Brighton & Hove City Council

Health Overview & Scrutiny Committee

Date: **11 February 2026**

Time: **4.00pm**

Venue: **Council Chamber, Hove Town Hall**

Members: **Councillors:** Wilkinson (Chair), Evans (Deputy Chair), Hill, Hogan, Lademacher, Mackey, O'Quinn, Parrott, Simon and Galvin
Co-optees: Geoffrey Bowden (Healthwatch), Nora Mzaoui (CVS), Mary Davies (Older People's Council)

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Chief Executive
Hove Town Hall
Norton Road
Hove BN3 3BQ

Date of Publication - Tuesday, 3 February 2026

AGENDA

Part One **Page**

19 PROCEDURAL BUSINESS

(a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest:**

(a) Disclosable pecuniary interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

20 MINUTES 7 - 18

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 19 November 2025 (copy attached).

21 CHAIR'S COMMUNICATIONS

22 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

(a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
(b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 4th February 2026.
(c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 29th January 2026.

23 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

(a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
(b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
(c) **Letters:** To consider any letters submitted by Members.
(d) **Notices of Motion:** To consider any Notices of Motion.

24 DENTISTRY — 19 - 32

Report of NHS Sussex (copy attached).

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

25 REDUCING HEALTH INEQUALITIES IN BRIGHTON & HOVE — 33 - 84

NHS Sussex and Director of Public Health report (copy attached).

26 NHS SUSSEX INTEGRATED CARE BOARD UPDATE FEBRUARY 2026 — 85 - 92

Contact Officer: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

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Further information
For further details and general enquiries about this meeting contact Luke Proudfoot, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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In most meetings, there are no incidents and Council is not disturbed. We hope this continues so there is no need for the Mayor or any Chair of a meeting to take these actions.

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BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 19 NOVEMBER 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Wilkinson (Chair)

Also in attendance: Councillor Evans (Deputy Chair), Hill, Hogan, Lademacher, Mackey, O'Quinn and Parrott

Other Members present: Nora Mzaoui (CVS), Geoffrey Bowden (Healthwatch), Bernadette Kent (Older People's Council)

PART ONE

15 PROCEDURAL BUSINESS

15(a) Substitutes

15.1 There were none.

15.2 Cllrs De Oliveira and Simon sent apologies for the meeting. Mary Davies (Older People's Council) sent apologies. Bernadette Kent attended the meeting as a guest to represent the Older People's Council.

15(b) Declarations of Interest

15.3 There were none.

15(c) Exclusion of press & public

15.4 RESOLVED – that the press and public be not excluded from the meeting.

16 MINUTES

16.1 The minutes of the 09 July 2025 and 26 September 2025 meetings were agreed as an accurate record.

17 CHAIR'S COMMUNICATIONS

17.1 The Chair gave the following communications:

Firstly, we have a new member on HOSC. I'd like to welcome Cllr Marina Ladermacher, who will be replacing Cllr Julie Cattell on the committee. I hope that Marina enjoys her time on the committee. I'd also like to thank Cllr Cattell for all her work with HOSC.

We're looking at a wide range of issues today. First up is our annual paper on plans to deal with additional pressures this winter. There will be a presentation from partners across the health and care system reflecting the fact that this is a partnership endeavour. There will be a follow-up paper next summer evaluating how the system performed across winter.

We also have a paper on cancer diagnosis and treatment. Improving cancer outcomes is both a local and a national NHS priority. Brighton & Hove performance has not always been as good as it might be, and I'm sure members will be keen to hear where we are currently and what improvement plans are in place.

Members may also be aware that there's currently lots of activity in terms of NHS commissioning arrangements. These are important issues, and I've asked NHS Sussex to provide a quick verbal update at this meeting on where we are locally.

The Government has recently announced that it intends to do more to share information on NHS performance with people who use NHS services. As part of this, we had the first NHS Oversight Framework dashboard released this summer, followed by the publication of league tables for both acute and non-acute trusts in September. Where this data shows that local NHS trusts need to make substantial improvements, I feel it's important that the HOSC talks to the trusts concerned about their improvement plans. We've got Sussex Partnership here today, and I'll invite other local providers to future meetings.

The last item on today's agenda is for Sussex Partnership Trust to explain why they need to temporarily close Chalkhill, their young person inpatient unit at Hayward's Heath.

Finally, I'd like to update members on the correspondence sent on behalf of the to the Secretary of State for Health regarding the future of local Healthwatch organisations.

The Committee's letter emphasised the importance of the local Healthwatch role in representing residents' experiences and ensuring strong public involvement in health and care services. A reply has now been received from the Department, acknowledging our concerns and outlining the Government's current position. I will share these with members for information.
No action is required at this stage, but the correspondence will be kept on file should the matter come before us again.

18 PUBLIC INVOLVEMENT

18.1 There was a public question from Mr Adrian Hart. Mr Hart asked:

In January, HOSC heard a presentation from the Sussex Gender Service (SGS) but many questions on prescribing practice, age of access, and pathway safeguards were not answered and remain outstanding. The Cass Review nationally, the ongoing NHS Sussex review locally alongside the jaw-dropping New Statesman expose of the scandal here in Brighton & Hove, emphasise the need for clear safeguarding protocols and transparent communication with families. The Council's Trans Inclusion Schools Toolkit and the role of activist organisations in schools have correlated directly with NHS pathways for gender care such as SGS (yet this committee applies zero scrutiny). In light of these links, what steps will HOSC take to assure residents that appropriate safeguarding oversight exists between education, primary care and specialist services (and data on referrals and prescribing are available for scrutiny), and that the affected families whose invitations to meet councillors are typically ignored, will henceforth be consulted?

18.2 The Chair responded:

Thank you, Mr Hart, for your question and for raising these concerns with the Committee. I want to begin by saying that safeguarding is taken extremely seriously by this Council, and we work closely with our local children's and adults' safeguarding partnerships.

As you'll be aware, the issues you refer to are currently the subject of a live and independent investigation being led by NHS England and NHS Sussex. That investigation focuses on prescribing for under-18s and is being carried out by independent clinicians. The Terms of Reference set out the safeguarding duties involved, and the process is already underway.

Because that work is ongoing, and because it relates directly to clinical practice and individual patient care, HOSC, like the Health & Wellbeing Board, must respect the boundaries of that process. We cannot comment on individual cases or make assumptions about clinical decision-making while the investigation is under way.

What we can do, within our scrutiny role, is ask NHS Sussex and NHS England to provide HOSC with the system-level information that can lawfully be shared during the investigation. That includes updates on safeguarding arrangements between schools, primary care and specialist services, and any aggregated activity data that NHS Sussex is able to publish at the appropriate time.

I am aware that some stakeholders have suggested a range of actions for HOSC to take at this stage. It would not be appropriate for the Committee to commit to any such actions while the NHS Sussex investigation is still in progress. However, once the investigation concludes and the final report is available, HOSC will consider its findings openly and transparently, and will then determine whether any further scrutiny activity is necessary. That ensures we remain within our statutory responsibilities, avoid prejudging independent clinical processes, and uphold appropriate safeguarding and governance standards.

On the point about families, I want to be clear and consistent with the position already set out by the Chair of the Health and Wellbeing Board. Councillors cannot engage with individual clinical cases. However, once NHS Sussex is able to report on broader system issues, those will be considered openly by HOSC in the usual way.

Also, just to be clear: schools are not involved in the prescribing of medication, that is a clinical decision between the patient and their doctor. The schools Toolkit was revised earlier this year taking into account the Cass Review, and emphasised the need for a case by case approach seeking legal advice where necessary. There has been no legal challenge to the Toolkit. If there are safeguarding concerns about an individual child, there are mechanisms to report them to Childrens Services.

Finally, NHS Sussex has committed to publishing as much information about the investigation as it can on its website, and will continue to update the public as more can be shared

HOSC will continue to scrutinise this matter carefully, within the limits of our statutory role, and we will ensure residents are kept informed at the appropriate and lawful points in the process.

18.3 Mr Hart asked a supplementary question:

Given the weight of parental evidence already known to the council, and given that NHS Sussex is effectively investigating its own actions, how does HOSC justify taking no direct scrutiny action to ensure children in this city are safe — including considering whether the threshold has been met to request a Child Safeguarding Practice Review? Thank you.

18.4 The Chair responded:

Mr Hart, HOSC must follow a due process. We cannot intervene in or run parallel to an active clinical and safeguard investigation. Our role is to receive the completed findings and then consider what if any scrutiny action is necessary. Acting prematurely would risk undermining both the investigation and our statutory responsibilities.

If the final investigation report identifies systemic issues, HOSC *will* scrutinise the response and may make formal recommendations, but we will not pre-empt the findings of an active independent process. Thank you for your supplementary question.

19 MEMBER INVOLVEMENT

19.1 There were no member questions.

20 SUSSEX WINTER PLANNING 2025-26

20.1 The item was presented by Nicki Smith, NHS Sussex Director of Emergency Preparedness, Resilience and Response. Joining her were Steve Hook, BHCC Director of Adult Social Services; Nigel Kee, University Hospitals Sussex NHS Foundation Trust Chief Operating Officer; Michelle Arrowsmith, University Hospitals Sussex; Tanya Brown-Griffith, NHS Sussex Director for Joint Commissioning and Integrated Care Teams (Brighton & Hove); John Child, Chief Operating Officer, Sussex Partnership NHS Foundation Trust; and Dr James Simpkin (primary care).

20.2 Ms Smith outlined planning for winter 2025-26. This year's planning builds on learning from previous winters with particular priority given to starting the planning cycle early; developing clear escalation plans; focusing on discharge, staff vaccination and communications; and holding 2 discharge events relatively early in the winter.

20.3 Ms Brown-Griffith added that Brighton & Hove specific work includes: focus on the unscheduled care hub which helps deliver effective use of ambulances; the development of a neighbourhood health alliance which offers proactive care planning to people most at risk of un-planned admission; a particular focus on supporting people with COPD; and an integrated approach to admission avoidance via Better Care Fund supported collaborative work.

20.4 Cllr O'Quinn asked about staff vaccination. She was informed that current rates are around the national average. This year's focus includes having roving teams rather than expecting all staff to book slots at a clinic. Some partners are also offering vouchers.

20.5 Cllr O'Quinn asked about use of AI. Mr Child responded that there is work in its early stages looking at supporting clinical triage. This has very careful governance in place. Mr Kee added that the hospital trust is similarly in the early stages of developing AI programmes, also with robust governance.

20.6 Cllr Parrott asked about consideration of people with protected characteristics. Ms Brown-Griffith assured members that there is a robust equalities impact assessment of winter plans. Specific work includes information on falls prevention being translated into 30 languages.

20.7 Cllr Parrott asked about planning for people in a mental health crisis. Mr Child responded that there have been improvements made to the urgent mental health pathway in recent months, for example the establishment of crisis cafes with extended opening hours. SPFT mental health liaison teams work in A&E and ensure timely assessment of mental health needs. However, there remain significant challenges in terms of waits for mental health beds and in terms of mental health phoneline capacity. There has been no specific additional national resourcing made available for the coming winter.

20.8 Geoffrey Bowden asked about provision for the homeless and for asylum seekers. Md Brown-Griffith responded that Arch provides a range of services for these vulnerable communities, including pop-up on-street vaccination offers. Steve Hook explained the important role that SWEP (severe weather emergency protocol) arrangements play in supporting homeless people. In past years there has been additional national funding for SWEP, but none has been offered this year.

20.9 Bernadette Kemp (Old People's Council) voiced concerns about the impacts of midday discharge on older patients. Mr Kee responded that there is a big push for earlier discharge but there is recognition that there are specific issues relating to some patients, particularly for people who live alone. Mr Hook added that homecare commissioning has been revised to provide additional discharge support. There are particular issues for people with dementia and additional step-down beds are being provided at Ireland Lodge. There is a multi-disciplinary admission prevention team operating from the Royal Sussex and this has diverted around 2000 people from hospital admission since 2023.

20.10 Cllr Mackey asked what had been learnt from the previous winter. Ms Smith replied that the main learning points were to begin planning earlier in the year, to have clear escalation routes, to schedule testing events at an earlier point, to be really focused on vaccination and communications, and to ensure that clinicians are fully engaged with every initiative. Mr Kee added that learning also included the importance of good quality staff engagement and using discharge lounges in more intelligent and holistic ways. Dr Simpkin noted that from a primary care perspective learning included the need to focus on the patients at highest risk of admission and on making early referrals into multidisciplinary teams.

20.11 Cllr Parrott asked whether staff vaccination schemes extended to community & voluntary sector workers playing a key role in winter planning and delivery. Ms Smith responded that she was unsure but would be happy to provide a written response.

20.12 Mr Bowden asked about the negative impacts of beginning planning later last year. Steve Hook replied that one negative example concerned the multi-agency discharge events. Last year the first of these events took place in the week before Christmas which presented a number of logistical problems which could have been avoided had the event been held a week or so earlier.

