**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 16 SEPTEMBER 2025**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present**: Councillor Baghoth (Chair), Cllrs Asaduzzaman and Halliwell; Stephen Lightfoot, Tanya Brown-Griffith, Dr Adam Fazakerley (NHS Sussex Integrated Care Board); Caroline Vass (Interim Director of Public Health); Tom Lambert, Caroline Ridley (CVS); Alan Boyd (Healthwatch); Isabella Davis-Fernandez (Sussex Partnership NHS Foundation Trust); CI Simon Marchant (Sussex Police); David Kemp (East Sussex Fire & Rescue Service); Professor Nigel Sherriff (University of Brighton)

**PART ONE**

## 13 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

13(a) Substitutes

13.1 Chief Inspector Simon Marchant attended as substitute for Superintendent Petra Lazar (Sussex Police); David Kemp attended as substitute for Hannah Youldon (East Sussex Fire & Rescue Service); Isabella Davis-Fernandez attended as substitute for Dr Colin Hicks (Sussex Partnership NHS Foundation Trust).

13(b) Declarations of Interest

13.2 There were none.

13(c) Exclusion of press & public

13.3 **RESOLVED –** that the press & public be not excluded from the meeting.

## 14 MINUTES

**14.1 RESOLVED –** that the minutes of the 22 July 2025 Board meeting be agreed.

## 15 CHAIR'S COMMUNICATIONS

15.1 The Chair gave the following communications:

This is the last HWB meeting that Stephen Lightfoot will be attending as he is retiring as Chair of the NHS Sussex Integrated Care Board on 30 September 2025. I'd like to thank Stephen for

his attendance at the Board and for all his positive contributions to the Board's work and focus on improving population health.

We are looking at 4 issues today. We had a report on the city Pharmaceutical Needs Assessment at our last meeting. The final PNA is presented today for the Board to agree.

We also have a report on implementation of the local Joint Health & Wellbeing Strategy. The Board regularly considers reports that set out how we are performing in terms of delivering our strategic priorities, and today we will be focusing on the Dying Well domain.

In addition, we have an update on progress in implementing 'Let's Get Moving' our Sport & Physical Activity Strategy. This update was requested by the Board when we initially considered the strategy in March last year.

Finally, we have a presentation on the development of the council's Homelessness & Rough Sleeping Strategy. A draft Strategy is currently out for consultation, and we wanted to bring this to Board members' attention as homelessness is such an important issue for partners across the city.

I also wanted to make members aware that we have a council by-election this Thursday, and today's meeting is taking place in the official pre-election period. We are permitted to hold council meetings in the pre-election period, but we have to be even more careful than usual that we don't use them to say anything that could be taken as supporting a particular political group. I would ask Board members to have regard to this when speaking today.

**16 FORMAL PUBLIC INVOLVEMENT**

16.1 The Board received a deputation from Mr Keith Burchfield (see deputation in agenda pack).

16.2 The Chair responded to Mr Burchfield's deputation:

Thank you for bringing this deputation to the Board. We acknowledge your concerns, and we take our safeguarding responsibilities seriously, working closely with our local adult and children's safeguarding boards.

There is currently a live, ongoing investigation into the issues you have raised, led by NHS England and NHS Sussex. I have asked NHS Sussex to comment on your deputation, and they have asked me to read out a statement:

"This is an independent patient safety investigation into prescribing for gender dysphoria for children and young people – under the age of 18 - at WellBN.

The investigation follows concerns raised about prescribing that may fall outside of national clinical policy and guidance, which are based on the best available evidence.

We are working with NHS England and have launched a rapid investigation into this care to determine the most appropriate support and treatment for these individual patients going forward.

The investigation is being conducted by independent clinicians.

The Terms of Reference for the investigation are clear regarding the safeguarding duties that may be required, and Sussex ICB is working as fast as possible to initiate the review.

We are very aware there are strong opinions and concerns from both perspectives on this issue and have published as much information about the investigation as is possible on our website. We will update this page when more information can be shared."

