

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 5 MARCH 2026

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 Mike Turner, Hastings Borough Council
Councillor Christine Brett, Lewes District Council
Councillor Terry Byrne, Rother District 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 11 December 2025** *(Pages 7 - 18)*
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. **Paediatric Service Model at Eastbourne District General Hospital (EDGH)** *(Pages 19 - 24)*
6. **NHS Sussex Non-Emergency Patient Transport Service (NEPTS)** *(Pages 25 - 32)*
7. **Audiology Services in East Sussex** *(Pages 33 - 42)*
8. **NHS Sussex Update (no paper)**
9. **HOSC future work programme** *(Pages 43 - 50)*

10. **Any other items previously notified under agenda item 4**

PHILIP BAKER
Deputy Chief Executive
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25 February 2026

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Next HOSC meeting: 10am, Thursday, 9 July 2026, 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 11 December 2025

PRESENT:

Councillor Colin Belsey (Chair), Councillors Abul Azad, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson and Alan Shuttleworth (all East Sussex County Council); Councillor Mike Turner (Hastings Borough Council) and Emma McDermott (VCSE Alliance)

WITNESSES:

East Sussex Healthcare NHS Trust (ESHT)

Simon Dowse, Director of Transformation, Strategy and Improvement (via Teams)

Mike Farrer, Head of Transformation, Strategy and Improvement (via Teams)

Chris Hodgson, Director Estates and Facilities (via Teams)

Richard Milner, Chief of Staff (via Teams)

Alys Morris, Consultant General and Colorectal Surgeon (via Teams)

Professor Nik Patel, Senior Consultant Cardiologist (via Teams)

Andrew Strevens, Chief Finance Officer (via Teams)

NHS Sussex

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

Dr Stephen Pike, Deputy Medical Director

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

Sussex Partnership Foundation Trust (SPFT)

John Child, Chief Operating Officer

East Sussex County Council (ESCC)

Mark Stainton, Director of Adult Social Care and Health (via Teams)

LEAD OFFICER:

Patrick Major

18. MINUTES OF THE MEETING HELD ON 18 SEPTEMBER 2025

18.1 The minutes of the meeting held on 18 September 2025 were agreed as a correct record.

19. APOLOGIES FOR ABSENCE

19.1 Apologies for absence were received from Councillor Sam Adeniji, Councillor Kara Bishop, Councillor Christine Brett, Councillor Terry Byrne, Councillor Graham Shaw and Jennifer Twist.

20. DISCLOSURES OF INTERESTS

20.1 There were no disclosures of interest.

21. URGENT ITEMS

21.1 There were no urgent items.

22. NHS SUSSEX WINTER PLAN 2025/26

22.1 The Committee considered a report on the NHS Sussex Winter Plan 2025/26. The Winter Plan sets out how the local health and social care system planned to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter Plan is both a Sussex-wide plan and a whole-system health and social care plan, recognising the needs of the local population. The Winter Plan 2025-26 reflected on lessons learned from winter 2024-25 and other system pressures. The plan included: progress to date; key risks impacting services provision; preparation and performance of elective and non-elective services; a staff wellbeing focus; continued focus on discharge and admission avoidance; plans for seasonal illness including infection control and vaccination plans; and key system performance measures and monitoring. Identified from learning in winter 2024-25, the system would continue to focus on patient discharge, flow, vaccination and supporting the workforce.

22.2 The Committee asked what the current status of flu cases was in East Sussex.

22.3 Richard Milner, Chief of Staff, East Sussex Healthcare NHS Trust (ESHT), responded that although ESHT sites had observed a spike in the rate of flu and Respiratory Syncytial Virus (RSV) cases recently, this was not uncommon and not unplanned for. Communications were being deployed to encourage staff and patients to wear face masks in high volume areas and minimise face-to-face meetings, to promote a safer environment and manage the spread. The flu was not causing concern from an operational management perspective, but ESHT were investing in planning and prevention, to keep staff and patients safe over the winter period.

22.4 The Committee asked what the system was doing to promote vaccination, including in the workforce, schools and the wider population.

22.5 Rachael Kramer, Deputy Director of Emergency Preparedness, Resilience and Response, NHS Sussex, responded that the flu vaccination uptake in East Sussex was at 57% of the target population (those that are eligible for vaccination). The ICB was doing a range of communication work in the lead up to Christmas to promote vaccinations, including advertorials in Sussex World, weekly newsletters online, messaging from the Chief Nurse advocating vaccination, advertisements on bus stops (particularly those in Hastings), and a social media Q&A with Lewes District Council leaders. The ICB aimed to increase staff flu vaccination uptake by a minimum 5% across all NHS Trusts in East Sussex, which was being addressed by offering staff bookable clinics, delivering vaccinations on wards directly to staff via roving vaccinators. An informal community of practice was developed with the support of the ICB to support staff to get vaccinated and address challenges, such as with the booking system, sharing best practice and mutual support to improve vaccination rates.

22.6 The Committee noted that the plan highlights the need for timely discharge to improve patient flow in hospitals, and asked what capacity Adult Social Care (ASC) has to support timely discharge.

22.7 Mark Stainton, Director of Adult Social Care, East Sussex County Council (ESCC), responded that patients are often discharged to the independent sector market, which provides both home care and bedded care. There was a block contract in place and good market supply in the home care market to ensure timely discharge, but while market supply for bedded care was good, it could be difficult to source for patients with complex needs or in specific areas. In these circumstances, the Discharge to Assess process would be used. ESCC employ 70 ASC staff in hospitals and around hospital discharge, so are well-resourced to support this. However, staff find that patients with higher and more complex needs, like cognitive impairments and mental capacity issues, would have a longer discharge process, due to needing to undertake capacity assessments and best interest decisions. ESCC were working with ESHT to reduce the number of assessments needed in hospital by introducing a Trusted Assessor Approach, whereby long-term assessments would be conducted in individual's homes, or in a Discharge to Assess bed.

22.8 The Committee asked why there are fewer touchpoint calls between ESHT and ESCC compared with West Sussex County Council and Brighton and Hove City Council.

22.9 Mark Stainton clarified that quick touchpoint calls were conducted on Mondays, Wednesdays and Fridays but were only one point of contact across the system. ESCC were in daily contact with ESHT at a senior level throughout the winter period and had made a local decision that Tuesday and Thursday calls were unnecessary due to their existing close working relationship. However, this was constantly being assessed and if officers decided that more contact was needed, the calls could be increased as appropriate.

22.10 The Committee requested vaccination figures for Royal Sussex County Hospital and Princess Royal Hospital, for residents for whom these hospitals are closest.

22.11 Rachael Kramer answered that the current rate of flu vaccination uptake in Brighton and Hove was 49%.

22.12 The Committee asked what work was being undertaken to increase virtual ward (VW) capacity, and what work was being undertaken to improve information sharing in relation to patients with complex needs.

22.13 Richard Milner responded that increasing VW capacity was important to increasing capacity by reducing length of stay and improving patient flow, as maximising community and VW bed space can be used to support discharge from hospital. System planning and hospital planning for winter 2025-26 were focussed on mapping capacity and the proportion of it in acute sites, and how to maximise community space and virtual wards. He confirmed that the Trust

were also working with the voluntary sector and looking to utilise Joint Community Rehabilitation (JCR) and Urgent Community Response (UCR) to increase community bed base.

22.14 Simon Dowse, Director of Transformation, Strategy and Improvement ESHT, added that the Trust employ several methods to increase VW capacity. This included increasing resources to the Home First team (a UCR team providing discharge care) temporarily over the winter period to give a large block of capability to discharge patients into supported care. He clarified the difference between Home First and VWs was that people ill by definition were admitted to a virtual ward, but that patients discharged into Home First were people who may not qualify for a social care package but might need additional support for a short period of time. The Trust were working with Primary Care through the neighbourhood health programme to identify and support people with a high risk of being admission to hospital to stay at home, which would increase hospital capacity further.

22.15 Ashley Scarff, Director of Joint Commissioning and Integrated Care Team Development NHS Sussex, added that South East Coast Ambulance (SECAmb) were integral to the development of the Winter Plan 2025-26. SECAmb were ensuring that they had adequate staff in place will help the system to manage spikes in demand by building capacity and ensuring that ambulances are released to respond as soon as possible to emergencies.

22.16 The Committee asked what system is in place to support residents with complex needs that live alone and may have difficulties communicating their medical needs.