20.13 Nora Mzaoui noted that Community Works will meet imminently to discuss winter plans. She asked whether it will be possible to adjust plans if community sector colleagues identify gaps. Ms Brown-Griffith replied that local plans can be flexed in this way.

20.14 Cllr O'Quinn asked a question about access to GPs over the Christmas period. Dr Simpkin responded that GP surgeries are in fact open as usual on every day other than bank holidays. While January is a busy time, the period before Christmas is not always particularly busy.

20.15 Cllr Hill asked about ambulance handover performance and how the ideas of non-managerial staff on improving performance are captured. Mr Keen responded that there have been dramatic recent improvements in ambulance wait times, particularly with regard to the 60 minute target. UHSx works very closely with South East Coast Ambulance NHS Foundation Trust on this and key roles are played by non-clinical staff across the emergency department.

20.16 Cllr Hill asked about the potential impact of strikes across winter. Mr Kee responded that services have become increasingly adept at managing industrial action and maintaining good standards of both emergency and elective performance.

20.17 Cllr Hill asked about waiting times for acute mental health beds. Mr Child responded that the waits are longer than anyone would want. However, there has been some recent improvement in terms of patients waiting at the Royal Sussex (RSCH) A&E for a mental health admission.

20.18 Mr Bowden asked about capacity issues at RSCH A&E. Ms Smith responded that a new acute medical unit will open imminently. This is a key stage in the implementation of planned emergency floor improvements and will help increase capacity.

20.19 The Chair asked whether the winter plans were adequately resourced. Mr Kee replied that close working is the key factor: if partners work well together and each organisation manages staff sickness effectively, the system should cope.

20.20 The Chair asked about contingency plans. Mr Kee responded that there are a range of Sussex-wide escalation plans. Ms Smith added that there are also close links across the south east region.

20.21 Cllr Hill proposed an amendment to the report recommendation to include an additional recommendation: "that HOSC Committee recommends that consideration be given to a planned roll-out of vaccinations for individuals working in the Voluntary, Community, and Social Enterprise sector who play a vital role in supporting the winter plan". This was seconded by Cllr Parrott and agreed by the committee.

20.22 RESOLVED – that the report be noted; and that HOSC Committee recommends that consideration be given to a planned roll-out of vaccinations for individuals working in the Voluntary, Community, and Social Enterprise sector who play a vital role in supporting the winter plan.

21 CANCER DIAGNOSIS AND TREATMENT

21.1 This item was presented by Nigel Kee, University Hospitals Sussex NHS Foundation Trust Chief Operating Officer, and by Stephen Peacock, NHS Sussex Deputy Director, Acute Services Commissioning and Transformation, Cancer & Diagnostics.

21.2 Mr Peacock told the committee that the post-Covid recovery programme for cancer treatment is progressing. Services are now meeting the 28 day target. There are still issues with the 62 day target, but this is also showing consistent improvement. Efforts are focused on the areas of most concern and on the greatest impact areas. Mr Kee added that lower GI treatment has now been consolidated on the Worthing site and services are performing well. There is still room to improve co-working across the Sussex Cancer Alliance.

21.3 Cllr Evans asked why the statistics show an increase in referrals but a flat rate for cancers detected. Mr Peacock responded that this is being evaluated. It may be that this just shows enthusiastic referral patterns from primary care.

21.4 Cllr Evans suggested that this may be linked to a de-skilling of NHS services with more workers who are not doctors now involved in assessing patients. Mr Peacock replied that this is an area under investigation. However, the NHS does need a broad skills-mix across its workforce. Mr Kee added that the majority of cancer referrals are made by GPs, with some from dentists also. GPs have ample guidance on making cancer referrals, and it may be that some of the increase in referrals is due to greater awareness of cancer symptoms across the general population.

21.5 Cllr Parrott asked about staff shortages. Mr Keen responded that some cancer posts are difficult to recruit to, including oncologists and radiographers. There have been some successful recruitment rounds recently plus retention has been good. Cllr Parrott noted that the 2024 system review of staff retention had identified aggressive behaviour by colleagues as a major factor in high turn-over. Mr Kee replied that this is monitored closely; the local rates for staff to staff aggression are low.

21.6 Cllr O'Quinn asked why the 62 day performance and national survival rates are so low. Mr Peacock replied that UK survival rates have long lagged behind other European countries, and particularly behind Scandinavia. There is a long term national improvement plan. Mr Kee added that cancer care is complex and is always evolving. Improving performance against different cancers may require quite different actions. We are seeing consistent improvement across cancer types, and the development of the new Sussex Cancer Centre will help cement this.

21.7 Geoffrey Bowden noted that 62% of local patients rated their experience of cancer services as good. However, there remain serious issues with access to diagnostics, for example in terms of breast and cervical cancer screening rates for older women. Mr Kee agreed that more needs to be done to help people access diagnostic services.

21.8 Cllr Mackey asked what the benefits of the performance oversight regime were. Mr Kee replied that there were many advantages in working with the Cancer Alliance, particularly in terms of learning from national best practice. Mr Peacock added that it is useful to be able to highlight issues to NHS England in a proactive way.

21.9 Bernadette Kemp asked why there were no equalities implications in the report. The scrutiny officer explained that report implications outline the implications of the report recommendations. Where a report recommendation is 'to note' there will not usually be any implications to capture. This does not mean that equalities issues are not of importance in terms of the diagnosis and treatment of cancer.

21.10 Cllr Hill asked about developing future workforce. Mr Peacock replied that work is ongoing with the University of Chichester to develop a diagnostics faculty. Mr Kee added that it is also important to share information with schools.

21.11 Cllr Hill asked about self-referral. Mr Peacock replied, noting that there had been a self-referral pilot in East Kent. Mr Kee added that being able to share information from this type of initiative was one of the benefits of working with the Cancer Alliance.

21.12 Cllr Hill asked for clarification on plans to phase-out endoscopy in 'low-yield cases. Mr Peacock explained that this is about using less invasive alternatives to endoscopy for low risk bowel cancer patients. This works well, and includes the ability to refer those who test positive for further investigation via endoscopy.

21.13 The Chair asked about 62 day breaches. Mr Kee responded that when delays do occur, services examine what caused the delay and also conduct harm reviews.

21.14 Nora Mzoui (CVS representative) asked about delays in getting appointments for breast cancer screening due to capacity issues at the Park Centre. Mr Peacock agreed to provide a written response.

21.15 Members discussed whether to request a further update on cancer performance and agreed that one was required within the next 6 months. Members also agreed to hold a work-planning session.

21.6 RESOLVED – that the report be noted and an update on cancer performance be brought to a future committee meeting.

22 NHS CHANGE

22.1 This item was presented by Tanya Brown-Griffith, NHS Sussex Director for Joint Commissioning and Integrated Community Teams, Brighton & Hove.

22.2 Ms Brown-Griffith outlined recent and planned changes to NHS commissioning including

- The planned abolition of NHS England (NHSE) and the absorption of NHSE functions by the Department of Health & Social Care (DHSC)
- The 50% reduction in Integrated Care Board (ICB) operating costs
- The merger of Sussex and Surrey Heartlands ICBs
- A shift in focus of ICB commissioning, away from year on year commissioning to a more strategic focus with a 3-5 year commissioning cycle
- The implementation of the NHS Long Term Plan
- The agreement of an ICB redundancy plan
- The continuing development of primary and acute provider collaboratives
- The development of a local Neighbourhood Health Alliance
- The appointment of a new ICB Chair and CEO
- The development of the Sussex Major Service Review
- The progress of the ICB's commissioning intentions.

22.3 Geoffrey Bowden asked about the future of patient voice and uncertainties about Healthwatch contracts. Ms Brown-Griffith confirmed that Healthwatch funding will continue for 2026-27. The ICB recognises the importance of patient voice and will continue to commission services.

22.4 Cllr Parrott asked about the impact of redundancies on ICB staff. Ms Brown-Griffith acknowledged that this is a very difficult time for staff. There is health and wellbeing support in place, but sickness rates have increased.

22.5 Cllr Hill asked about how NHSE's oversight role would be continued. Ms Brown-Griffith replied that these duties would be taken up by DHSC.

22.6 Cllr Hill asked whether ICBs have worked well compared to the Clinical Commissioning Groups (CCGs) they replaced. Ms Brown-Griffith responded that ICBs are more focused and streamlined than CCGs, although some functions have been lost.

22.7 Cllr Hill asked why Sussex ICB was merging with Surrey Heartlands rather than another ICB. Ms Brown-Griffith replied that a merger was essential to manage the reduction in ICB operating costs. For many reasons, Surrey was the obvious areas for Sussex to merge with.

23 NHS OVERSIGHT FRAMEWORK 2025-26: UPDATE FROM SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

23.1 This item was presented by John Child, Sussex Partnership NHS Trust (SPFT) Chief Operating Officer.

23.2 Mr Child explained that SPFT has been placed in segment 4 of the NHS Oversight Framework (NOF). There are 5 segments, with the best performing trusts in segment 1.

23.3 The NOF assesses NHS mental health trusts against a series of metrics. (Different metrics apply to acute, community and ambulance trusts.)

Child & Adolescent Mental Health Services (CAMHS) access. SPFT was not scored against this metric as the trust has recently ceased providing CAMHS in Hampshire, but it was not possible to disaggregate this performance from Sussex performance.

Effectiveness and Experience. This metric assesses CQC community survey results and acute bed length of stay in excess of 60 days. The NOF does not take into account the numbers of patients who are clinically ready for discharge but who remain in acute beds, for example because suitable supported housing packages have not been identified. However, this is important context when assessing length of stay performance.

Patient Safety. This metric looks at performance in terms of seeing people in crisis within 24 hours and also staff survey responses.

People and Workforce. This metric measures sickness absence and engagement with trust staff surveys.

Finance. This metric assesses whether a trust forecasts a deficit at year end and also month on month variance from forecast expenditure. Trusts forecasting a deficit are limited to being placed in NOF segment 3 or below.

23.4 Cllr Parrott asked about physical health factors in treating people with mental health problems. Mr Child replied that this is an issue of growing importance, with increasing numbers of mental health patients also experiencing physical health issues such as chronic pain or obesity. The model of community care offered is critical here: we need to move to a model that has better integration between physical and mental health support.

23.5 Cllr Parrott asked about culture within SPFT. Mr Child responded that improving culture is a priority. SPFT has focused on increasing the rate of staff survey responses as this is a key way of receiving feedback on culture. There has been a lot of organisational change in recent years which inevitably has an impact on culture. The trust is also investing in a Continuous Quality Improvement Programme which entails working closely with staff about how it feels to work in SPFT.

23.6 Cllr Mackey asked about the role of co-production in CAMHS. Mr Child replied that SPFT is committed to improving services via a co-production approach with people who have lived experience.

23.7 Cllr Mackey asked about interventions to address excess length of stay in acute beds. Mr Child replied that some of the issues relate to delays in care packages or supported housing. However, SPFT internal procedures can also lead to discharge delays. Steve Hook, BHCC Director of Adult Social Services, added that the council has a close relationship with SPFT and although the council faces its own challenges, there has been significant improvement in discharge performance this calendar year.

23.8 Cllr Hill asked about the freedom to speak up function. Mr Child explained that there is a focus on raising staff awareness of this, via measures including having local champions.

23.9 Cllr Hill asked whether staff feel safe reporting issues relating to racist behaviour. Mr Child replied that there is a significant programme of work on racial inequality and offered to share more details of this in writing.

23.10 RESOLVED – that the report be noted.

24 CHALKHILL TEMPORARY CLOSURE

24.1 This item was presented by John Child, Sussex Partnership NHS Foundation Trust (SPFT) Chief Operating Officer.

24.2 Mr Child told the committee that SPFT had decided to temporarily close Chalkhill following CQC inspections which had identified the need to make significant improvements. The closure will allow SPFT to develop a new clinical model for the unit, address vacancy issues and make improvements to the fabric of the building. The closure is temporary, and the trust will use young people's acute capacity in Surrey and Kent to house patients until the work is completed.

24.3 Cllr Parrott asked about the quality of alternative Tier 4 provision. Mr Child replied that SPFT quality check all provision that they refer patients to. This is made easier by being a member of the provider collaborative.

24.4 Cllr Parrott asked about impacts on Tier 3 provision while Chalkhill was closed. Mr Child responded that the trust had made significant recent investment into Tier 3 provision to ensure that any additional demand can be met.

24.5 Cllr Parrott asked whether there are plans to expand capacity at Chalkhill. Mr Child replied that this is a question to be addressed as part of the refresh of the clinical model. The overall aim is to ensure that young people receive treatment in the best place for their needs.

24.6 Cllr Hogan noted that Chalkhill had long standing problems and asked whether these could be rectified. Mr Child replied that the problems can be rectified, although a lot of work will be required. However, the temporary closure is essential to do this; it would not be possible to make the necessary improvements were the unit to remain in operation. It is important to note that many Tier 4 units across the country face similar issues.

24.7 The Chair asked about engagement with the HOSC on the progression of the plans. Mr Child responded that the trust would be happy to provide the HOSC with progress updates. The CQC will doubtless look to inspect the new unit when it opens.

