Ambulance NHS Foundation Trust (SECamb) improvement journey and exiting the Recovery Support Programme (RSP).	Representatives from SECamb
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
25 June 2026		
Winter Plan 2025/26 update	To receive an update report on the Winter Plan for 2025/26 to review how the Plan was implemented this year and to highlight any learning or other issues to be taken forward into the next Plan or actioned separately.	Representatives from NHS Sussex, University Hospitals Sussex (UHSx), ESHT and SPFT.

Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
17 September 2026		
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Policy and Scrutiny Adviser
Items to be scheduled – dates TBC		
Uckfield day surgery	To receive a report from ESHT on the findings and outcomes of its pilot of non-complex day surgery cases that currently take place at Uckfield Community Hospital carried out at Eastbourne District General Hospital and Conquest Hospital. Timescales to be agreed but likely 2025.	Representatives from ESHT
Paediatric Service Model at Eastbourne District General Hospital (EDGH)	To receive an update report on the changes made to Paediatric Service Model at EDGH after 18-20 months operation of the new model, to include an update on APNP staffing and the use of the former Scott Unit for paediatric services.	Representatives from ESHT
Access to NHS Dentistry Services	To receive a further update report on the progress being made to improve access to NHS Dentistry services in East Sussex. <i>Note: Timescales subject to the timing of the publication of the Public Accounts Committee report on Fixing NHS Dentistry.</i>	Representatives from NHS Sussex
Ophthalmology Transformation Programme	To receive an update report on the implementation of the ESHT Ophthalmology Transformation Programme when more detail is known about the plans for implementing phase 3 of the Programme. <i>Timing is dependent on ESHT implementation timescales and to be agreed with ESHT.</i>	Representatives from ESHT and NHS Sussex.
East Sussex Healthcare Trust (ESHT) Capital Works Programme	To receive a report on the ESHT planned capital works programme detailing the infrastructure works that are going ahead and those that are being deferred at the Conquest, Eastbourne District General (EDGH) and Bexhill Hospitals once the impact of the announcement on the New Hospitals Programme and any additional capital funding has been evaluated.	Representatives from ESHT and NHS Sussex.

University Hospitals Sussex (UHSx), General Surgery and Neurosurgery	To receive an assurance report on the provision and safety of current general surgery and neurosurgery at UHSx Hospitals and in particular the Royal Sussex County Hospital (RSCH). To be programmed in liaison with NHS colleagues.	Representatives from University Hospitals Sussex (UHSx)
UHSx CQC report.	To receive an update report on University Hospitals Sussex NHS Foundation Trust's (UHSx) response to the August 2023 CQC inspection report (with a particular focus on the actions being taken at Royal Sussex County Hospital on patient safety).	Representatives from UHSx
Cardiology transformation Programme	An update report on the implementation of the ESHT Cardiology transformation Programme including the transport and access recommendations and measures made as part of the review of this transformation programme. <i>Note: Timing is dependent on ESHT implementation timescales.</i>	Representatives of ESHT and NHS Sussex.
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of NHS Sussex/Kent and Medway ICS
Specialised Children's Cancer Services – Principal Treatment Centres (PTCs)	To receive an update report from NHS England, London and South East on implementation of the changes to the Specialised Children's Cancer Services – Principal Treatment Centre located in south London which serves East Sussex. <i>Note: timing of the report will be dependent on the implementation of the changes which are not due until 2026 at the earliest.</i>	NHS England, London and South East

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