22.17 Dr Stephen Pike, Deputy Medical Director, NHS Sussex, responded that NHS Sussex had launched a proactive care scheme, to be focussed on complex and frail patients, and risk stratify them, ensuring that emergency services had access to a summary of patient's care records.

22.18 John Child, Chief Operating Officer Sussex Partnership Foundation Trust (SPFT) added that SECAmb had access to a 'Blue Light Line' service, for SPFT patients with complex cognitive needs such as dementia. This enabled them to contact SPFT to seek medical advice for patients if needed. SPFT were piloting a VW service for patients with acute dementia needs that would be otherwise admitted to inpatient services, to support them to remain at home.

22.19 The Committee asked what the criteria for flu and COVID vaccinations was for Winter 2025-26, and whether this applies to residents with mental health needs.

22.20 Dr Stephen Pike responded that at risk groups are identified based on national criteria set by the Joint Committee on Vaccination and Immunisation (JCVI). Residents aged over 65 are eligible for flu vaccinations, and residents over 75 are eligible for the COVID vaccination, and other criteria include residents with compromised immunity. This wouldn't apply to residents with mental health needs, unless they have separate complex needs, but residents can receive their vaccination privately if they do not meet NHS eligibility criteria, for a small charge. He noted that due to the new flu variant, many East Sussex residents were receiving private immunisations from the community pharmacy.

22.21 The Committee asked how many residents aged under 65 are admitted to hospital due to serious flu, noting that it would be beneficial to vaccinate everyone.

22.22 Dr Stephen Pike responded that the current strain of flu was one that hadn't arisen for a while, which meant that herd immunity to the strain was low. The criteria for vaccination is determined nationally with consideration to cost effectiveness, so although offering the vaccination to younger people would greatly improve herd immunity and reduce the community carrier rate, this was not possible under the current framework. There was also an issue of stock availability: NHS Sussex ensured they had sufficient stock for all those eligible in the health

system, but there have been shortages for those outside of the eligibility criteria trying to access private immunisations.

22.23 The Committee asked how many No Criteria to Reside (NCTR) patients were currently in East Sussex hospitals, and what was being done to manage their routes out of hospital and reduce NCTR numbers.

22.24 Ashley Scarff responded that discharge is a key part of system flow. Work took place daily across the system to identify challenges in discharging individuals and to remove barriers to get patients discharged as soon as it is safe and appropriate to do so, but the health and social care system faced significant challenges, so the ICB was working to maximise resources.

22.25 Rachael Kramer responded that the number of NCTR patients changes daily, but the latest figures showed 148 NCTR patients in ESHT hospitals. The system had just conducted a Multi-Agency Discharge (MADE) event for community services, which involved examining patients in community care, whether their care was appropriate, and whether they could be moved to care elsewhere in the system. She reported that they had already seen the number of NCTR patients reduce due to this, and the aim of the event was to reduce the worst of the system pressures before the peak of the winter period.

22.26 Mark Stainton added that Transfer of Care Hubs, which are multi-agency hubs located in the hospital, were in operation for Winter 2025-26, and staff on these hubs worked on a patient-by-patient basis to manage patients' discharge. There was a well-established process for managing discharges and factors that might delay discharge included housing or family concerns, safeguarding concerns, and concerns about mental capacity. Staff would focus on patients with longer Length of Stay or Delayed Discharge as part of their processes, but a core challenge for ASC remained the high proportion of older people in the county, presenting a challenge of many patients with very complex needs. ASC conducted preventative work to support people from being admitted to hospital, as well as a wider drive to encourage healthy lifestyle in the long term, so that people live healthy lives for as long as possible.

22.27 Richard Milner reassured the committee that NCTR patients were discussed daily amongst staff to find routes out of hospital. Staff employ models such as moving patients out of acute hospital settings and into more appropriate community care; MADE events, for example, help encourage patient flow and ensure that care is appropriate. This was in conjunction with patient safety events for staff, to ensure that if patients should remain in hospital, that their care is clinically appropriate to their needs and safe.

22.28 John Child confirmed that resource capacity within mental health services impacted the ability of trusts to ensure patient flow, especially where patients have complex needs. Demand and capacity issues are also experienced by mental health services, so working with clinicians was important to the Trust to make the best use of available resources. He added that often the language of productivity wasn't appropriate for clinicians, language around patient safety and patient outcomes often works better to engage them to deliver outcomes.

22.29 The Committee RESOLVED to:

- 1) note the report; and
- 2) receive a feedback report in June 2026.

23. ESHT CAPITAL WORKS PROGRAMME

23.1 The Committee considered a report on the ESHT Capital Works Programme, which sets out the major works in ESHT sites as well as hospital equipment and ongoing repairs to infrastructure. Chris Hodgson, ESHT Director of Estates, introduced the report, highlighting the

now-operational Sussex Surgical Centre (SSC) and its attached endoscopy unit; the cardiology programme; the refurbishment of the thrombolysis (East Dean) ward at EDGH; upgrades to radiology at the Conquest site; and £10.3m in grant funding for the upgrade of infrastructure such as electrical and ventilation systems and fire compartmentation on sites.

23.2 The Committee noted residents' concerns about the need for repairs, especially to the roof, at Conquest Hospital, asked what proportion of the £10.3m grant funding was planned to be allocated across hospital sites.

23.3 Chris Hodgson responded that the funding was planned to be split across all three sites, and that repairs to the roof at Conquest Hospital were significant and ongoing; £350,000 had been spent in 2025 on repairs to the roof. The roof needed to be replaced, but funding so far had been insufficient to carry out a full replacement. Additionally, the majority of electrical infrastructure repairs would be conducted at the Conquest site, due to the way equipment is distributed throughout the site. There was not a large discrepancy in spending between EDGH and Conquest Hospital, but EDGH occupied an older site than Conquest, which meant more repairs were required. Andrew Strevens, ESHT Chief Finance Officer, noted that the £10.3m had been distributed between EDGH and Conquest Hospital, and exact figures could be provided to the Committee outside of the meeting.

23.4 The Committee asked what the impact of delays to the New Hospitals Programme has been on service provision at EDGH.

23.5 Chris Hodgson explained that ESHT is part of a number of replacement hospitals through the New Hospitals Programme, which is managed by the Department of Health and Social Care. The new hospital at EDGH was in Wave 2, which will now not commence until 2037, leaving a number of years to allocate that funding. The original plans involved all three hospital sites, but EDGH was at greatest risk due to the age of the site. This was the reason for securing critical infrastructure risk funding to repair the site, using ESHTs own funds and national funding. £750m was being allocated nationally over for four years for the programme, and they were confident this funding could be secured in future years also.

23.6 Andrew Strevens clarified that the £750m of national funding had been allocated across 7 regions nationally, and that the allocation for the South East was around £150m. Within the funding, ESHT were given indicative allocations of expected funding per hospital, as well as expected funding for critical infrastructure risk. The estates team had drawn up a 10-year plan in terms of the infrastructure that needs to be replaced and modified, which would be used as a basis for placing funding bids.

23.7 The Committee noted from previous site visits to Conquest Hospital, a number of tiles missing from the ceiling, and commented that this impacts patients' perceptions of care.

23.8 Chris Hodgson responded that ongoing works on fire compartmentation meant it was necessary to keep the ceilings open longer than expected. Other works were being carried out, such as a new system for oxygen supply being installed, but that they would be replaced as soon as possible and there were plans in place to do so.

23.9 The Committee RESOLVED to:

- 1) note the report; and
- 2) receive a written briefing for circulation containing further developments, information about digital infrastructure, and a breakdown of project spending.

24. RE-PROVISION OF UCKFIELD DAY SURGERY UNIT

24.1 The Committee considered a report regarding ESHT's proposals for changes to the Uckfield Day Surgery Unit (DSU), including whether this change represents a 'substantial variation' to services, requiring a consultation with HOSC. Simon Dowse introduced the report, which highlighted the reasons for the proposals, including only being able to support local anaesthetic on site, progression in day surgery services, some activities no longer requiring surgery or being offered in other settings, and some NHS pathways no longer being supported. ESHT conducted a review of the site and found that: there were limited opportunities to increase utilisation of the unit; significantly more of the services provided at Uckfield DSU could be provided at EDGH, with the same capacity; 88% of patients using Uckfield DSU lived closer to EDGH or Conquest Hospital were travelling across county to access the site; and that moving the DSU to acute sites would have a beneficial impact on waiting times.