24.8 The Chair asked whether there was a date for re-opening. Mr Child replied that it was not currently possible to set a date. Ultimately this is likely to be dictated by the extent of building works required, but the scope of work will be determined by the review of the clinical model.

24.9 The Chair asked about staff redeployment. Mr Child replied that, because of the uncertainty of when Chalkhill will reopen, the trust had decided to permanently redeploy staff

rather than leave them in an uncertain position. Staff will consequently need to reapply for posts if they wish to return to the unit.

24.10 RESOLVED – that the report be noted.

The meeting concluded at 8.15pm

Signed Chair

Dated this day of

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 24

Subject: **Dentistry**

Date of meeting: **11 February 2026**

Report of: **NHS Sussex Integrated Care Board**

Contact Officer: **Name: Giles Rossington, Scrutiny Manager**

Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 This report presents information from NHS Sussex Integrated Care Board (ICB), the local NHS commissioners of NHS dental services. Appendix 1 to the report is a submission from the ICB which includes information on access to NHS urgent and routine dental services, on plans to improve access, and on the programme offering better preventative dental care to children.

1.2 The HOSC last considered the issue of dentistry in 2024. A link to the January 2024 committee report is included for information in the background papers to this report.

2. Recommendations

2.1 Health Overview & Scrutiny Committee notes the contents of this report.

3. Context and background information

3.1 NHS dental services have experienced considerable pressures in recent years, particularly in terms of people struggling to access either routine or

urgent services. Members of the public also frequently report concerns about other aspects of NHS dentistry, including uncertainty about what dental services are available on the NHS, worries that NHS patients may be improperly encouraged by dentists to purchase private services, and confusion about dental lists. These are national issues which are also experienced locally: Healthwatch Brighton & Hove receives a consistently high volume of enquiries and complaints about dental services and has published advice and information to help local residents navigate the system Dentistry – A Healthwatch guide to your rights and accessing the treatment you need | Healthwatch Brightonandhove.

3.2 The government acknowledges that there are significant problems with NHS dentistry and recent national NHS Guidance includes objectives to increase NHS dental activity, focusing particularly on ensuring that people can access urgent NHS services. The government is also committed to reforming the dental contract over time – the current contract is widely viewed, both by NHS commissioners and by dentists, as an impediment to improving services. Substantial changes to the ways in which the NHS contract operates will be introduced in April 2026, with further changes to follow.

3.3 The HOSC last scrutinised this issue on January 2024. A link to this report is included for information as a background document.

3.4 Appendix 1 to the current report consists of a paper provided by the ICB. The paper briefly explains how NHS dentistry functions. It also provides more detailed information about the local programme to increase NHS dental capacity in Brighton & Hove, the communications plan that will ensure local residents are aware of the increased availability of NHS dentistry, and the programme of preventative work focusing on children living in the more deprived areas of the city.

4. Analysis and consideration of alternative options

4.1 Not applicable to this report for information.

5. Community engagement and consultation

5.1 No engagement has been undertaken for this information report.

6. Financial implications

6.1 There are no financial implications to this report fnformation.

Name of finance officer consulted: Date consulted (dd/mm/yy):

7. Legal implications

7.1 There are no legal implications arising directly from this report, which is for noting.

Name of lawyer consulted: Victoria Simpson Date consulted 29.01.26

8. Equalities implications

8.1 None directly for this information report. Members may wish to note that it is particularly crucial that children and young people learn the habits of good dental hygiene as this forms the basis for life-long good oral health. Appendix 1 to this report includes details of work in the city to encourage good dental hygiene across the most deprived communities. Also, where there is little or no access to free at the point of care NHS dental services, or where people struggle to understand how they can access these services, the communities most impacted will be those least able to pay for private dentistry. This may include a range of communities with protected characteristics, including older people, people for whom English is not their first language, and people with disabilities.

9. Sustainability implications

9.1 None identified.

10. Health and Wellbeing Implications:

10.1 Health and wellbeing issues are explored in Appendix 1 to this report.

Other Implications

11. Procurement implications

11.1 None identified for this information report.

12. Crime & disorder implications:

12.1 None identified for this information report.

13. Conclusion

13.1 Committee is asked to note the steps being taken locally to increase access to NHS dentistry, to communicate the additional availability of NHS dental services, and to encourage good oral hygiene for children in the city's more deprived areas.

Supporting Documentation

1. Appendices

1. Information provided by NHS Sussex Integrated Care Board (ICB)

2. Background documents

1. HOSC dentistry report January 2024: Brighton & Hove City Council - Agenda for Health Overview & Scrutiny Committee on Wednesday, 31st January, 2024, 4.00pm

NHS Sussex paper to Brighton and Hove Health Overview Scrutiny Committee (HOSC) on Dentistry

1. Introduction

1.1 NHS Sussex shared a report on Dentistry with the Brighton and Hove Health Overview Scrutiny Committee (HOSC) on 31 January 2024 NHS Sussex Report on Dentistry Jan 2024.pdf The report set out the position of the delegated commissioning responsibility for Dentistry, provided an overview of how dental services are delivered, and described how the NHS Sussex Dental Commissioning and Transformation programme is being delivered across Sussex and supporting the development of NHS dental services across Sussex.

1.2 This report to the February 2026 HOSC meeting provides an overview of developments nationally and across Brighton and Hove since January 2024 to support people to access NHS dentistry. The report is divided into the following sections:

- Section 2: The National Dental Rescue Plan.
- Section 3: How are dental providers delivering contracted activity across Brighton & Hove?
- Section 4: How have NHS dental contract hand backs and terminations affected Brighton and Hove?
- Section 5: What actions has NHS Sussex taken to enhance dental access in Brighton and Hove?
- Section 6: Continuous improvement priorities
- Section 7: Conclusion

1.3 To recap, enhancing access to dental services is a national and local priority. The NHS Planning and Operating Guidance 2024/25 included a national objective to increase dental activity by implementing the national plan to recover and reform NHS dentistry, improving units of dental activity (UDA) towards pre-pandemic levels. The NHS Planning and Operational Guidance 2025/26 includes a national priority to improve access to urgent dental care, providing 700,000 additional urgent dental appointments. Across Sussex this equates to approximately 26,500 appointments.

1.4 The Medium Term Planning Framework NHS England » Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 was published in October 2025. It was intended to “end the short-termism that has held the local NHS back”, provide local leadership teams and boards with “the opportunity to break the cycle of ‘just about managing’ by creating the environment and headroom to fix the fundamental problems faced” and to improve care in the immediate term.

1.5 The framework described the requirements for ICBs to:

- Deliver their contribution to the government’s commitment to deliver an additional 700,000 urgent dental appointments in England against the July 2023 to June 2024 baseline period.
- Successfully implement dental reforms to ensure the additional manifesto

target is incorporated into contractual activity.
- Implement locally driven quality improvement approaches for dentistry, ensuring clinical leadership and communities of practice are in place to support improved access and the introduction of new pathways for high needs and complex patients.

1.6 Dental contracting was explained in the January 2024 report but to recap, NHS services are open to anyone from any area and people can NHS receive care in any practice able to offer them an appointment. A practice is only responsible for a patient's care whilst they are receiving treatment. Many practices will maintain a list of regular patients and only take on new NHS patients where they have capacity to do so, such as when patients do not return for check-ups when recalled or they advise the practice that they are moving from the area. People without a regular dentist, may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or choose to be seen privately.

1.7 NHS dental contracts require dentists to complete a set number of Units of Dental Activity (UDA). UDA do not relate to the number of patients. The various treatments people receive from dentists attract different charges based on bands and are also assessed as representing a different number of UDA.

1.8 This report sets out the actions we have taken over the last two years to enhance routine and urgent care dental access for people across Brighton and Hove. It also outlines our plans to deliver the requirements of the Planning and Operational Guidance for 2025/26 and the Medium Term Planning Framework.

2. The National Dental Rescue Plan

2.1 The government committed to delivering their manifesto pledges published on 24 June 2024. This included their Dentistry Rescue Plan with four areas of focus:

- Reform the dental contract, to rebuild NHS dentistry and make sure everyone who needs a dentist can get one.
- Roll out supervised toothbrushing for 3 to 5-year-olds, to prevent children forced to hospital to have their rotting teeth pulled out.
- Fill the gap of appointments with an extra 700,000 urgent and emergency dental appointments a year.
- Flood 'dental deserts' with new dentistry graduates, with 'golden hellos' of £20,000 for those who spend at least three years working in underserved areas.

Detail about each area is included below.

Reform the national dental contract

2.2 In July 2025 the Department of Health and Social Care consulted on quality and payment reforms to the national dental contract. These changes represented the first step in the government's commitment to fundamentally reform the dental contract and focused on addressing a number of issues raised by patients, the

dental profession and those representing these groups. The package of reforms they consulted on over the summer were designed to:

- secure delivery of the government's commitment to provide additional access to urgent dental appointments and ensure a safety net is in place to allow any patient with an unscheduled care need to get rapid support on the NHS
- introduce new clinical and payment pathways to improve care for patients with unmanaged progressive disease (complex care needs)
- incentivise more evidence-based interventions including through greater use of dental professional skill mix
- improve the quality of care which is delivered through better supporting learning and development activities
- help dental professionals to feel part of the NHS.

2.3 The proposed changes are intended to deliver benefits for both patients and the profession and represent a move away from some of the features of the current unit of dental activity (UDA) payment model, which dental teams have told us is a barrier to delivering NHS care.

2.4 On 16 December 2025, NHS England published their response to the consultation. The overall responses to the consultation were positive and the government will be proceeding with implementing the changes with a few amendments. NHSE advise that contract reform will address the challenges that dentists are experiencing and that impact patient access to dental care.

2.5 The reform package focuses on improving patient access, particularly for urgent and complex cases, while addressing workforce pressures and modernising payment structures.

2.6 The objectives are to:

- Improve access to urgent and emergency dental care, with new requirements for practices to offer more same day or rapid response appointments.
- Prioritise patients with the most complex needs, including those with advanced gum disease or significant decay, through new incentives for longer term and preventive treatment plans.
- Reduce oral health inequalities, supported by public health measures such as supervised toothbrushing for young children and expanded water fluoridation schemes.
- Modernise quality and payment mechanisms, adapting elements of the current UDA system to better reflect clinical complexity and quality of care rather than volume alone.
- Support workforce sustainability, with reforms linked to broader NHS workforce planning and improved flexibility in service delivery models.

2.7 The key changes are detailed below.

- Revised payment structure: The government will implement the full package of quality and payment reforms consulted on in 2025, with adjustments based on feedback.
- Enhanced incentives for complex care: Practices will be financially supported to deliver multi visit, high complexity treatments.
- Urgent care access requirements: Practices will be expected to ring fence capacity for urgent appointments, improving responsiveness for patients unable to access routine care.
- Prevention focused initiatives: National programmes for supervised brushing and fluoridation aim to reduce long term disease burden and demand for emergency care.

2.8 Contract changes will be implemented from April 2026.

Roll out supervised toothbrushing for 3 to 5-year-olds

2.9 NHS Sussex has worked with the Public Health teams across Sussex to ensure the national supervised toothbrushing initiative for children aged 3–5 is available for children in areas of higher deprivation.

2.10 The programme, which is commissioned by Public Health, is being delivered through early years settings (nurseries, preschools, reception classes) by Sussex Community NHS Foundation Trust's (SCFT) Oral Health Promotion Team.

2.11 The focus is on early years settings in more deprived areas, where tooth decay rates are highest. Children brush once daily in a group setting, supervised by trained staff. The programme supplements home brushing and aims to reduce inequalities in oral health.

Deliver an extra 700,000 urgent and emergency dental appointments a year

2.12 NHS Sussex ICB's share of the 700,000 appointments is 26,546. We are delivering additional urgent dental appointments using the Sussex Urgent Dental Care programme (UDC) and the national Urgent Dental Care Incentive (UDCi) Programme. More detail about these programmes is provided in Section 5 of this report.

"Golden Hello"

2.13 The Dental "Golden Hello" Programme (Dental Recruitment Incentive Scheme) is designed to tackle workforce shortages in NHS dentistry by offering financial incentives or "golden hellos" to dentists who take up posts in hard to recruit areas.

2.14 The purpose is to boost recruitment in areas with persistent workforce shortages, and the scheme provides a financial incentive to encourage dentists to take up roles

in these locations. Specific detail about the programme in Brighton & Hove is included in section 5.

3. How are dental providers delivering contracted activity across Brighton & Hove?

3.1 There are currently forty-three NHS Mandatory Dental Service (MDS) contracts across Brighton and Hove (January 2026). These providers are contracted to deliver a total of 415,491 UDAs (2025/26). Whilst the number of contracts has decreased by one since January 2024 there has been an increase in contracted activity of 19,508 UDA in the city. The reduction in the number of contracts is made up of two contract terminations and one new provider in Hove as detailed in section 4.