## 17 FORMAL MEMBER INVOLVEMENT

17.1 There were no member involvement items.

## 18 UPDATE FROM NHS SUSSEX INTEGRATED CARE BOARD

## 18 Update from NHS Sussex Integrated Care Board

18.1 The update was presented by Stephen Lightfoot, Chair of NHS Sussex Integrated Care Board (ICB). Mr Lightfoot outlined the timetable for the merger of Sussex and Surrey Heartlands ICBs, noting that there is a yet unresolved issue about funding redundancy payments. There is considerable enthusiasm for taking a neighbourhood health approach across Sussex and Surrey, albeit the footprints have taken differing approaches to the scale of neighbourhoods. The roll-out of neighbourhood care will be phased, with an initial focus on people with multiple compound conditions or frailty, then a focus on providing better continuity of care for people with long term conditions, and subsequently out of hospital urgent care and whole population preventative care.

18.2 Tom Lambert noted that this was Mr Lightfoot's last Board meeting before he stood down from the ICB. He thanked him for being a good partner, honest and approachable. Mr Lambert asked whether the chair of the merged ICBs would continue to attend Board meetings. Mr Lightfoot responded that the commitments of the new chair were still being worked through. The chair will definitely be involved in Place forums, but it is not yet clear whether this will regular attendance at Health & Wellbeing Boards.

18.3 Alan Boyd also thanked Stephen for all his work, noting his supportive and inclusive approach. He asked about the role that patient voice would have as the ICB's strategic commissioning intentions are realised. Mr Lightfoot replied that patient voice will remain an essential part of service delivery and improvement and acknowledged Healthwatch as being valued partners in this respect. Mr. Lightfoot confirmed the need for continued independent challenge and that the ICB would be seeking to commission community engagement from the Voluntary Community and Social Enterprise Communities as the experts in this area.

**18.4 RESOLVED –** that the report be noted.

## 19 'LET'S GET MOVING' - BRIGHTON & HOVE SPORT & PHYSICAL ACTIVITY STRATEGY: UPDATE

19.1 The item was presented by Kathleen Cuming, Consultant in Public Health, and by Verena Quin, Healthy Lifestyles Manager. Ms Cuming told the Board that the sport & physical activity strategy was focused on reducing physical inactivity and on tacking health inequalities. The city already has a good story to tell in terms of having one of the highest rates on physical activity and one of the very lowest rates of inactivity in England. However, more can be done. There are particular opportunities to build on the success of the Women's Rugby World Cup in Year 2 of the strategy.

19.2 Cllr Halliwell asked how the strategy focused on disadvantaged communities. Ms Cuming responded that there is good data on communities across the city from sources such as the recent Health Counts survey and from direct engagement with communities. Information on the take-up of school-based sports is provided by the annual Safe & Well In School survey. Ms Quin added that a comprehensive Equality Impact Assessment had been published alongside the strategy.

19.3 Cllr Asaduzzaman asked about the targeting of the strategy at people from faith backgrounds and people with differing ethnicities. Ms Quin confirmed that a number of initiatives have been targeted at specific faith or ethnic communities, for example in terms of working to support people to swim with confidence.

19.4 Stephen Lightfoot commented that the strategy was good. It is important that this type of strategy is underpinned by high quality data and sets targets.

19.5 Alan Boyd asked about children's physical activity falling. Ms Quin acknowledged that this is a concern that requires investigation.

**19.6 RESOLVED –** that the report be noted.

## 20 HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2025 TO 2030

20.1 The item was presented by Harry Williams, Director of Housing, People Services. Mr Williams told the Board that the council has a legal duty to have a homelessness & rough sleeping strategy, to be updated every 5 years. The development of a new local strategy is complicated by the fact that there is a new national strategy currently being developed. Increasing financial pressures on the local authority and reductions in grant funding are also complicating factors.

20.2 There are significant local problems to address. There are an estimated 3,500 homeless people in the city, including around 76 people who are rough sleepers. Around 700 of the homeless people in the city have been identified as having multiple compound needs. The new strategy has been developed via a strategic partnership approach, with a focus on financial sustainability and the prevention of homelessness. There is also an emphasis on involving people with lived experience of homelessness in the development of the strategy, and on ensuring that the new strategy adopts of trauma informed and health-focused approach. Priority areas for the new strategy will include enhancing early intervention work, improving temporary accommodation pathways and more joined-up partnership working.

20.3 Stephen Lightfoot commented that the aims of the strategy seem clear, and he welcomed the links that have been made with health services. He asked about links with

work and with the local Economic Growth Board. Mr Williams replied that employment is key: around 60% of local homeless people are unemployed or not in employment, education or training (NEET).

20.4 Tanya Brown-Griffith noted that there will be significant opportunities for health to work positively with housing, for example in terms of the development of neighbourhood approaches and in work on multiple compound needs. This is important as housing is an important contributor to health. Should we be thinking about what more can be done? For example, could we be delivering housing support from the East Brighton Health Hub?