24.2 The Committee noted a correction to the covering sheet to the report, which reads:

'The Day Surgery Unit (DSU) delivers approximately 13% of ESHT's overall day surgery activity'.

And should instead read:

'The DSU activity contributes approximately 13% of Trust activity at the site'.

Uckfield DSU contributes a total of approximately 1.2% of Trust overall elective activity.

24.3 The Committee asked what the impact of the service reprovision would be for staff employed at Uckfield DSU.

24.4 Mike Farrer responded that focus groups were conducted with staff throughout the pilot scheme and there were a mixture of views among staff wishing to relocate to acute sites or continue working at Uckfield. However, staff recognised the benefits for patients that were shown during the pilot and understood the reasons for the move. Staff were on temporary redeployment and were keen for the process to be concluded as soon as possible. ESHT were in contact with staff regularly to find appropriate permanent positions for all staff from Uckfield DSU and were not seeking to reduce staffing levels.

24.5 Alys Morris, Consultant General and Colorectal Surgeon ESHT, confirmed that work had been undertaken to try and increase activity on site at Uckfield DSU, however it had not been possible to make maximum use of the facility. The Getting it Right First Time (GIRFT) programme requires that procedures are conducted in the appropriate settings and the DSU only being equipped for local anaesthetic limited the surgeries that could be carried out on site. Most patients would be more appropriately treated in procedure rooms or the Sussex Surgical Centre (SSC).

24.6 The Committee asked if patients were able to elect to receive treatment at other non-ESHT sites such as Princess Royal or Royal Sussex hospitals.

24.7 Simon Dowse confirmed that the service could be accessed wherever it was available, but that this should be discussed between patients and their GP when the referral is made for treatment.

24.8 The Committee asked how local and national guidance about bringing services closer to the local community is being applied in this context.

24.9 Richard Milner confirmed that while the 10-Year Health Plan emphasised moving services closer to communities, this is only for services that are most appropriately delivered at that level. This does not relate to DSU activity, as day surgery is not appropriate for a community setting. He highlighted important work that could be moved into the vacated unit to

supply local people with health services, that would be more appropriate to a community setting than day surgery.

24.10 The Committee asked what the financial implications of the relocation of the DSU were.

24.11 Simon Dowse responded that the implications would be complex due to NHS income and funding models. Income would increase slightly in relation to lists due to increased capacity resulting in higher activity levels, but this depended on contracting for elective services and how the SSC was optimised. There would be future savings of around £200,000 per annum for ESHT, once their lease terminated on the vacated unit, but the cost of the lease would remain in the healthcare system in Sussex.

24.12 The Committee asked if the ICB planned to mothball the vacated unit, or if it had potential to be used as a neighbourhood health facility in the future.

24.13 Ashley Scarff responded that there were a lot of national strategies and changes that could impact the future of the unit. The ICB had worked closely with ESHT and recognised the case for change, as the provision of day surgery had changed over the years and only 43 people per year would be impacted by the re-provision. As the cost of the lease would remain in the system, the ICB would look to utilise all community assets by filling the unit. National strategy was developing a trajectory towards community health, such as with the development of Integrated Community Teams. The ICB were working to assess the sustainability of potential new services placed in there and the staffing required.

24.14 The Committee asked what the transport and access options are for people who are less mobile.

24.15 Mike Farrer responded that Non-Emergency Patient Transport Service (NEPTS) is open for transportation for patients who require assistance accessing their appointments, the same as at other NHS sites in the County. The full information about services, including voluntary services and the reimbursement scheme for transport were available online and could also be accessed through the Single Point of Contact; information about NEPTS was distributed to patients on their appointment letters and could be found on brochures on site.

24.16 The Chair commented that the relocation of the DSU seemed like a more efficient and cost effective method of working, and the re-provision seemed to have improved outcomes for patients during the trial period.

24.17 The Committee discussed how ESHT could change their practices regarding service reconfiguration. They requested that future service changes should have a consultation with staff, residents and the VCSE sector; more clarity should be given to patients; the equalities data and Equality Impact Assessment (EQIA) should be provided to the HOSC, to see the impact on vulnerable people; and requested that the HOSC be involved earlier in the process of service reconfiguration.

24.18 The Committee RESOLVED to:

- 1) Agree that the proposed changes to Uckfield Day Surgery Unit did not constitute a substantial variation to health service provision requiring statutory consultation with HOSC under health scrutiny legislation;
- 2) to receive a copy of the EQIA for this service re-provision; and
- 3) to receive a copy of the post-implementation review in 2026, after this has been conducted by ESHT.

25. NHS SUSSEX UPDATE

25.1 Ashley Scarff provided an update from NHS Sussex regarding national and local changes to the NHS, including some service changes. This included the following updates:

- Following the decision to merger NHS Sussex and Surrey Heartlands from April 2026, the new Chair of the ICB and Chief Executive were appointed from 1 October and the first public joint board meeting between NHS Sussex and Surrey Heartlands had been held.
- There will be a national funding mechanism in place to facilitate the redundancy scheme resulting from the merger, and in line with other ICBs, voluntary redundancy was being offered to staff. A further redundancy programme would take place following the merger in April 2026.
- The ICB were reviewing planning and commissioning intentions for 2026-27, including the localisation of the 10-year plan for health.
- The ICB were moving from a 12-month planning cycle to a 5-year planning cycle, to make more strategic plans for the medium-term.
- NHS England had published its Strategic Commissioning Framework, which clarified the remit of the ICB in its reduced capacity, and the increasing role of providers in commissioning services.

25.2 The Committee asked for an update on Integrated Community Teams and on the merger of the South East Coast Ambulance Service (SECamb) and the South Central Ambulance Service (SCAS).

25.3 Ashley Scarff responded that an update regularly is given to the East Sussex Health and Wellbeing Board about Integrated Community Teams, so information about this was in the public domain. He added that SECamb would likely want to be involved with any future updates to the HOSC about changes to their service.

25.4 The Committee asked if the voluntary redundancies would be frontline or back room staff.

25.5 Ashley Scarff responded that the ICB is largely not a frontline workforce, but frontline capacity was being ringfenced by the ICB where appropriate to protect those jobs that did exist where possible. The ICB did not anticipate frontline job losses, this would likely be in management and back room staff.

25.6 The Committee expressed concerns about future staff losses impacting working relationships with the ICB and asked how the ICB was ensuring continued engagement with the VCSE sector.

25.7 Ashley Scarff responded that the ICB have been holding vacancies for a number of months to downsize in a more managed way. The ICB were assembling an executive team and assessing its underpinning structure but remained committed to engaging locally. He confirmed that some touchpoints might change, and that the VCSE sector would still be able to engage with providers and Integrated Care Team leaders to continue engagement with the health system.

25.8 The Committee asked how the ICBs capacity for engagement with scrutiny might look in the future.

25.9 Ashley Scarff responded that the ICB and NHS commissioning were undergoing significant changes, that had been determined nationally, which would change the ICBs

functions and responsibilities. This included a potential increased role of the Department of Health/NHS England in oversight of the performance of providers. The Strategic Commissioning Framework was recently published, which sets out those roles and provides more clarity to the ICB. The ICB were taking care to ensure that during these changes they were maintaining their responsibilities and capacity within their reduced resources.

25.10 The Committee RESOLVED to:

- 1) note the verbal update; and
- 2) receive an update on neighbourhood health centres, and the merger of SECamb and SCAS under this item at the next meeting.

26. CARDIOLOGY TRANSFORMATION AT EAST SUSSEX HEALTHCARE TRUST

26.1 The Committee considered a report providing an overview of progress made by ESHT on the implementation of the Cardiology Transformation programme, including in relation to the recommendations made by the Committee in its review conducted in 2022 and the response from that. Mike Farrer noted that there had been some small delays to the implementation of the programme, which was complicated by ward moves, but the cardiac response teams had been put in at both sites, and the programme was doing very well operationally.

26.2 Cllr Mike Turner raised concerns that patients weren't able to access the stroke centre at Conquest Hospital, to be stabilised before being transferred to EDGH, and asked how ESHT were ensuring that residents were being treated as soon as possible to prevent conditions from worsening.