3.2 Dental access is reduced when NHS dental providers under-perform against their contracted activity. Sussex dental performance data showed a steady decline in delivery of UDA after the Covid-19 pandemic, decreasing from 94% in 2018/19 to 65% in 2021/22. This trend was mirrored at a regional and national level. There was a significant improvement in 2024/25 with 83.8% of UDA being delivered across Brighton and Hove (83.4% in Sussex against a target of 80%).

3.3 Our latest dental performance data for 2025/26 indicates improvements across Sussex with both Sussex and Brighton & Hove providers delivering above target levels. At of 30 September 2025 our target delivery was 911,054 UDA (39%). Providers in Sussex delivered 1,030,133 UDA (44%). Across Brighton and Hove providers delivered 191,501 UDA which equates to 46% of their contracted activity. This is positive and shows that it is likely that most providers will be able to deliver against their contracted activity levels in 2025/26.

4. How have NHS dental contract hand backs and terminations affected and Hove?

4.1 Since the last report to HOSC in January 2024 there has been two contract terminations, but no contract hand backs in Brighton and Hove. There has also been one new contract mobilised (Sep 2024).

4.2 The terminations are due to a low level of service delivery from the providers in 2024/25 and no delivery in 2025/26. This activity will be recommissioned as detailed in section 5.

4.3 NHS Sussex commissioned a new dental practice to improve access and support people to see an NHS dentist. Damira Dental Studio Ltd in Eaton Road, Hove opened in September 2024 and is contracted to deliver 21,000 UDA per year (the equivalent of 3 full time dentists).

5. What actions has NHS Sussex taken to enhance dental access in Brighton and Hove?

5.1 As highlighted in the report to HOSC in January 2024, NHS Sussex was one of the first ICBs to take on the responsibility for commissioning primary, secondary and community dental services. We developed our Sussex Dental Recovery and Transformation Plan, and this has helped us to plan our commissioning of dental services and enhance access to services as detailed below.

5.2 Overperformance

In June 2025 all dental providers were invited to confirm whether they had capacity to 'overperform' by up to 10% of contract value in 2025/26 as per national guidance. The ICB offered this opportunity to providers again in December 2025. In Brighton and Hove nineteen dental contracts applied. All these applications were approved to 'overperform' by up to 10%. This represents delivery of up to 20,937 additional UDA in the area. This is the equivalent of around 3 full time dentists.

5.3 Procurement

A commissioning plan has recently been approved which will mean NHS Sussex will commission an additional 101,000 UDA across Sussex, with 10,000 UDA being procured across the Brighton and Hove area. The plan is to procure this activity through "rapid" commissioning and is detailed in Table 1 below. "Rapid" commissioning allows ICBs to offer additional permanent activity to current providers in the area. This support local providers to increase their contracts and means that activity can be mobilised very quickly.

NHS Sussex has written to local providers asking for expressions of interest to increase their contracts. This activity should mobilise and be available from May 2026.

Once this activity is commissioned, UDA per head of population (php) in the Brighton and Hove area would increase to 1.44 UDA php, which is above the aspiration level of 1.42 UDA php.

Table 1 – NHS Sussex Procurement plan January 2026

Sussex Local Authority District	Aspiration UDA PhP (based on IMD)	Revised UDAs PHP 1 Apr 26	Approved procurement to mobilise 2026/27	UDAs php after approved procurement	Reason
Adur	1.42	1.42		1.42	At target uda php
Arun	1.42	1.27	24,000	1.42	To get to target uda php
Brighton & Hove	1.42	1.40	10,000	1.44	To get to target uda php
Chichester	1.00	0.87	21,000	1.04	To get to target uda php
Crawley	1.42	1.49		1.49	Above target uda php
Eastbourne	1.42	1.41	5,000	1.46	To get to target uda php
Hastings	2.00	2.23		2.23	Above target uda php
Horsham	1.00	1.27		1.27	Above target uda php, no loss
Lewes	1.42	1.35	7,000	1.42	To get to target uda php
Mid Sussex	1.00	1.34	10,000	1.40	UDA loss in Mid Sx, temp uda in place
Rother	1.42	1.16	24,000	1.42	To get to target uda php
Wealden	1.00	1.31		1.31	Above target uda php, no loss
Worthing	1.42	1.43		1.43	Above target uda php, no loss
Total		1.38	**101,000**	**1.42**	

5.4 ***Temporary contract variations***

NHS Sussex wrote to all “high street” dentists in December asking if any providers have capacity to deliver additional activity temporarily in 2025/26. This would be via a temporary contract variation increasing their contract in year by up to 25%.

Applications were received from eleven dental practices in Brighton and Hove. Due to high demand NHS Sussex agreed to fund all applications allowing contract variations of up to 20%. This will mean an extra 20,567 UDA can be delivered in Brighton and Hove during February and March.

This additional activity is open to all categories of patients, and we have told providers that we hope new and urgent patients are prioritised where possible.

5.5 ***Sussex Urgent Dental Care Programme***

NHS Sussex has expanded its Urgent Dental Care (UDC) Programme. This follows a successful 12-week pilot in 2024/25. The programme is designed to improve access to urgent dental services for people without a regular dentist and to stabilisation treatment for vulnerable patient groups. Patients in need of urgent dental care can access the service by calling the Sussex Dental Helpline on 0300 123 1663 or emailing kcht.dentalhelpdesk@nhs.net The Helpline team have the latest information on the availability of appointments and can book patients into appointment slots directly.

There are currently 5 providers in Brighton and Hove offering around 200 additional urgent appointments per week via this programme. Across Sussex there are 24 providers offering around 500 additional appointments per week.

Some examples of our comms materials are shared below. These have been shared with stakeholders including Healthwatch, GP practices, pharmacies, and opticians. Infographics have also been used in social media marketing including Facebook and the Nextdoor app. These materials have a QR code that takes people to the Sussex Health and Care website which lists providers taking part in the Sussex Urgent Dental care programme and also those taking part in the national Urgent Dental Care Incentive programme. We have also held regular webinars with our providers and supported them to reach out to their local communities to publicise these appointments.

Business Card

Infographic/ poster

Information about providers is available on the Sussex Health and Care website [Urgent dental care]

5.6 ***National Urgent Dental Care Incentive (UDCi) Scheme***

The Urgent Dental Care Incentive Scheme is an NHS England programme designed to increase the availability of urgent dental appointments. It commenced on 25 Sep 2025 and runs to 31 Mar 2026. The scheme rewards dental practices that deliver more urgent care than their baseline activity.

Key information about the scheme is detailed below.

- Practices are encouraged to deliver 25% more urgent care courses of treatment than their baseline.
- Practices are paid £50 per additional urgent course of treatment for achieving 125% of their baseline.
- Practices not achieving 25% but achieving over 117.5 % are funded £25 per course of treatment.
- There is no incentive payment for activity below 117.5%.
- The baseline is based on extrapolated urgent care activity from Apr to Jul 2025.

Across Sussex 50% of providers have signed up to this scheme.

5.7 ***"Golden Hello" (Dental Recruitment Incentive Scheme)***

In 2024/25 NHS Sussex offered 17 "golden hellos" to dentists across Sussex. Two of these were for dentists in Brighton and Hove. Unfortunately, the practices did not manage to recruit new dentists. The ICB has offered a further nine "golden hellos" in 2025/26, four of these are for dentists in the Brighton and Hove area. We are working with our workforce team and dental providers to support them with their

recruitment plans.

*5.8 **Paediatric Access and Prevention programme***

NHS Sussex recently launched a Paediatric Access and Prevention programme aimed at 0 to 3-year-olds delivered by dental sites across Sussex. This pilot programme builds on the success of the Dental Check by One initiative and aims to welcome new 0 to 3-year-olds at each site.

The pilot aims to increase access to NHS dental appointments for 0-3 year olds and provide enhanced prevention advice to families in need of it by implementing the following:

- Participating dental practices indicate that they are available to see 0-3 years olds
- The dental practices are provided with a baby toothbrush, fluoride toothpaste (50ml) & Twist & Seal cup by the ICB, to distribute to the new families and 0–3-year-olds, which act as an incentive
- All new 0-3s have a first appointment with a dentist who delivers universal prevention advice and advises on the infant's caries risk
- Based on the caries risk assessment the infant is allocated a dental recall between three and six months
- The dental practice will choose a dental therapist, nurse or hygienist within their practice to become their Oral Health Champion (OHC).
- The OHC is trained by Sussex Community NHS Foundation Trust (SCFT) to deliver enhanced oral health prevention and behaviour change training.
- The OHC will deliver oral health training and intervention to families indicated as having a need at their first appointment.
- Outside of clinical intervention, the Oral Health Champion's time is also funded to undertake outreach services to develop pathway referral links with local GPs, Family Hubs, early years settings, health visitors and PCN leads for 0-3s who do not have an NHS dentist and who are at risk of caries.

So far, we have successfully onboarded 16 providers across Sussex with Newick Dental in the Moulsecoomb and Bevendean Ward delivering the service in Brighton.

In addition, NHS Sussex has commissioned SCFT to train all health visitors in Sussex to ensure consistent and accurate messaging regarding oral health prevention for families across the county. We have organised three online training sessions, with booking links circulated through our local authority partners. These training sessions are scheduled to take place from December to February. All health visitors trained will be given the list of participating practices they can refer families to, ensuring that babies get their first dental check as soon as possible.

6. Continuous improvement priorities

We continue to take actions, as detailed below, to support continuous improvement:

- Review contracted dental activity, performance and population health management data regularly to inform commissioning decisions to help address variation and health inequalities. This review has enabled us to identify commissioning needs across Sussex and specifically in the Brighton and Hove area.
- Support practices by using the South East resilience framework to assess applications from dental practices experiencing challenges due to exceptional circumstances. This has included supporting providers in Brighton and Hove to ensure they can continue to provide NHS services.
- We have implemented a dental clinical leadership initiative to lead and support projects in our local programme.
- We are working in collaboration with the other South East ICBs to ensure dental checks are available for children and young people in special education settings. We hope this new service will be available during 2026.

7. Conclusion

7.1 This report details some of the actions NHS Sussex has taken over the last two years to enhance routine and urgent dental access for people across Brighton and Hove. It also outlines our plans to deliver additional urgent appointments required as part of the NHS Planning and Operating Guidance 2025/26.

7.2 It sets out how we have improved patient access to NHS dentistry, and our actions to improve oral health. The actions we have taken include initiatives to enhance access to routine and urgent dental care via the rapid commissioning of temporary and permanent UDA, the expansion of the UDC programme and launching a paediatric access and prevention service to support children age 0-3 to access dental care. We are also supporting providers to recruit new dentists who will offer NHS activity. Additionally approved “overperformance” will deliver up to 20,937 additional UDA in Brighton and Hove. All of these initiatives support patients in Brighton and Hove to access NHS dentistry.

7.3 This paper reinforces that enhancing access to routine and urgent NHS dental care remains a key priority for NHS Sussex.

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 25

Subject: **Reducing Health Inequalities in Brighton & Hove**

Date of meeting: **11 February 2026**

Report of: **The Director of Public Health and of NHS Sussex**

Contact Officer: **Name: Giles Rossington, Scrutiny Manager**

Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 This report outlines the health inequalities challenges faced by Brighton & Hove and provides details of the measures being taken by health and care system partners to tackle them.

1.2 Appendix 1 to this report has been jointly compiled by NHS Sussex and by the council's public health team.

2. Recommendations

2.1 Health Overview & Scrutiny Committee notes the contents of this report.

3. Context and background information

3.1 Health inequalities are the gap between the healthiest and least healthy communities in a given area. Health inequalities can be measured in a number of ways – for example, by comparing the average life expectancy, healthy life expectancy or the prevalence of specific health conditions in one community against another. In general, England has high health inequalities compared to many other developed economies, and health inequalities are even more stark in particular parts of the country, including Brighton & Hove.

3.2 Brighton & Hove has high levels of health inequalities. The local causes of health inequalities include deprivation, homelessness, complex needs, mental illness, the prevalence of long-term conditions and poor access to preventative care.

3.3 Partners across the local health and care economy, including the city council, NHS Sussex Integrated Care Board, local NHS trusts and the community & voluntary sector, have developed ambitious plans to tackle health inequalities via as series of interconnected programmes that target those most in need of support. More information on health inequalities in the city and on the measures being taken to tackle the issue is included as Appendix 1 to this report.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report which is for information.

5. Community engagement and consultation

5.1 None directly for this report. Many of the city programmes developed to tackle health inequalities involve local community & voluntary sector organisations as key delivery partners and have been developed by statutory services working in co-production with community & voluntary sector partners and with local communities.

6. Financial implications

6.1 There are no financial implications arising from this information report.

Name of finance officer consulted: Ishemupenyu Chagonda Date consulted : 28/01/26

7. Legal implications

7.1 No legal implications have been identified as arising from this report, which is for noting only.

Name of lawyer consulted: Victoria Simpson Date consulted 29/01/26

8. Equalities implications

8.1 The proposal that HOSC is considering, to note this report, does not raise any equalities implications. That said, consideration of equality issues is of key importance in developing measures to tackle health inequalities as people with specific protected characteristics may be more likely on average to experience health inequalities. Understanding why people with protected

characteristics may experience worse health is key to developing effective approaches to reducing health inequalities.