20.5 Cllr Halliwell asked how services work to identify people at risk of homelessness. Mr Williams replied that services take a data-led approach, with data shared across organisations. This is an area where emerging technologies such as AI have the potential to significantly impact what can be achieved.

20.6 In response to a question from Cllr Helliwell on overcrowding, Mr Williams confirmed that people living in overcrowded accommodation may fit the statutory definition of homeless.

20.7 Caroline Ridley commented that there had been good engagement with the Community & Voluntary sector in developing the strategy. However, she was concerned that there may be poor data available on how homelessness impacts young people. Mr Williams responded that there is a chapter in the new strategy dedicated to children and families as this is an area of high priority. However, he acknowledged Ms Ridley's concerns.

20.8 Alan Boyd agreed that engagement with partners on the development of the strategy has been good. He asked how Brighton & Hove compares with neighbouring authorities in terms of homelessness given differences in our demographics.

20.9 Mr Boyd asked how realistic the ambitions of the strategy are given the funding available. Mr Williams responded that funding is challenging. However, there are still significant funds available locally and the challenge for the strategy is to channel the available funding so as to deliver the best value possible.

20.10 Cllr Asaduzzaman asked what more can be done to embed housing issues in health protection work. Mr Williams responded that early intervention is key. Housing needs to develop better links with health services so that issues can be shared at an early stage.

**20.11 RESOLVED –** that the report be noted.

## 21 PHARMACEUTICAL NEEDS ASSESSMENT 2025: FINAL REPORT

21.1 This item was introduced by Caroline Vass, Director of Public Health. Ms Vass reminded the Board that a draft been presented to and discussed at the July 2025 Health & Wellbeing Board meeting. The 2025 Pharmaceutical Needs Assessment has found that there are no significant gaps in local provision. We compare well against the national average on every measure.

**21.2 RESOLVED –** that the Board agrees the 2025 Pharmaceutical Needs Assessment.

## 22 JOINT HEALTH & WELLBEING STRATEGY OUTCOME MEASURES: DYING WELL

22.1 David Brindley, Public Health Programme Manager, presented the item. Also presenting were Tanya Brown-Griffith and Helen Cobb, ICB Senior Manager, Community Commissioning and Transformation.

22.2 Mr Brindley told the Board that end of life care is delivered by a variety of providers including NHS organisations, hospices, local authorities and private businesses. The key metric used to measure the performance of end of life services is the percentage of deaths occurring at home, as most people express a preference to die at home. On this measure, Brighton & Hove performs better than the England average, with low percentages of people dying in hospital. Local statistics also show a low rate of deaths in hospices, but there may be an issue with the data here as it does not seem to accurately reflect the scope of the local hospice sector. There are also a relatively low number of people on the local palliative care register, but this may just reflect city demographics. There is lots of good work going on, including the establishment of a local 'death café', training for front line workers, and various events.

22.3 Ms Brown-Griffith added that the new Neighbourhood Health Teams will help develop appropriate end of life community services.

22.4 Ms Cobb told members that there is a Pan-Sussex Palliative and End of Life Care (PEoLC) Programme Oversight Group with stakeholder representation from across the Sussex system.
Examples of work undertaken by the group include the introduction of pan-Sussex documentation and procedures for the provision of medication at end of life, and the distribution of a "Respecting Faith and Culture in end-of-life-care" handbook which provides useful information for health and social care staff involved in providing end-of-life-care.

22.5 In response to a question from Cllr Asaduzzaman on data on the percentage of people from particular faith or ethnic backgrounds dying at home, Mr Brindley told the Board that the only current data on this is national. However, a local needs assessment is planned.

22.6 Adam Fazakerley noted that work is ongoing with Sussex Community NHS Foundation Trust (SCFT) no establish a virtual ward to help people transition from hospital to end of life care at home.

22.7 In response to a question from Stephen Lightfoot on support for homeless people, Ms Cobb informed the Board that SCFT and Martlets have been working closely together on this issue. She agreed to circulate more information outside the meeting.

22.8 Nigel Sherriff mentioned the 'Good Grief Hastings' festival. Mr Brindley agreed to follow this up outside of the meeting.

**22.9 RESOLVED –** that the report be noted.

The meeting concluded at 5.51pm

Signed Chair

Dated this day of