26.3 Professor Nik Patel, Senior Consultant Cardiologist ESHT, responded that it would be in patients' best interest to access the stroke unit at EDGH, as this is a Centre for Excellence. In an emergency, if a patient is unstable, it is imperative that residents must go to their local A&E, where patients can then be transferred to EDGH if needed; a pre-screening call would be conducted to assess if it is appropriate to transfer stroke patients from other hospitals to the stroke centre at EDGH. The ICB were working on a pan-Sussex model of care for a single stroke service, whereby a stroke physician would instruct and deliver treatment using AI and telemedicine. He added that NICE guidelines advise that patients go to a stroke centre as soon as possible for treatment, and to go to the closest A&E if the patient is unstable. He confirmed that he was not aware of any issues in the community-to-Eastbourne pathway.

26.4 The Committee requested to be provided with information regarding the distance travelled by patients to access the service and asked how transport information was provided to patients who lacked internet access.

26.5 Mike Farrer confirmed that transport information was provided on letters to patients, as well as a phone number that could be contacted for support, in addition to the existing information on the website.

26.6 Professor Nik Patel added that the pathway for cardiology remains predominantly the same, as acute heart attacks remain directed to either Trust site. Around 200 patients are transferred to the single site at EDGH per year for angioplasty, 50% in hours and 50% out of hours. ESHT have found that staff have been engaged in delivering the transformation programme, and since 27 October 2025, 425 patients have been admitted to specialist cardiac teams at Conquest Hospital, with a response rate of less than an hour. Of those patients, around 11% (approximately 50) were discussed for transfer to EDGH for either assessment or procedure.

26.7 Cllr Mike Turner asked if ESHT had any plans to introduce thrombectomies to EDGH.

26.8 Professor Nik Patel responded that the procedure for stroke is always thrombolysis followed by thrombectomy, and patients will be transferred to a centre that conducts that procedure. Very few surgeons were able to conduct thrombectomies, due to the complexity of the surgery and expertise required, and therefore were only conducted in a select few centres nationwide. The nearest centre was located at Royal Sussex County Hospital in Brighton, which was open 24-hours on weekdays and there were plans in place for it to be open 24/7 in the next year. Local services in Eastbourne and Hastings would not be able to deliver these in the short-term, due to the national training and resource requirement for cardiologists to go through a rigorous training programme to conduct thrombectomies, but that expertise was being built. In the meantime, there were centres in London open 24/7 for thrombectomies, for cases of emergency.

26.9 The Committee asked if any monitoring was put in place for people missing appointments, and whether this might be impacted by factors such as rurality, deprivation or digital exclusion.

26.10 Professor Nik Patel confirmed that 95% of procedures remained the same, as outpatient facilities were not moved to EDGH. Only elective procedures, which comprised around 1-2% of cardiology activity, were moved sites.

26.11 Mike Farrer clarified that it was unusual for patients to not show for elective cardiac procedures, but that the Trust did conduct Did Not Attend (DNA) assessments for patients across services in the Trust. This involved assessing which groups were likely to DNA and reviewing patient feedback through the Patient Advice and Liaison Service (PALS), to ensure that no group was being disadvantaged. Richard Milner added that the data for DNA rates and waiting times could be sorted into different categories of patient (such as by gender, age, and social deprivation), to understand the groups at most disadvantage and understand the barriers to accessing appointments. The Trust would be engaging with the VCSE sector to discuss barriers to access.

26.12 The Committee RESOLVED to:

- 1) note the report; and
- 2) conclude scrutiny of this issue.

27. HOSC FUTURE WORK PROGRAMME

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

27.2 The Committee RESOLVED to:

- 1) Schedule a report on NEPTS to its meeting on 5 March 2026;
- 2) Schedule a report on the new Neighbourhood Mental Health teams to a future meeting; and
- 3) Receive an update on the SECamb CQC report as a written report via email.

28. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

28.1 None.

The meeting ended at 12.18 pm.

Councillor Colin Belsey

Chair

Agenda Item 5.

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

Date of meeting: 5 March 2026

By: Deputy Chief Executive

Title: Paediatric Service Model at Eastbourne District General Hospital (EDGH)

Purpose: To consider a progress report from East Sussex Health Trust (ESHT) on changes made to paediatrics services at EDGH under the new service model.

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on ESHT's progress report at appendix 1; and
 - 2) conclude scrutiny of this item.
-

1. Background

1.1. On 14 December 2023 the HOSC considered a report from East Sussex Healthcare NHS Trust (ESHT) on changes to the Paediatric service model at the Eastbourne District General Hospital (EDGH). Both NHS Sussex and ESHT considered to be operational differences in the way in which the services are provided, rather than a substantial variation. HOSC agreed to establish a Review Board to examine the impact of the changes to the paediatric service model at EDGH more closely. The implementation of changes to paediatric services at the EDGH started on 8 January 2024 and the HOSC review took place over a series of meetings held during February 2024.

1.2. At the HOSC meeting held on 7 March 2024 the Committee considered and agreed the report of the Review Board and its thirteen recommendations regarding the changes to the paediatric service at EDGH. The HOSC also considered an update report on the implementation of the new service model from ESHT at this meeting. The Committee agreed to submit the review report to ESHT for consideration and a formal response to the recommendations made by the HOSC.

1.3. The HOSC subsequently received a formal response to its recommendations on 10 April 2024, which it considered alongside an update monitoring report at its meeting on 30 July 2024. The HOSC subsequently received a further monitoring report at its meeting on 12 December 2024. This report was requested by the HOSC requested to provide a final assurance update to monitor the progress of service changes, two years after they were made.

2. Supporting information

2.1. The report attached as **Appendix 1** provides a progress report, following nearly two years' operation of the paediatrics model at Eastbourne District General Hospital. This report provides supporting data showing that since implementation of the new model a regular and consistent paediatrics presence in EDGH Emergency Department (ED), a higher proportion of children being treated directly in ED than were under the previous model, and a low proportion of patients transferred to Hastings.

3. Conclusion and reasons for recommendations

3.1 The HOSC is recommended to consider and comment on ESHT's report on the operation of the new service model. The Committee is also recommended to conclude scrutiny of this issue.

PHILIP BAKER
Deputy Chief Executive

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**Update to Health Overview and Scrutiny Committee, February 2026
Paediatric Care in the Emergency Department (ED) at Eastbourne District General Hospital**

1. Summary

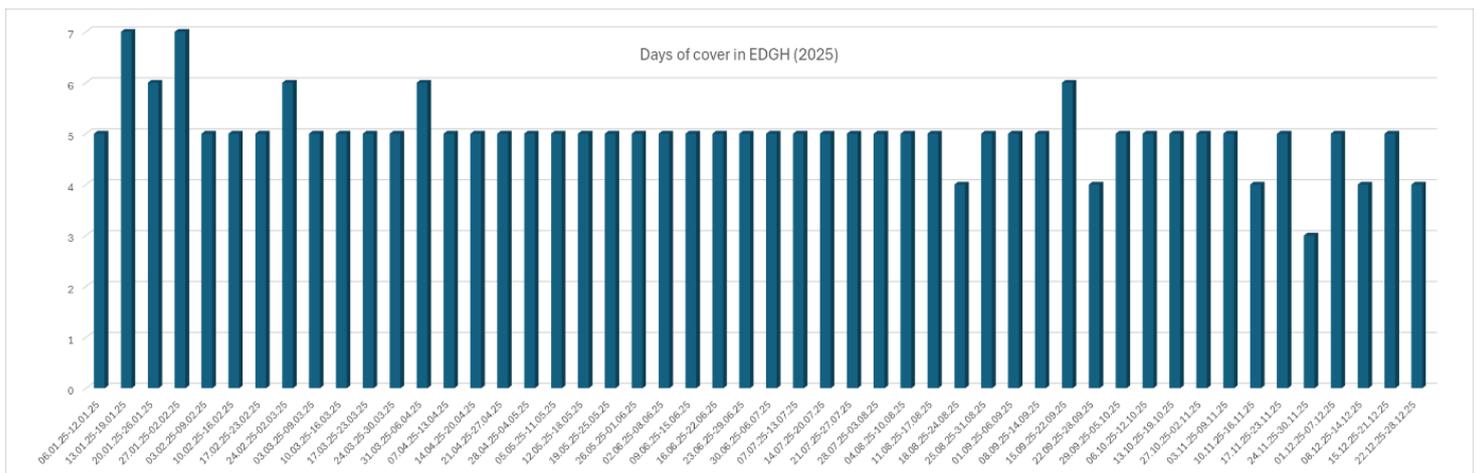
1.1 This update report is an additional briefing that we agreed to share with colleagues for assurance purposes following the HOSC review into the new model for paediatric care at Eastbourne District General Hospital. The new model has now been in place for almost two years.