9. Sustainability implications

9.1 There are no environmental sustainability implications to consider in relation to the decision of this report, which is to note. Sustainability issues will have been considered in the development of specific programmes to tackle health inequalities. Where programmes provide additional support within geographical communities, there may also be positive sustainability impacts in terms of reducing the need for people to travel to access services.

10. Health and Wellbeing Implications:

10.1 These are considered in the body of the submission from NHS Sussex and BHCC Public Health (Appendix 1).

Other Implications

11. Procurement implications

11.1 There are no implications relevant to the decision in this information report.

12. Crime & disorder implications

12.1 There are no implications relevant to the decision in this information report. Specific programmes aiming to reduce health inequalities may also have a focus on reducing crime & disorder.

13. Conclusion

13.1 Health Overview & Scrutiny Committee is asked to note the information on this report on the nature of and the health and care system response to local health inequalities.

Supporting Documentation

1. Appendices

1. Information provided by NHS Sussex and by BHCC Public Health team.
2. Presentation slides

Report to	HOSC
Meeting date	February 2026
Report Title	**Brighton & Hove Services Reducing Health Inequalities**
Key question	How is Brighton and Hove Partnership and Integration approach reducing health inequalities.
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Recommendation (outcome/ action requested):

The Board/ Committee/ Group is asked to:

- Endorse continued investment in ICTs, MCN programme and CHIP to sustain impact.
- Recognise the statutory role of local Health & Wellbeing Boards to support population health and address local health inequalities. The Brighton & Hove Health & Wellbeing Board members have agreed the need to refresh the current Joint Health & Wellbeing Strategy to recognise the results of the recent Health Counts survey and the need to refocus on our partnership work to address local health inequalities
- Support data sharing and PHM capability to enhance targeted interventions.
- Strengthen joint commissioning between NHS and BHCC for inclusion health.
- Prioritise screening, hypertension, and smoking cessation recovery to narrow clinical inequality gaps.
- Advocate for housing and complex needs support, essential for improving health outcomes.

Executive summary:

Brighton & Hove faces some of the starkest health inequalities in the Southeast, driven by deprivation, homelessness, complex needs, mental illness, long-term conditions, and poor access to preventive care. In response, the NHS, Brighton & Hove City Council, and the VCSE sector have built one of the most comprehensive local approaches to tackling inequalities .System wide initiatives include Integrated Community Teams facilitating neighbourhood based interventions, Primary Care Networks focusing on clinical inequality improvement, the Multiple Compound Needs programme targeting individuals with the most complex needs and multiple disadvantages, and the Community Health Improvement Programme alongside community development activities to promote prevention and engagement. Additional measures such as the Ageing Well programme support older residents at risk of poverty, frailty and isolation, while dedicated homelessness healthcare initiatives address inclusion health. Public health interventions further tackle wider determinants of health. Collectively, these programmes constitute a robust, multi-layered approach aimed at addressing

inequalities, removing barriers to access, tackling social determinants, reducing structural disadvantage, and meeting the needs of specific population groups. The below programs form a whole system, multi-agency effort that directly reduces unfair, avoidable and systematic differences in health across the city.

- Integrated community level services (ICTs, community health hubs, Ageing Well, community development)
- Targeted clinical improvement (Core20PLUS5, PCN DES delivery, screening & hypertension improvement, SMI health checks)
- Inclusion Health and multiple disadvantage services (MCN programme, homelessness healthcare, rough sleeper outreach, dual-diagnosis support)
- Population health management and preventive activities (JSNA insights, PHM MDTs, health checks, smoking cessation improvements)

Brighton & Hove has implemented robust cross system governance structures, including ICT Leadership Groups, joint oversight by the Health & Wellbeing Board, and dedicated steering groups for Population Health Management and Inclusion Health. These bodies, supported by shared citywide data and dashboards, facilitate unified priorities, collaborative data sharing, and coordinated delivery of targeted health interventions.

1. Population Inequalities and Drivers

Brighton & Hove experiences pronounced and persistent health inequalities, with significant deprivation in areas such as Whitehawk, Moulsecoomb, Hollingbury, and Woodingdean. The city faces high unemployment rates closely tied to mental health challenges, acute housing insecurity, and a substantial number of residents experiencing homelessness. Additional pressures include elevated levels of mental illness, substance misuse, and complex needs, alongside marked disparities in life expectancy, cancer screening uptake, and mortality from serious mental illness. Given Brighton & Hove's younger, diverse population, including large LGBTQ+, neurodivergent, and migrant communities, these issues demand integrated, system-wide action in line with the Core20PLUS5 framework to drive meaningful and sustained improvements in health equity.

2. Current Systemwide Programmes Reducing Health Inequalities

2.1 Integrated Community Teams (ICTs) represent the core architecture for reducing health inequalities at neighbourhood level

- ICTs in East, West, Central and Multiple Compound Needs (MCN) areas provide multidisciplinary, neighbourhood level care aimed at those with the greatest health and social complexity.

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- Local health hubs delivering accessible walk-in support (e.g. East Health Hub)
- Proactive MDTs addressing frailty, long-term conditions, mental health and social complexity
- Shared population health data and dashboards targeting CORE20 areas
- VCSE partnership embedded in all ICTs
- Improved access to BP checks, LTC reviews, mental health support, wellbeing activities
- Reduced avoidable admissions through proactive care (e.g., West Frailty MDT pilot)

2.2 Homelessness and Multiple Compound Needs (H&MCN)

H&MCN is one of the city's Health & Care Partnership population health priorities. The programme was established through the City's Health & Wellbeing Board to help address one of the biggest Health Inequalities in our city. People who are homeless with Multiple Compound Needs have 34 years less life expectancy than the average person. The programme was established in 2022 as our Health & Wellbeing Board community frontrunner programme for the implementation of Integrated Community Teams. In 2024 our partnership agreed to establish Homeless & MCNs as one of our 4 Integrated Community Teams. This model is supported by an investment of over £1.5 million from the Better Care Fund supporting specialist inclusion health. This funding is combined with local authority commitments to housing, social care, and lived experience, forming the H&MCN ICT.

The Brighton & Hove MCN Programme addresses health inequalities by uniting partners across medical, health inclusion, mental health, public health, housing, social care, and VCSE sectors. It focuses on individuals experiencing the greatest disadvantage by delivering integrated, multidisciplinary care encompassing health, housing, mental health, and social needs. The programme aims to reduce crisis service dependency and improve outcomes, as evidenced by external evaluation. Inclusion Health is embedded in ICT neighbourhood models to ensure long-term system alignment, with data, lived experience, and co-production informing targeted interventions for those least served by traditional healthcare.

The Brighton & Hove MCN Programme reduces health inequalities by bringing together partners across ARCH medical, health inclusion teams, mental health services, Local authority Public Health, housing, social care and VCSE partners like Change Grow Live, Common Ambition to:

- Focusing on people experiencing the deepest disadvantage, who face the starkest gaps in life expectancy and access.

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- Providing integrated multidisciplinary care that addresses health, housing, mental health, and social factors together.
- Reducing crisis service reliance and improving individual outcomes, as shown through external evaluation.
- Embedding Inclusion Health into ICT neighbourhood models, ensuring long term system alignment.
- Using data, lived experience, and co production to shape targeted interventions that reach those most excluded from traditional healthcare.

The ICT operates under a Compact Partnership Agreement, has mapped the local H&MCN population, and delivers intensive, proactive care coordination through a multidisciplinary team—including an in-reach presence at the County Hospital. It also informs the future design and commissioning of an integrated health and care system for people experiencing homelessness and multiple complex needs.

2.3 Primary Care Networks (PCN DES & Core20PLUS5 Delivery)

This PCN DES is a key driver in Brighton & Hove's approach to reducing health inequalities, providing the operational framework through which primary care delivers targeted, data driven and community integrated services. Through the DES, all Brighton & Hove PCNs use population health management, neighbourhood level intelligence and Core20PLUS5 priorities to identify residents experiencing the poorest access, experience and outcomes, ensuring resources and interventions are focused where they are most needed.

PCNs are central partners within the city's Integrated Community Teams (ICTs), enabling coordinated, place-based delivery of prevention, early intervention and personalised care. The DES mandates close working with community, social care, pharmacy and VCSE organisations, allowing PCNs to co design and deliver targeted support for groups such as young people in mental health transition, carers, globally displaced communities and LGBTQ+ residents local "PLUS groups" identified through Brighton & Hove's inequality profiling. This joined up DES enabled approach ensures that primary care is consistently and systematically closing the inequality gap across the city.

Delivery through the DES ensures systematic action on the five national CORE20PLUS5 clinical priorities, this is reflected locally in PCN led projects. PCNs contribute through clinical improvement, personalised care and prevention. PCNs are a core delivery arm for clinical inequality priorities.

- Hypertension case-finding and treatment
- Chronic respiratory disease support & vaccination drives
- SMI annual physical health checks
- Cancer early diagnosis via screening outreach

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- Social prescribing targeted to carers, migrants, vulnerable adults
- Data-driven work using PHM tools to identify high-risk cohorts
- Workforce expansion: pharmacists, mental health practitioners, physios, care coordinators

2.4 Ageing Well Partnership (50+)

The Ageing Well Partnership, led by Impact Initiatives, is a citywide programme supporting adults aged 50 and over to maintain independence, wellbeing, and social connection. It provides a single point of access to coordinated community-based activities, advice, and tailored interventions, reducing barriers for older people particularly those at risk of isolation, poverty, poor health, or digital exclusion. The partnership conducts targeted outreach to socially isolated individuals, BAME and LGBTQ+ communities, people aged 85+, and those on low incomes, offering culturally relevant support and dedicated groups to foster inclusion and belonging. Delivered by ten local organisations and jointly commissioned by Brighton & Hove City Council and NHS Sussex, the service reduces health inequalities through befriending services, wellbeing groups, specialist mobility and activity support, and the Age Without Limits anti-ageism campaign. A strong emphasis on equity ensures that those most affected by inequality are proactively supported and included across Brighton & Hove. This service systematically reduces poor ageing outcomes and improves independence and wellbeing providing:

- Single point of access for older adults
- Targeted outreach to socially isolated, BAME, LGBTQ+ and very elderly (85+) residents
- Befriending, wellbeing groups, financial/benefits advice
- Specialist support for mobility, activity and reducing loneliness
- Age Without Limits campaign tackling ageism

2.5 Social Prescribing

Brighton and Hove Social Prescribing service, in partnership with local organisations, is committed to reducing health inequalities by providing targeted support to underserved communities, ensuring equitable access to healthcare resources and promoting early intervention and personalised care. The Service delivered by Together Co works within CORE20 areas across the city and is integrated within the city's neighbourhood teams.

The service uses trusted and well-established community and neighbourhood links to reach people who face the greatest barriers to accessing support and who are experiencing some of the worst predicted health outcomes locally and nationally, supporting people from communities: LGBTQIA+, black and racially minoritised people, refugees, migrants and asylum seekers, people with language translation need, Gypsies, Roma and Traveler's and people with learning disabilities VCSE partners work together to deliver a combination of

specialist social prescribing link worker support, community-based triage, outreach and engagement.

Engagement with those who face health inequality is undertaken via the delivery of neighbourhood drop-ins, groups, outreach and supportive conversations before linking people with appropriate support services, or where needed, referred into the provider's specialist social prescribing service. In quarter 1 and 2 (2025/26) 44% of people supported were from CORE20 areas, 32% were people within ethnic communities, 20% were LGBTQ+. Interventions have included increasing social interactions, supporting people with literacy or language barriers to complete forms e.g. benefits and advocating for people with multiple long-term conditions with their health, wellbeing and housing needs. Using a personalised care approach, other inventions are offered e.g. vaccination.

2.6 Carers Hub

Carers Hub services in Brighton & Hove play a crucial role in reducing health inequalities by improving early identification of unpaid carers, many of whom do not recognise their caring role and ensuring they receive timely, proportionate support that protects their own health and wellbeing.

Through a single point of contact offering information, advice, assessment and tailored support, alongside specialist projects for young carers, carers of people with mental health needs, dementia carers and end-of-life carers, the Hub reaches groups at heightened risk of poor outcomes.

Hospital links with our carer's hub help support carers at A&E, on wards and through discharge pathways, reducing crisis escalation and improving continuity of care. Carer identification across primary and secondary care and aligning with local Core20PLUS5 priorities particularly young carers and mental-health-related needs the Carers Hub makes a significant local contribution to addressing health inequalities and improving outcomes for both carers and the people they support.