2. Supporting data

2.1 We have now had the benefit of nearly two years of activity through the paediatric hub. As the graphs throughout the rest of this report show, we have a regular presence in ED, improving activity levels and a decreasing number of children needing referral to the Hastings site.

2.2 Figure 1 below shows that coverage has been consistently between 5 days per week during 2025. There have been some gaps in the latter part of the year due to staff shortages but this has now been addressed.

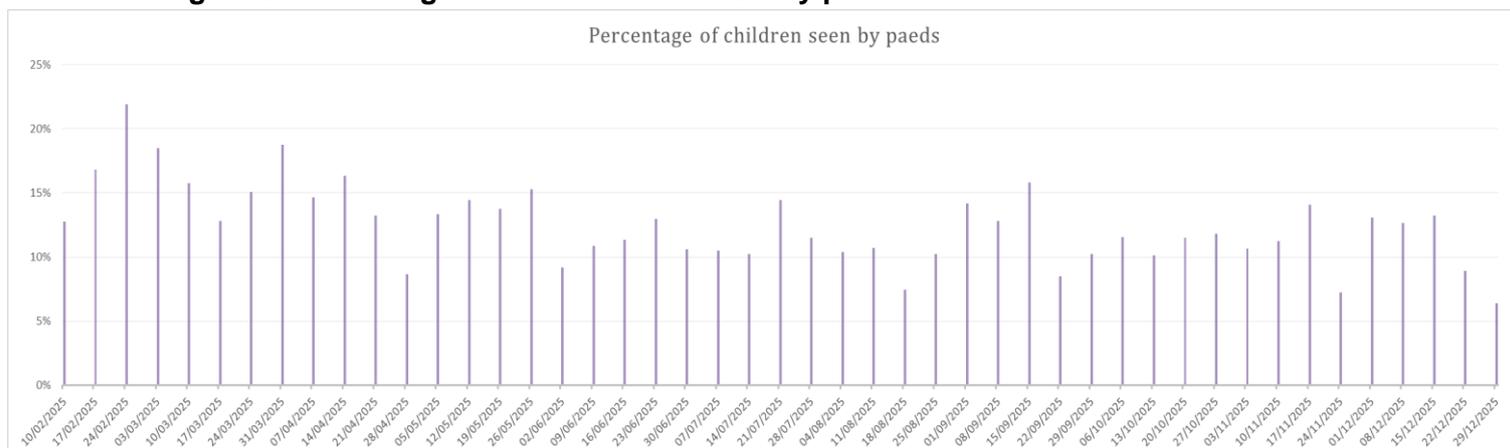
Figure 1: Days per week with paediatric cover in the (ED) emergency department



(max. 7)

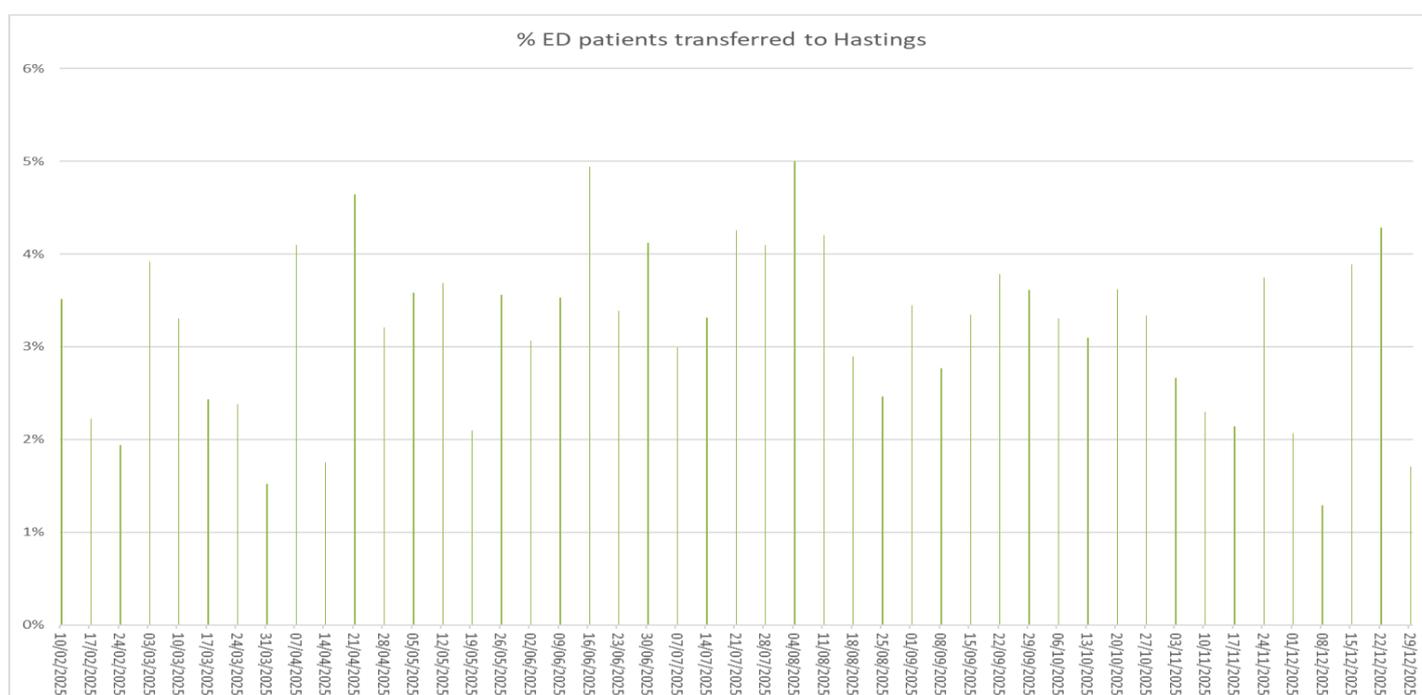
2.3 Figure 2 shows that, compared with volumes of children seen under the previous model (~5%), we are seeing increased numbers of children directly in ED, supporting the improvement in access to paediatric opinion that the model affords to local parents.

Figure 2: Percentage of children seen in ED by paediatrics



2.4 Members will recall that one of the concerns put forward with regard to the new model is that it would result in an increase in paediatric cases going to our Hasting site. As Figure 3 shows, this has not been borne out by the results with less than 5% of children presenting to EDGH ED needing to be transferred.

Figure 3: Percentage of children transferred for care in Hastings



3. Safety/Complaints and other matters

3.1 **Safety/Complaints:** We are happy to report that there have been no clinical patient safety incidents reported as regards this service, nor have there been any complaints as regards the new model.

4. Conclusions

4.1 As this is the final report of the agreed updates for HOSC, we would like to take this opportunity to thank Councillors and our partners for their respective roles in the review

**Update to Health Overview and Scrutiny Committee, February 2026
Paediatric Care in the Emergency Department (ED) at Eastbourne District General
Hospital**

of the service changes we have implemented. We hope that the evidence and data we have provided – both internally from the activity analysis and externally that considered the model in context – has demonstrated that the intended benefit for the residents we serve has been manifest in the work we have undertaken.

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

Date of meeting: 5 March 2026

By: Deputy Chief Executive

Title: NHS Sussex Non-Emergency Patient Transport Service (NEPTS)

Purpose: To provide a progress report of the mobilisation of the new Non-Emergency Patient Transport Service.

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report and consider whether it would like to conduct further scrutiny of NEPTS.

1. Background

1.1. Non-emergency patient transport (NEPTS) is defined as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare and/or between providers of NHS-funded healthcare. NEPTS is a statutory obligation for NHS commissioners to provide to transport patients to and from their healthcare appointments. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. The NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of nationally determined eligibility criteria.

1.2. At its meeting in June 2025, the HOSC considered a progress report on the mobilisation and transition of the Non-Emergency Patient Transport Service (NEPTS) in Sussex. The re-procurement of NEPTS in Sussex was undertaken to enhance patient experience, accessibility, and operational efficiency across the region. NHS Sussex appointed ERS Transition Limited, trading as EMED Group, to be the new provider of Non-Emergency Patient Transport Services (NEPTS) for Sussex for an initial five year period, which commenced on 1 April 2025 following a detailed procurement process.

1.3. The NEPTS service is now fully operational, having transitioned to a 'Business as Usual' model in October 2025. Local support has been implemented to coordinate transport across Sussex, and the service has now had sufficient time to demonstrate stability across core operational metrics, including in communication and patient access. This report provides an opportunity for the HOSC to review the progress to date.

2. Supporting information

2.1. The report, which is attached as **Appendix 1** provides an overview of the current position of NEPTS in Sussex, including:

- Context, including the transition to a new provider from 1 April 2025
- A summary of current performance, including key improvements and challenges, ongoing monitoring and review, and key performance indicators.
- Areas for further improvement, including discharge wait times and 'on-the-day' cancellations.
- Patient feedback via Healthwatch
- Next steps for the service

3. Conclusion and reasons for recommendations

3.1 The HOSC are recommended to comment on the report and consider whether it would like to receive further updates on any elements of the NEPTS.

PHILIP BAKER
Deputy Chief Executive

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Report to:	East Sussex Health Overview and Scrutiny Committee (HOSC)
Date:	5 March 2026
Report Title:	Sussex Non-Emergency Patient Transport Service (NEPTS): update
Author:	Colin Simmons, Deputy Director of Acute Services Commissioning and Transformation (Non-Elective), NHS Sussex
Executive summary:	
<p>This report provides an update on the Non-Emergency Patient Transport Service (NEPTS) following its transition to a new provider, EMED, on April 1, 2025. Following the first six months, the service reached full operational stability in October 2025.</p> <p>The service is substantial in scale, managing approximately 24,000 journeys per month across Sussex with a team of more than 200 staff.</p> <p>Key Highlights:</p> <ul style="list-style-type: none"> • Better Communication: Phone wait times have improved significantly; 85.65% of calls are answered within one minute. • Fewer Complaints: Formal complaints have dropped by over 70% since the service launched last year. • Local Support: Dedicated staff are now based at Eastbourne District General (EDGH) and the Conquest Hospital to coordinate transport directly on the wards. <p>While the service is performing well against its core targets, challenges remain regarding hospital discharge speeds and "on-the-day" cancellations.</p> <p>We also are seeing a shift in the <i>type</i> of help patients need. More patients now require specialised "stretcher" transport or "bariatric" (specialist heavy-duty) equipment than originally predicted.</p> <p>We are working closely with EMED to adjust the fleet - adding more specialist vehicles to meet the rising demand for complex transport.</p>	

Progress on the mobilisation of Sussex Non-Emergency Patient Transport Service (NEPTS) Service

1. Introduction

This paper provides an overview of the current position with regards to Non-Emergency Patient Transport in Sussex.

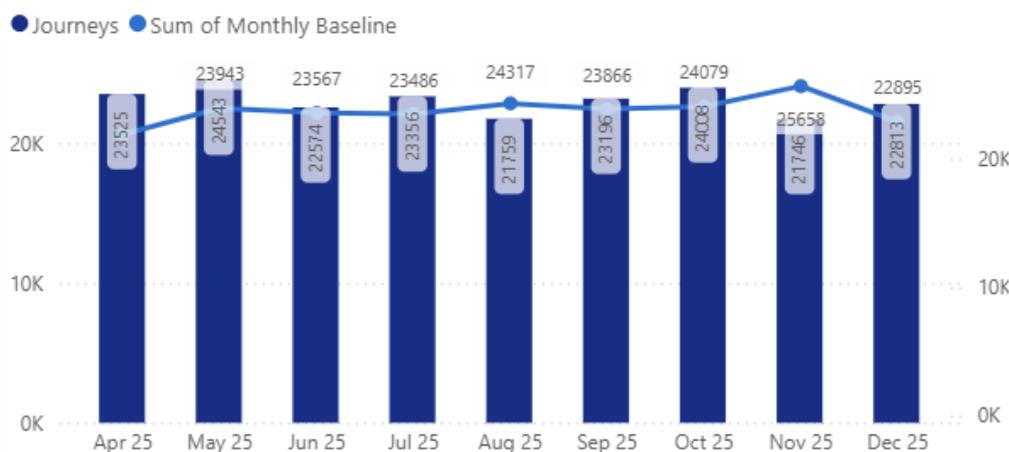
In April 2025, following a detailed procurement process including robust and thorough validation checks, NHS Sussex appointed ERS Transition Limited, trading as EMED Group, to be the new provider of Non-Emergency Patient Transport Services (NEPTS) for the people in Sussex. The service went live on 01 April 2025.

This paper provides a summary of current performance, key themes and next steps for the service.

2. Current performance

The service is substantial in scale, managing approximately 24,000 journeys per month across Sussex with a team of over 200 staff. Since the October 2025 transition to "Business as Usual," the service has demonstrated stability across core operational metrics, particularly in patient access and communication.

Journey Totals



In terms of its performance against contract measures, EMED is broadly delivering in line with contract. However, there have been some challenges in line with complexity of cases.

Key performance indicators:

Metric Area	Status	Key Insight
Patient contacts/responsive	Green	85.65% of calls are answered within 60 seconds. Target 90%, threshold 85%
Inbound Punctuality	Stabilising	Approximately 78% (Target 80-90%) of vehicles arrive on time. This has been impacted by road network incidents.
Discharge Wait Times	Challenged	Currently 55-60% within target. While high-acuity journeys (Bariatric/Stretcher) require longer vehicle circulation, the trend is moving upward as the fleet mix is being adjusted.
Aborted Journeys	Improving	Trending downward to 5.79%; most of these remain outside provider control.

Since taking over the contract in April 2025, EMED has moved out of the "set-up" phase and into a period of refinement.

The service is focusing on its responsiveness to the specific needs of Sussex, including East Sussex residents, in order to ensure the right type of vehicles are available to meet changing needs and to align capacity to need as required.

Current Trends:

- **Increasing Complexity:** The service is seeing more "high-need" journeys. Requests for bariatric transport rose by 12% in late 2025, and stretcher journeys are 5% higher than expected.
- **External Factors:** Reliability is often impacted by major traffic incidents on the A27 and M23. To counter this, the provider is using better data to schedule journeys around known congestion "hotspots."

Key Improvements:

We have seen three major areas of improvement that directly benefit the patient experience:

- **Call centre stability:** The call "drop-off" rate is now 5.5%, representing a significant improvement from the 8.4% rate recorded at the start of the contract.

- Significant reduction in complaints: In April 2025, there were 84 formal complaints about the non-emergency patient transport service; by November, this fell to 23. To put this in perspective, complaints now occur in only 0.1% of all journeys under the new service.
- On-site coordination: By placing Hospital Liaison Officers (HLOs) directly in East Sussex hospitals, we have improved the "real-time" link between ward nurses and driving crews. This helps ensure patients are not waiting in discharge lounges longer than necessary.

3. Areas for further improvement

The service is now considered operationally stable, characterised by a consistent downward trend in complaints (down 72% since go-live), reliable call-centre responsiveness (85.65%), and a fully established workforce. While some transport KPIs remain 'Amber,' the volatility seen during the initial mobilisation phase has been replaced by predictable performance patterns that allow for targeted refinement, there are two main areas where the provider is looking to improve:

3.1 Discharge wait times

Currently, about 55–60% of patients are being picked up within the target time for hospital discharge. This is lower than we would like and we are working with EMED to address this.

The reason for this lower delivery performance is the increase in patients needing stretchers which means vehicles are tied up for longer per journey.

To address this, EMED are "re-balancing" the fleet. In November, they added two extra stretcher vehicles and one bariatric vehicle to the rotation to better match current patient needs.

3.2 "On-the-Day" Aborts and Cancellations

There will always be a baseline level of cancelled or aborted journeys due to unavoidable clinical changes; the objective is to minimise all avoidable instances.

About 54% of all cancellations happen on the day of the journey. Aborted journeys accounted for 5.79% of total activity, a slight decrease of 0.14% from October 2025. To address this, Liaison Officers are training ward staff on "Book Ready" protocols to ensure transport is only requested once a patient is clinically cleared.

4. Patient Feedback (Healthwatch Sussex)

A recent independent survey by Healthwatch found that 62% of patients were satisfied with the service. While many people had a positive experience, the feedback highlighted specific areas where the service needs to improve:

- What is going well: Patients told us that the driving crews are professional, kind, and respectful. Many people also found the initial booking process straightforward

and easy to use.