2.7 Act on Cancer Together (ACT)

ACT is a local partnership between The Trust for Developing Communities and The Hangleton and Knoll Project. It's supported by Macmillan Cancer Support, Brighton and Hove City Council Public Health and NHS Sussex. The service aims to make sure everyone can access the information and support they need because we want cancer to be found early and treated quickly. Partnership working within the VCSE enables specialist and targeted outreach to reduce health inequalities and support healthier communities. Across the West hove PCN patients who had not responded to bowel and cervical screening invitations were called to offer them support to complete screening. We have delivered cancer awareness sessions to people through workshops, events and outreach to community groups. We have actively promoted public health campaigns around breast, bowel, cervical screening and prostate cancer across our communities.

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2.8 Domestic Abuse Specialist Service

As part of the Violence Against Women and Girls (VAWG) Strategy this service continues to make a measurable contribution to reducing health inequalities, in line with the Core20PLUS5 framework. In Q2(25/26) the service supported 558 victims, with significant reach into the most disadvantaged groups, including those experiencing poverty, unstable housing, severe mental illness, and multi-disadvantage, as well as PLUS groups such as people with no recourse to public funds, BME communities, younger adults, and LGBTQ+ survivors. Through trauma-informed early intervention, increased helpline access, and strong multi-agency working with Adult Social Care, SPFT, MARAC and housing services.

DASS ensures that individuals at highest risk of harm particularly those who often fall between service thresholds receive timely safeguarding, advocacy and support. This activity provides strong assurance that the service is actively addressing inequalities in safety, health outcomes and access to care across Brighton and Hove.

2.9 High Intensity User Program

The service delivered by British Red Cross provides targeted support to individuals who disproportionately rely on Emergency Department services due to complex physical, mental, and social needs, many of whom fall within the most disadvantaged Core20PLUS5 population groups. By delivering intensive psychosocial support, personalised care planning, and active coordination with GP practices and community services, the program addresses the underlying drivers of repeated crisis presentations including social isolation, severe mental illness, homelessness and long-term conditions, thereby improving health outcomes for the city's most vulnerable residents. Evidence shows the HIU service consistently reduces unplanned ED attendances and hospital admissions while enhancing quality of life, making it a key local intervention for tackling health inequalities and supporting system priorities around Multiple Compound Needs

2.10 WorkWell

WorkWell is a nationally funded, locally delivered programme designed to reduce economic inactivity and unemployment among working-age adults with disabilities and health conditions (specifically MSK and mental health conditions).

Sussex faces higher-than-average economic inactivity, health inequalities, and deprivation, particularly in coastal and urban areas. Brighton and Hove deliver WorkWell through Integrated Neighbourhood Teams and Primary Care, embedding multidisciplinary teams to provide early, holistic, and personalised support. The approach aligns with the Department of health and social care WorkWell Prospectus 2025 and leverages local insights to ensure the programme is clinically connected, community-based, and scalable across all ICTs.

The East Brighton WorkWell Pilot is designed to reduce health inequalities by supporting residents who are out of work or at risk of unemployment due to mental health, MSK

conditions, or wider social and digital barriers. Through a local partnership delivery, the pilot provides accessible coaching, peer support, and digital inclusion for people who face the greatest challenges in accessing employment and health related support.

Using a peer champion model and co-produced resources, the pilot empowers participants, builds confidence, strengthens local referral pathways, addressing key drivers of inequality such as digital exclusion and social isolation. Intensive occupational therapy led support for 10–12 individuals, alongside foundational employment guidance for a further 8–10 residents, helps people progress toward improved wellbeing, job readiness, volunteering, and employment.

By integrating health, employment, and community services, the pilot strengthens local system working and builds sustainable community capacity. Its legacy of a trained WorkWell Champion and a co-produced resource pack supports ongoing community resilience and contributes to reducing economic inactivity in East Brighton.

Integrated Community Teams and Community development

As set out in the introduction Integrated Community Teams (ICTs) are a Sussex System programme that supports the aims of our Sussex Improving Lives Together Strategy and the new direction of the national NHS long-term plan and the reform ambition around the new Neighbourhood Health Model.

We have four established ICTs, 3 neighbourhood-based teams East, West and Central. One city wide community of Interest ICT supporting people who are homeless with multiple compound Needs. Brighton & Hove Health & Care Partnership took the decision to ask our established Community Development Partners to (HKP and TDC) to convene and chair our 3 neighbourhood ICTs. This ensures our ICTs have strong community engagement foundations especially in communities with higher levels of deprivation and associated health inequalities.

Based on the learning from the Health Inequalities Programme, each of our ICTs have established new models of integrated community health delivery which have targeted local communities with higher levels of health inequalities. In the West of the city the local Health Forum has been delivering community health days in the Hangleton, Mile Oak and Knoll areas of the city. The East ICT has established the East community health hub in the heart of the Whitehawk Estate with satellite models working into the Bevendean and Moulescomb. The Central ICT have been supporting existing community hubs in the Hollingdean, Hollingbury and Tanner areas of the city. The key aims of these integrated community health models is to make health care more accessible and tailored to the needs of these local communities and ensuring these solutions are co-designed with these communities.

Our ICTs are now leading on responding to the key health inequalities identified through the recent Health Counts Survey. The Health Counts data has been presented at an ICT level,

and each ICT is developing a local plan, which will include how they will help address the local health inequalities in their local communities

3. Children and Young People

Brighton & Hove delivers a comprehensive, system wide offer to reduce health inequalities for children and young people through an integrated partnership across BHCC, NHS Sussex and the VCSE sector. Guided by the Children & Young People's Board and a population health approach, the city prioritises early intervention, improved access and targeted support for groups with poorer outcomes, including young carers, young people with mental health needs, neurodivergent children and those transitioning into adulthood. A jointly funded expansion of school based mental health counselling ensures that every secondary aged pupil can access emotional wellbeing support, while wider community-based programmes such as the Community Health Inequalities Programme (CHIP), neighbourhood health forums and targeted outreach to migrant, refugee and inclusion health groups strengthen prevention and access to services.

The emerging Family Hubs model, currently being aligned with Integrated Community Teams, will further integrate early years, parenting, health visiting, SEND, mental health and community support to provide a single, accessible local offer for families, with a strong focus on addressing inequalities from the earliest stages of life. Family Hubs form part of the national Family Help framework and deliver a broad offer of targeted services, including navigation support, evidence-based interventions, whole family keywork, Team Around the Family (TAF) coordination, youth participation, and access to health services, information and advice.

In Brighton & Hove, the model operates through four Family Hub network areas, each with a main Hub and multiple spoke delivery points located in areas of highest deprivation, ensuring support is accessible where need is greatest. The Hubs provide routes into free early years entitlement, crisis support, SEND and learning support, on site nurseries, and community-based activities. They are being aligned with Integrated Community Teams, strengthening neighbourhood level integration and enabling families to access health, wellbeing, and community provision in a single, coordinated system.

3.1 Asthma

Medicines Optimisation Incentive Scheme for Primary Care for 25/26 with a focus on Asthma launched on 01 April 2025 in collaboration between ICB Meds Op and Community team. 146 out of 156 practices in Sussex have signed up to the scheme.

Existing smoking and vaping cessation offer across Sussex have been mapped out and two information pages have been created: one for clinicians hosted on the intranet, and one public-facing one on the website. These pages include the CYP offer. Youth Consultants will review public-facing information to ensure it is young-person friendly. There has been 8

assurance provided by smoking cessation services being designed for young people and clear guidelines BH to confirm position (response pending). Discussions have been held with Specialist Respiratory Nurse in Kings College London who is happy to support with hosting webinar for clinicians to discuss vaping solutions.

A breadth of resources is being developed for patients/parents/carers, healthcare professionals and schools. These materials are currently being reviewed by families, young people and wider stakeholders and will be made available on the ICB public website. Current work underway to understand how Beat Asthma resources can be adopted and promoted locally.

Ongoing progression of the Asthma Friendly Schools programme to increase the number of accredited schools in Sussex. A new sustainable model launched from September 2025, seeing the AFS programme being integrated within existing School Health Teams. December 2025, a new Brighton and Hove lead in place supporting progression of this work. A new live webinar training model for schools is also being trialled, utilising accredited materials from the Royal College of Paediatrics and Child Health.

Embedding education offer within all paediatric settings in primary care and acute trusts. Tier 1 training rates for Sussex are up 54% compared to the same time last year, and Sussex is the best performing ICB in the region for Tier 1 training completion. Sussex ICB is also the best performing ICB for Tier 2 training in the SE region.

3.2 Epilepsy

Sussex has been selected as one of five systems across the country to pilot a new Epilepsy app for CYP and their families. The pilot will run at Royal Alexandra Children's Hospital in Brighton. Regular monthly meetings take place between ICB, Tiny Medical Apps (TMA) and UHSx to ensure progress. Contractual arrangements are being finalised between UHSx and TMA. Communications materials are being developed by TMA and ICB and UHSx comms teams will help to promote the app. Local materials are being collated which will link into the app once launched.

4. Conclusion

Brighton & Hove has developed a strong, coordinated approach to reducing health inequalities, bringing together the NHS, council services and community partners to support residents with the greatest needs. By strengthening neighbourhood-based teams, improving access to preventative care, and focusing on groups most affected by poor health outcomes, the city will continue its focused work to reducing gaps in health inequalities. Continued investment in integrated working, data-driven planning and community-led services will be essential to sustaining this progress and ensuring that every resident has fair and equal access to services provided.

Sussex Health&Care

HOSC: Health inequalities in Brighton & Hove

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February 2026

Improving Lives Together

Understanding our population and their health and wellbeing needs

- ❑ What are health inequalities
- ❑ Our population
- ❑ The building blocks of health
- ❑ Population Outcomes Framework priority areas
- ❑ Inequalities and Health Counts
- ❑ System Event (December 2025)
- ❑ B&H Partnership Approach to Reducing Health Inequalities
- ❑ Next Steps

Health inequalities are not inevitable, and the gaps are not fixed. Evidence shows that a comprehensive, multifaceted approach to tackling them can make a difference.

Definition of Health Inequality;

- Unfair or unjust differences in health determinants or outcomes within or between defined populations

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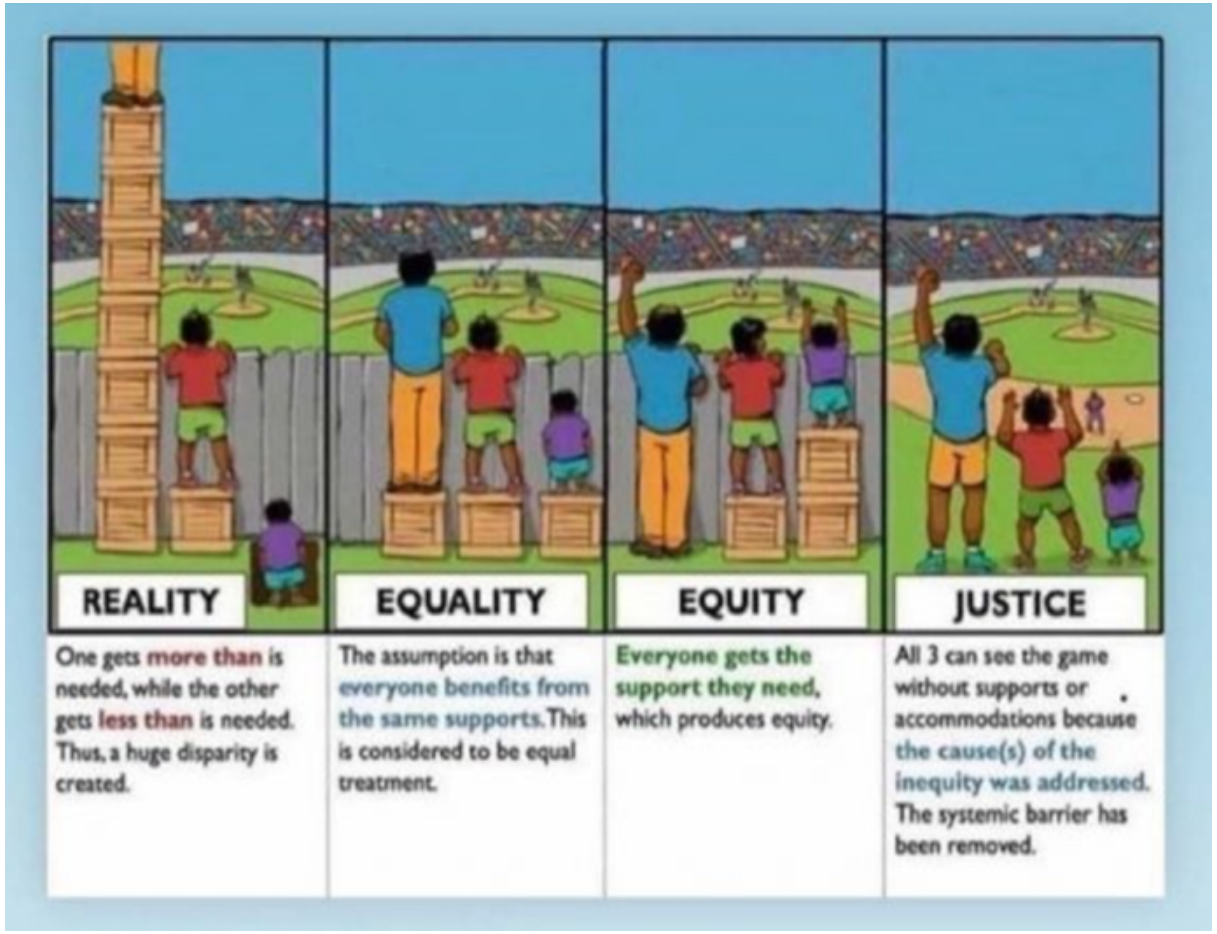
Definition of Health Equity;