- Consistency with partner companies: Some patients noticed that the quality of service changed when a partner company (a subcontractor) was used instead of an EMED crew. We are now working with these partners to make sure they meet the same high standards as the main service.
- Better use of technology: About 73% of people did not know there is a "Patient Zone" app that lets you track your transport in real-time. We are launching a campaign to make more people aware of this tool to help reduce the stress of waiting.
- Appropriate use of taxis: While taxis are helpful for simple journeys, they are not always right for patients who need extra help getting from their front door to the vehicle. We are updating our rules to ensure that patients with mobility issues are always matched with a trained crew rather than a standard taxi.

To ensure Healthwatch findings are integrated, the ICB and EMED hold monthly Service Improvement Meetings. These sessions track the "Service Improvement Plan" and provide a formal mechanism to hold the provider to account on patient-led feedback.

5. Next Steps

To ensure the service continues to improve through 2026, we are focusing on:

- The "Patient Zone" App: EMED are launching a campaign to help more patients use this app, which allows them (or their families) to track their vehicle in real-time on their phone, much like a delivery app.
- Specialist Training: Rolling out extra training for all crews on dementia awareness and supporting patients with complex communication needs.
- Fleet Adjustments: Continuing to monitor data to ensure EMED have enough stretcher-capable vehicles available for the East Sussex area.

6. Conclusion

In summary:

- The service is now fully operational and stable.
- Complaints have significantly decreased, and phone performance is strong.
- The service is actively addressing discharge delays by increasing the number of specialist vehicles in the fleet.
- Ongoing work with Liaison Officers at EDGH and Conquest to address "on-the-day" cancellations and protect local resource availability for East Sussex outpatient appointments.

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

Date of meeting: 5 March 2026

By: Deputy Chief Executive

Title: Audiology services in East Sussex

Purpose: To receive a response from NHS Sussex, following the Review Board's report on audiology services in East Sussex in March 2025.

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the NHS Sussex responses to the recommendations of the HOSC;
 - 2) consider and comment on the mobilisation of the age related hearing loss contract for Sussex; and
 - 3) consider whether to request a further update from NHS Sussex at a future meeting.
-

Background

1.1 On 30 July 2024 the HOSC considered a report from NHS Sussex on the provision of audiology services in East Sussex. This followed concerns brought to the attention of the Committee, about access to audiology services in East Sussex. Audiology services are commissioned by NHS Sussex and are focussed on the assessment, prevention, and treatment of disorders of hearing, including treatment for earwax blockages. Audiology services are delivered across primary, acute and community healthcare settings.

1.2 Having considered the report, the Committee agreed to establish a Review Board to examine the provision of audiology services in order to understand the identified issues further and make recommendations for improvements to these services. The Review took place over a series of meetings held during the period of November 2024 to February 2025.

1.3 The Committee received the [report of the Review Board at its meeting on 6 March 2025](#). The Review Board concluded that ongoing monitoring of the service was important and made 16 recommendations to NHS Sussex. The Committee requested this update on Audiology services, including the procurement process for the recommissioning of the age-related hearing loss service at its meeting in September 2025, following the procurement and mobilisation of this contract.

2. Supporting information

2.1 This report, which is attached as **Appendix 1**, provides the requested progress report on improvements to audiology services, and response to the recommendations of the East Sussex Health Overview and Scrutiny Review of Audiology Services (March 2025), following the procurement of new providers for the age-related hearing loss contract.

2.2 It covers the following information:

- A response to the recommendations regarding ear wax removal services in East Sussex
- A response to the recommendations regarding age-related hearing loss services in East Sussex
- Information about how NHS Sussex and the new providers are working with local partners to improve audiology services
- Information about service provision in East Sussex from April 2026

3. Recommendations

3.1 The HOSC is recommended to comment on the NHS Sussex audiology update, and consider whether it would like to receive further updates on any elements of the provision of audiology services in East Sussex.

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Provision of Audiology services in East Sussex

Response to the recommendations of the East Sussex Health Overview and Scrutiny Review of Audiology Services (March 2025) following the procurement of age-related hearing loss services

Ear wax removal services in East Sussex

Since the last report to HOSC, there have been no changes to service provision across East Sussex, and all practices retain the ability to either offer services in-house or at a neighbouring practice.

Recommendation		Response
1	The Board recommends that NHS Sussex works with GP practices and Primary Care Networks to improve information, public communications and signposting both in surgeries and online, on how and where to access free NHS earwax removal services in East Sussex.	As part of the communications regarding the age-related hearing loss accreditation process, the ICB intends to include information regarding ear wax removal services available in primary care on the public facing website. The ICB will also share this information via the primary care bulletin to make it available to all practices for them to include in their local communications to their patients.
2	The Board recommends that NHS Sussex issues communications to all GP practice employees in East Sussex to make staff aware of the earwax removal pathway and confirm that they should not be referring patients to private provision.	NHS Sussex issued a letter to all practices in March 2025 reminding them of the ear wax removal pathway and that patients can be referred to NHS-funded services.
3	The Board recommends that NHS Sussex responds (if it has not already) to the recommendations made by Healthwatch in its report 'Experiences of Earwax Removal', published in July 2024, and that the responses are shared with HOSC.	The Locally Commissioned Service (LCS) for primary care was launched in July 2022 and the Healthwatch survey was undertaken during 2023/24. Since then, there has been growing awareness of the service and improvements have been made, including establishing inter-practice

		referral pathways. In line with Healthwatch recommendations, NHS Sussex regularly audits the LCS activity, contacting individual practices where activity is outside expected thresholds and require inclusive practices that mitigate the impact of health inequalities, such as offering translation services.
4	The Board recommends that NHS Sussex confirms with all GP practices in East Sussex that if they are unable to provide earwax removal services that they should be referring patients to other nearby GP practices that do provide regular earwax removal appointments.	As above, an annual reminder was sent to all practices in March 2025 regarding the inter-practice referral pathway. The next annual roundup for primary care is due to be published in March 2026 and will include reference to the ear wax removal LCS.
5	The Board recommends that NHS Sussex explores benchmarking of activity and uptake of earwax removal services to monitor if it reflects local age profile and expected activity levels and take appropriate action to address any identified gaps in provision.	There are individual thresholds for practices according to their practice population, registered list growth, previous years' activity, and whether they receive referrals from other practices; NHS Sussex liaises with practices accordingly as part of their regular auditing activity and looks at activity Sussex-wide to identify unwarranted variation.
6	The Board recommends that NHS Sussex works with Primary Care Networks and Integrated Community Teams to explore the viability of earwax removal 'hubs', while recognising the limitations of such a delivery model in some parts of the county, particularly rural areas.	There are no current plans for a dedicated hub to provide ear wax removal services due to the dispersed nature of the East Sussex patient population. NHS Sussex continues to work with providers to review any improvement opportunities, including whether there is a case for a dedicated hub model of service delivery that could improve patient access requirements in an affordable and sustainable way.

Procurement for age-related hearing loss services

NHS Sussex has now completed the accreditation process of providers looking to deliver the age-related hearing loss service in Sussex. Contracts have been awarded to incumbent providers, Scrivens and Specsavers, and two new providers, Audiological Science (also known as The Hearing People) and Modality.

The accreditation process required providers to respond to 16 questions, in addition to the standard basic selection criteria. These questions explored staffing, clinical governance, quality assurance, equity, integration, finance and activity modelling, and safeguarding with

responses reviewed by a panel of 12 subject matter experts, including a colleague from East Sussex County Council.

This accreditation process facilitated the replacement of legacy contracts across Sussex, bringing with it many key benefits including:

- consistency of service specification across Sussex,
- increased provider accountability and responsibility for the quality of patient care provided, implementing annual reviews for each patient,
- centralised and simplified contract management and reporting, and
- enhanced collaboration with general practice, acute audiology, and Ear, Nose and Throat (ENT) services.

NHS Sussex is now in a position to provide a full response to the recommendations made by HOSC in March 2025, as follows:

Recommendation		Response
7	The Board recommends that NHS Sussex facilitates cooperation between GP practices, PCNs, VCSE organisations and the new contract holder to create simple and effective referral pathways for patients needing earwax removal prior to a hearing assessment.	Integration with other services is a key feature of the service specification and the assessment criteria. The topic of integration with interdependent services will also be added as an agenda item in the contract review meetings once the new service specification is in effect. The Planned Care and Primary Care commissioning teams are also liaising more closely around this interdependent pathway to keep each other informed of service developments and facilitate cooperation between services.
8	The Board recommends that NHS Sussex works with Public Health to further understand barriers to people using hearing aids once they have been provided with them, including access to aftercare and maintenance.	The new Key Performance Indicators will measure % of those who are still using their hearing aids at the annual review and the ICB has been discussing with providers the introduction of an annual report that reflects on feedback received from GPs and patients regarding their service and how they have used that feedback to improve their service offer.
9	The Board recommends that specific Key Performance Indicators (KPI) are included within the new contract to monitor and assess hearing aid maintenance and ensure regular reviews of hearing are undertaken.	The new service specification requires clinically led re-assessment and re-fitting to ensure hearing aids are fit for purpose, along with follow-up and annual reviews. A KPI has been added to require hearing aids to be repaired and returned to patients within 7 days, noting that hearing aids can mostly be maintained and/or repaired on site, but where they need to

		be returned to the manufacturer for repair, time is allowed for transit as well as the repair itself.
10	<p>The Board recommends that NHS Sussex develops digital and non-digital patient communications, including leaflets, that provide patients with information on areas including:</p> <p>a) a summary overview of the hearing aid pathway;</p> <p>b) the importance of hearing aid maintenance and where patients can access it;</p> <p>c) that patients cannot mix provision and maintenance for their hearing aids;</p> <p>d) signposting to other available support for living with hearing loss.</p>	This suggestion is welcomed and development of this information has been added to the list of actions for the collaborative of community audiology providers once the contract has been mobilised.
11	The Board recommends that NHS Sussex works with the new provider to explore whether it could deliver a same day drop off and maintenance and repair service for hearing aids.	As above and reported to HOSC previously, maintenance and repair is mostly done on the same day as patients often drop-in to the service, but where a hearing aid needs to be returned to the manufacturer, time needs to be allowed for transit as well as the actual repair.
12	The Board recommends that patients are automatically recalled for a hearing assessment on a regular basis and when they are due to receive a new hearing aid.	The approach taken in the service specification follows the national principle of patient-initiated follow-up whereby patients are seen in the service where they have indicated they need advice, after care, maintenance for their hearing aid or possibly another hearing assessment and new hearing aid with a higher spec due to a deterioration in their hearing. As previously reported, the service specification has moved away from the previous 3-year pathway in recognition of improved technology so there is now no set period within which a hearing aid should be replaced.
13	The Board recommends that NHS Sussex continue to work with relevant commissioners in ESCC Adult Social Care as part of contract implementation and ongoing monitoring.	A colleague from ESCC Adult Social Care was a member of the procurement project team and informed the service specification development and helped to formulate the relevant Invitation To

		Tender questions. They were a welcome and much valued member of the project team and reflect the integrated approach that will be a feature going forward of the delivery and ongoing improvement of this service.
14	The Board recommends that NHS Sussex works with Public Health to validate assumptions of future demand for the new age-related hearing loss contract.	On receipt of the needs assessment undertaken by ESCC Public Health colleagues for HOSC, we made contact with the Consultant in Public Health and sense-checked the ICB approach to modelling future demand, which was very helpful.
15	The Board recommends that NHS Sussex work with Healthwatch East Sussex and other patient representative groups to monitor the new contract to ensure it meets the specific needs of the population of East Sussex.	<p>The accreditation prioritised accessibility, including considerations of language, mobility, and cultural needs, to ensure that every patient can receive the support they need in a way that is tailored to their individual circumstances. The updated service specification also focuses on improving patient access to audiology services for individuals with disabilities or additional health needs.</p> <p>The ICB patient experience team works closely with Healthwatch across Sussex to ensure a timely response to feedback shared regarding services, including community audiology. Patient experience is also a golden thread of the KPIs and is discussed at every contract review meeting.</p>
16	The Board recommends that NHS Sussex carefully evaluates the impact a single provider model has on the availability and provision of hearing aid services to the population of East Sussex and ensures it provides high quality continuity of care for existing patients.	Following feedback from HOSC and other stakeholders, the procurement strategy was amended in April 2025 to facilitate a multi-provider model. This will help to maintain continuity of care with incumbent providers, where providers have continued, and has opened up opportunities for other providers to help ensure good geographical coverage for rural parts of Sussex. e.g. Audiological Science are establishing a presence in Rye and Heathfield, as well as Hastings, Eastbourne, Peacehaven and Lewes (see Annex A).

How NHS Sussex are working with primary care providers, VCSEs and the new providers to improve audiology services

The new providers are currently focused on mobilising their services in time for service launch on 1 April 2026. From that point, the ICB will work closely with all the providers to ensure the ambition for integration of services is achieved, starting with:

- Audiology providers attending one of the regular GP webinars to provide an update on service provision and ensure a shared understanding of the pathway;
- A meeting facilitated by the ICB of the community providers delivering the age-related hearing loss service and those providers delivering the acute/ complex audiology and ENT services, e.g. ESHT, University Hospitals Sussex NHS Foundation Trust, Surrey & Sussex Healthcare NHS Trust and First Community (North West Sussex);
- A stakeholder mapping exercise to support providers with identifying key stakeholders in the area, including Local Authorities, District Councils and those VCSEs who already have contact with the population likely to require this service, e.g. East Sussex Hearing, Age UK and local faith groups.

Any identified issues affecting the services, and anything that the HOSC may be able to add

Since the last report to HOSC regarding audiology services, incumbent providers have seen a significant increase in activity following the exit of Action for Deafness and Outside Clinic in September 2025. Their exit was not wholly unexpected, as provider fragility was a concern to the ICB, and was a driver of the procurement.

The transfer of patients from Outside Clinic went smoothly, but the number of patients impacted by the departure of Action for Deafness was much larger and took longer to facilitate. The ICB, Scrivens and Specsavers continue to work hard to support patients with their queries and ensure ongoing access to care.

Noting concerns previously raised regarding geographical coverage of this service, NHS Sussex welcomed the application from Audiological Science and their focus on East Sussex. During mobilisation discussions, this provider has confirmed clinics in Rye and Heathfield, as well as Lewes, Eastbourne, Peacehaven and Hastings, improving coverage of those rural areas.

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Agenda Item 9.

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

Date of meeting: 5 March 2026

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. Since the Committee last met, the Chair attended a meeting with the Chairs of Brighton and Hove HOSC and West Sussex HASC at the invite of University Hospitals Sussex (UHSx), relating to recent media coverage of its maternity services. UHSx offered to attend a future meeting of the HOSC to provide the whole Committee with an update on its maternity services, which the Committee may wish to schedule for a future meeting.

2.3. 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
List of Suggested Potential Future Scrutiny Review Topics		
Suggested Topic	Detail	
To be agreed	Subject to the announcement of NHS service reconfigurations impacting on residents of East Sussex.	
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: 13 April 2026 6 July 2026 5 October 2026

Reports for Information		
Subject Area	Detail	Proposed Date
SECamb CQC	A final briefing update report on the progress of South East Coast Ambulance NHS Foundation Trust (SECamb) improvement journey and exiting the Recovery Support Programme (RSP).	Spring 2026
ESHT capital works	A report containing further developments on ESHT's capital works following a report received by the Committee in December 2025, to include information about digital infrastructure, and a breakdown of project spending across hospital sites.	Spring 2026
Uckfield Day Surgery Unit: post-implementation review	A report on the post implementation review that ESHT will conduct following the reprovision of services previously offered at the Uckfield Day Surgery Unit (DSU).	TBC 2026
Training and Development		
Title of Training/Briefing	Detail	Proposed Date
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 Summer 2026
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
Future Committee Agenda Items		Witnesses
9 July 2026		

Winter Plan 2025/26 update	To receive a feedback 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.
NHS Sussex update	Standing item to provide an update on the ICB structural changes and border changes to healthcare in East Sussex, and update on issues of ongoing interest.	NHS Sussex
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		
NHS Sussex update	Standing item to provide an update on the ICB structural changes and border changes to healthcare in East Sussex, and update on issues of ongoing interest.	NHS Sussex
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
10 December 2026		
NHS Sussex update	Standing item to provide an update on the ICB structural changes and border changes to healthcare in East Sussex, and update on issues of ongoing interest.	NHS Sussex
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
4 March 2027		
NHS Sussex update	Standing item to provide an update on the ICB structural changes and border changes to healthcare in East Sussex, and update on issues of ongoing interest.	NHS Sussex

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		
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.	Representatives from NHS Sussex
Neighbourhood Mental Health Teams	To receive a report on the implementation and mobilisation of the new Neighbourhood Mental Health Teams.	Representatives from SPFT and 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>Note: Timing is dependent on ESHT implementation timescales and to be agreed with ESHT.</i>	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
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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