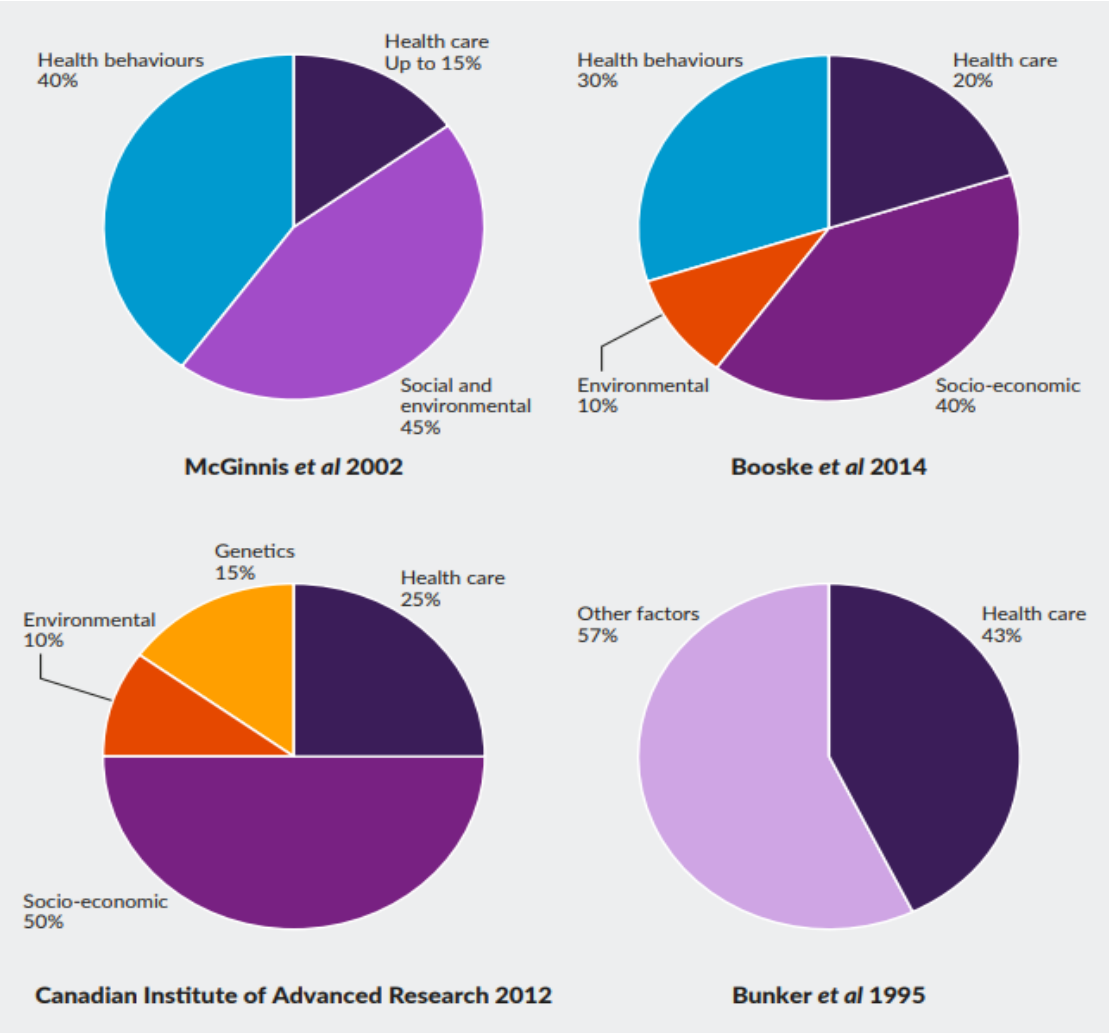
- "Fair" distribution of health/health care resources or opportunities according to population need
- Allocating relatively more resources where there is relatively more need
- Equal quality of care for all
- 'Proportionate universalism'



Health care has a large impact on our health, but the greatest impact is from the wider determinants of health

- Our health is determined by our genetics, lifestyle, the health care we receive and our wider economic, physical and social environment

- Although estimates vary, the wider environment and socio-economic circumstances has the largest impact



The King's Fund A vision for population health: towards a healthier future

Joint Health and Wellbeing Strategy

Brighton & Hove's Joint Health & Wellbeing Strategy (2019–2030) commits to embedding equity across all policies and tackling root causes (housing, education, income, transport).

Improving Lives Together (ILT): NHS Sussex's overarching strategy sets four goals

- ❑ Improve health outcomes for disadvantaged communities.
- ❑ Reduce health inequalities across Sussex.
- ❑ Maximise resources for best value.
- ❑ Support social and economic development.

Core20PLUS5 Framework

Focus on the 20% most deprived, inclusion health groups, and five clinical priorities (hypertension, maternity/perinatal, severe mental illness, respiratory disease, cancer).

Population Outcomes Framework (POF)

Tracks 80 indicators for Life Expectancy (LE) and Healthy Life Expectancy (HLE). Brighton & Hove flagged for:

- ❑ Hazardous drinking: 40.7% of adults.
- ❑ Low NHS Health Check uptake: 23.5% vs 29.6% nationally.
- ❑ High SMI mortality: 442% vs 384% nationally.
- ❑ Cancer screening gaps and falls admissions in older adults.

Our population and building blocks of health

2024 population and change since 2014

Total population

283,870
people

up from 275,999 people in 2014

Median age

38 years

An increase from 35 years in 2021

Net international migration

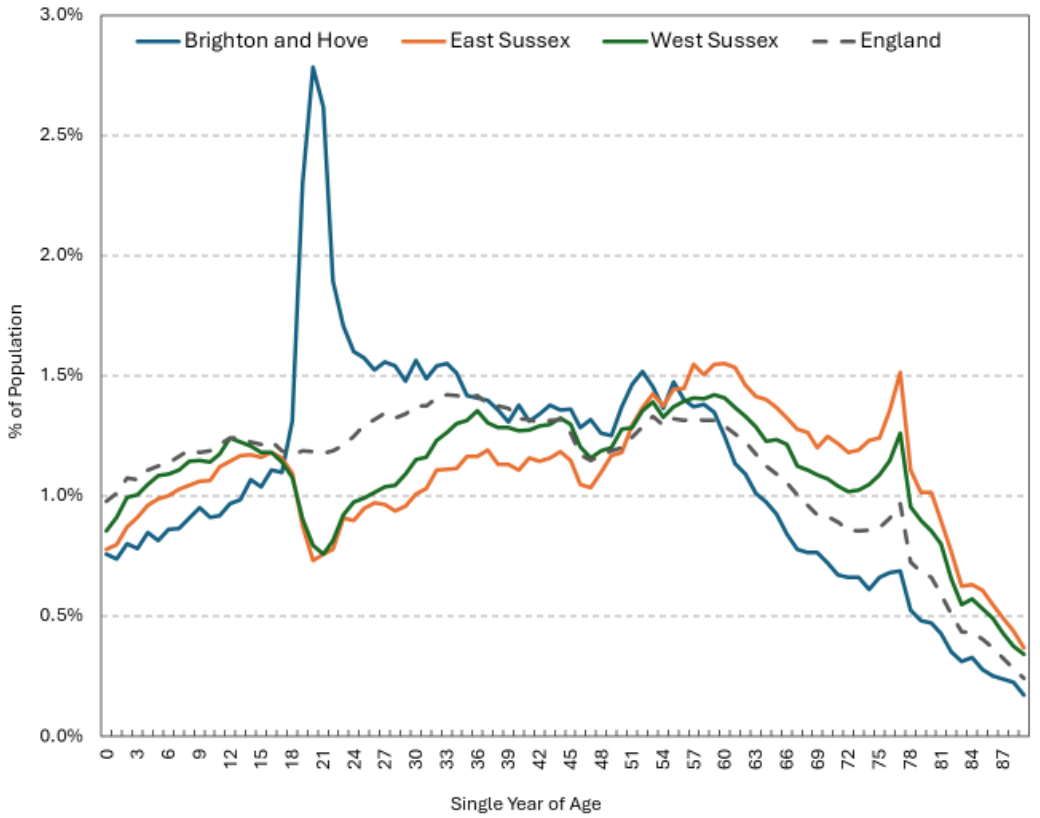
+22,868
people

Has been the largest factor in the population increase between 2014 and 2024

Net internal migration

-11,537
people

More people leaving Brighton & Hove to elsewhere in England than moving to the city



Wider determinants – reframing the discussion to talk about the building blocks of health

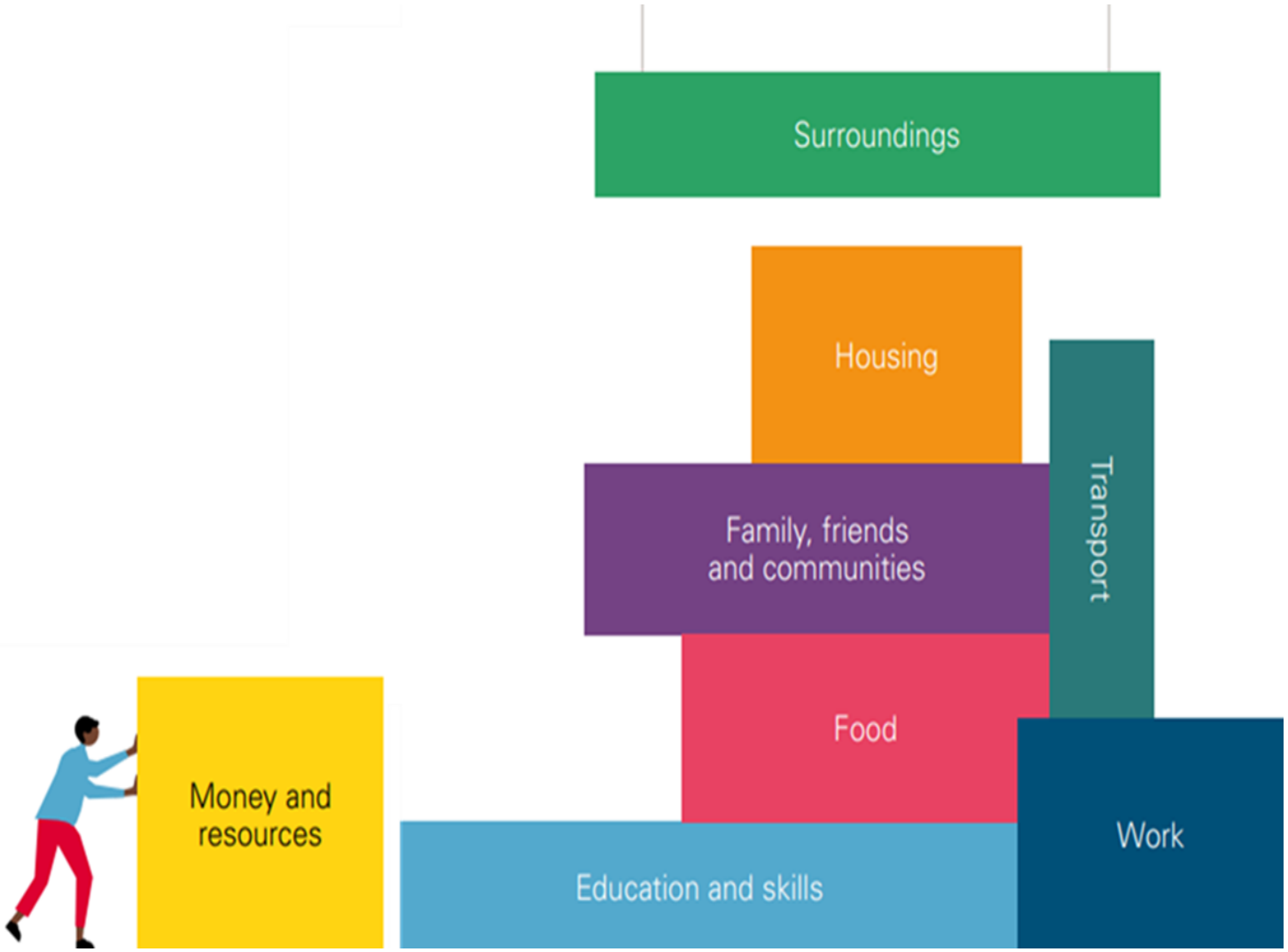
- When we don't have the things we need, like warm homes, healthy food, and are constantly worrying about making ends meet, it puts a strain on our physical and mental health

- Almost every aspect of our lives impacts our health and ultimately how long we will live – our jobs and homes, access to education and public transport and whether we experience poverty or discrimination

- This results in poorer physical and mental health, earlier onset of conditions and earlier death

- These are the building blocks of health

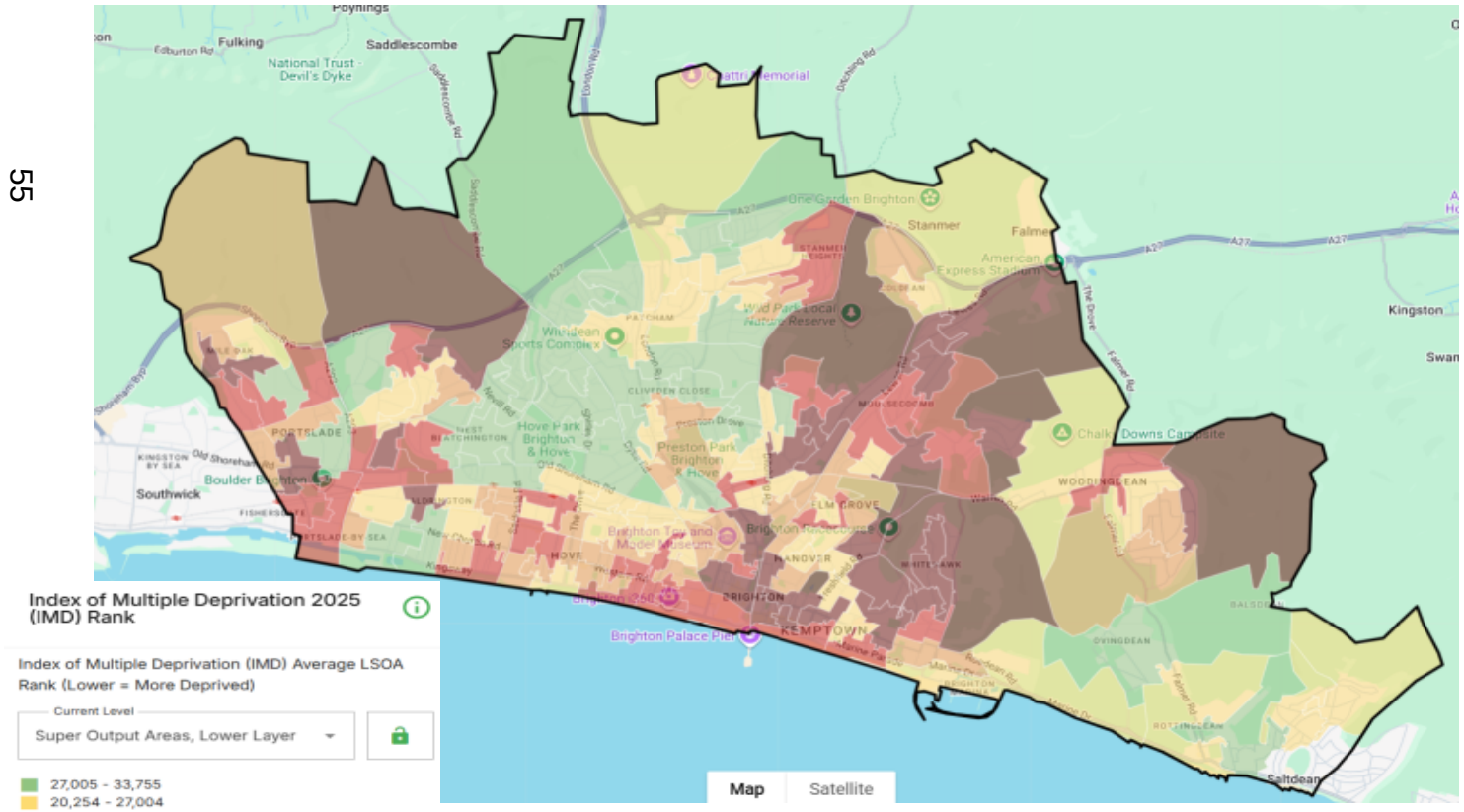
- To create a city where everybody can thrive, we need all the right building blocks in place:



Source: How to talk about the building blocks of health - The Health Foundation

Index of multiple deprivation (IMD) 2025

- Brighton & Hove is the 92nd most deprived upper tier local authority in England (of 153)
- At lower tier LA level, 133 most deprived (of 296)
- In 2019 it was 131st out of 317 lower tier LAs and in 2015 102nd out of 326 LAs



- 31% of children and young people in the city are living in income deprivation according to the Income Deprivation affecting Children Index (IDACI) of the IMD – this is up to 87% of children in some parts of the city
- 21% of older people in the city are living in income deprivation according to the Income Deprivation affecting Older People Index (IDAOPI) of the IMD – this is up to 87% of children in some parts of the city

Housing and Health

We all need somewhere to call home – not just walls and a roof but a secure, stable, safe place to grow up and live in. Our homes influence our health in many ways, both physically and mentally.

- Housing in Brighton & Hove is less affordable than England and is continuing to become more expensive – those on the lowest 25% of earnings need 12 times their earnings to afford the lowest 25% of house prices (Southeast 10.4, England 7.3) – increased from 8.5 times over the last decade
- More than 1 in 3 households live in privately rented accommodation (the highest outside of London) – an increase of 10% over the last decade
- Half of households live in a flat (more than double the Southeast and England at 22%)

Good housing should be:

In Health Counts 2024 survey, our residents who live in temporary or emergency (72%), social rented (53%) or privately rented (47%) accommodation where much more likely to have high anxiety levels than those who own their own home (25%)

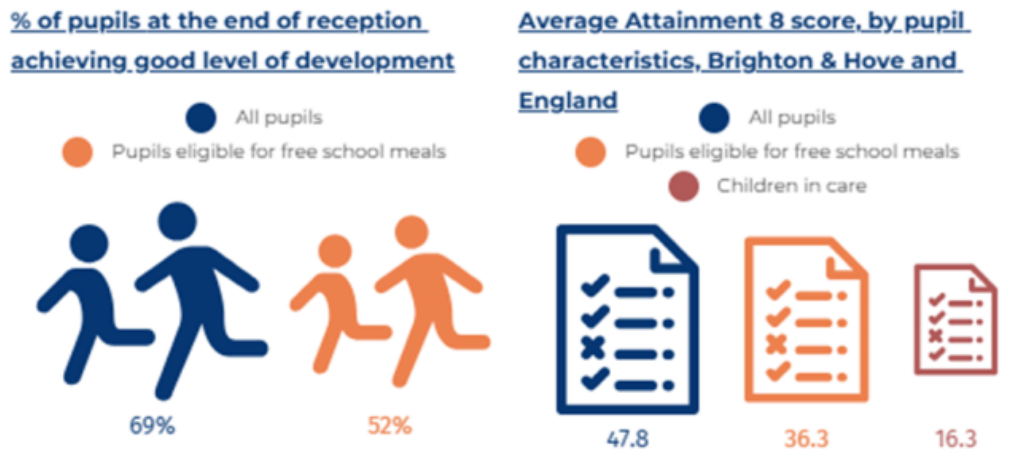
Education

Education has direct consequences on people's long term health outcomes: whether through increasing someone's likelihood of being able to get a good job, afford a good quality life, or through better managing or being less exposed to life's challenges.

By the age of 30 those with the highest level of education expected to live 4 years longer

Than those with the lowest levels of education

There are significant inequalities in development and education across all ages in the city:



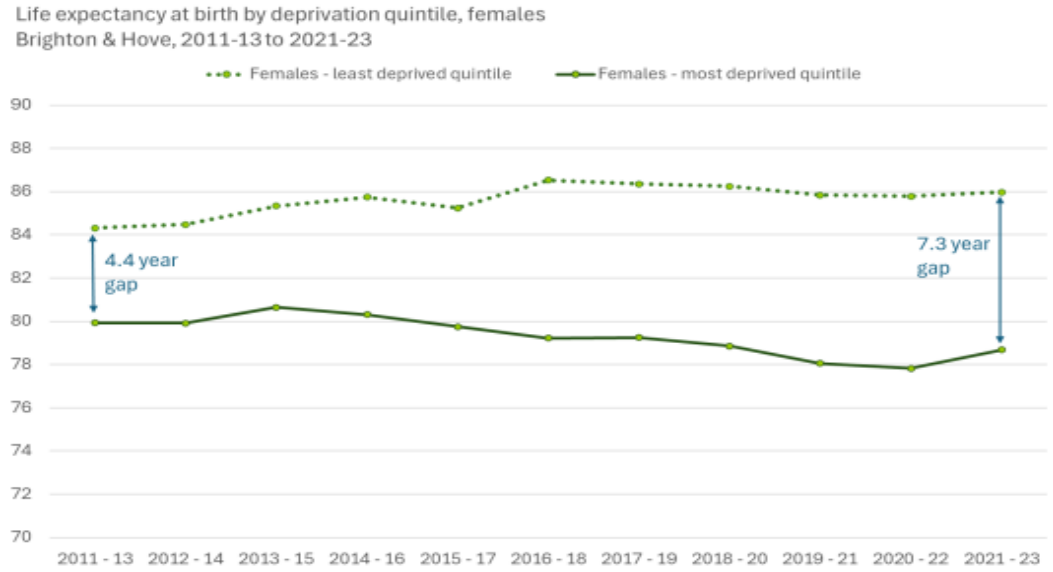
- For adults across England, 18% had no qualifications (2021 Census) - in Brighton & Hove, lower at 12%
- There are significant inequalities in the city - ranges from 4% to 31%. Areas in Hangleton, Mile Oak, Moulsecoomb, Whitehawk, Kemptown and Woodingdean are in the 20% of areas in England with the highest rates of people with no qualifications

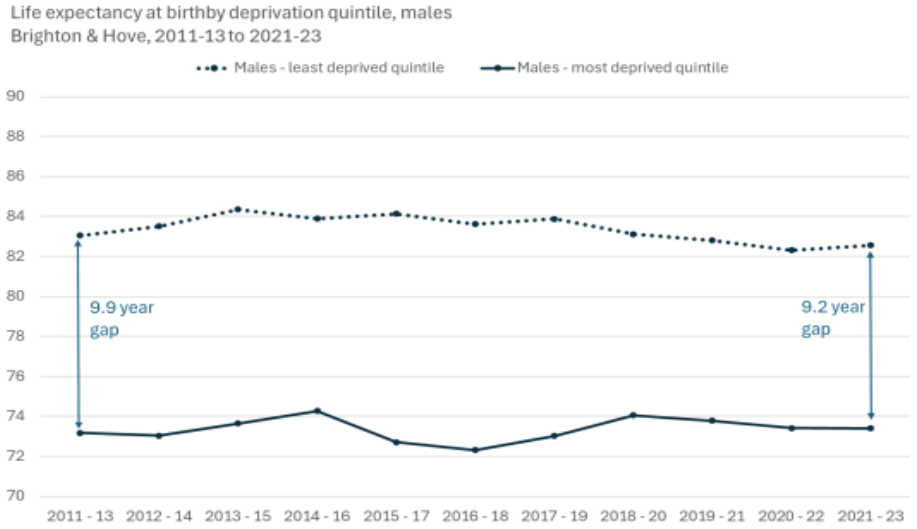
Inequalities and Health Counts

Improving Lives Together

Inequalities in life expectancy – Brighton & Hove

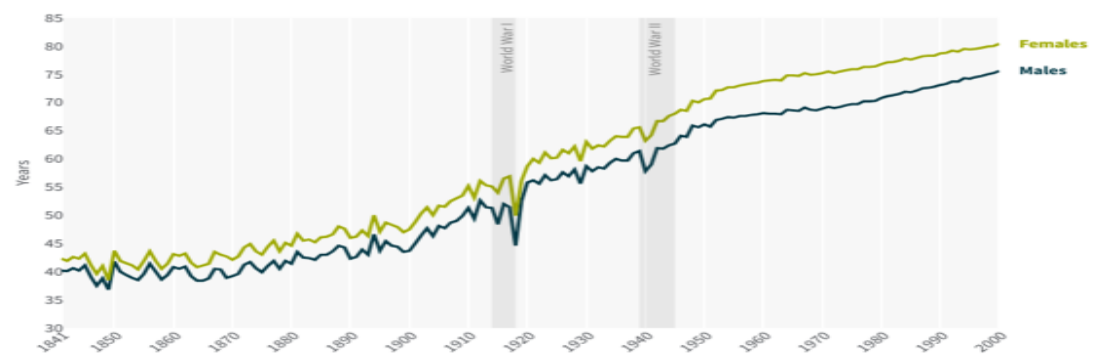
- The gap in life expectancy for females has **widened** from 4.4 years in 2011-13 to 7.3 years in 2021-23
- The gap has **reduced** slightly for males, but remains at 9.2 years
- There are many **societal inequalities** which lead to these health inequalities





- Life expectancy saw continual increases throughout the 20th century, except for world wars

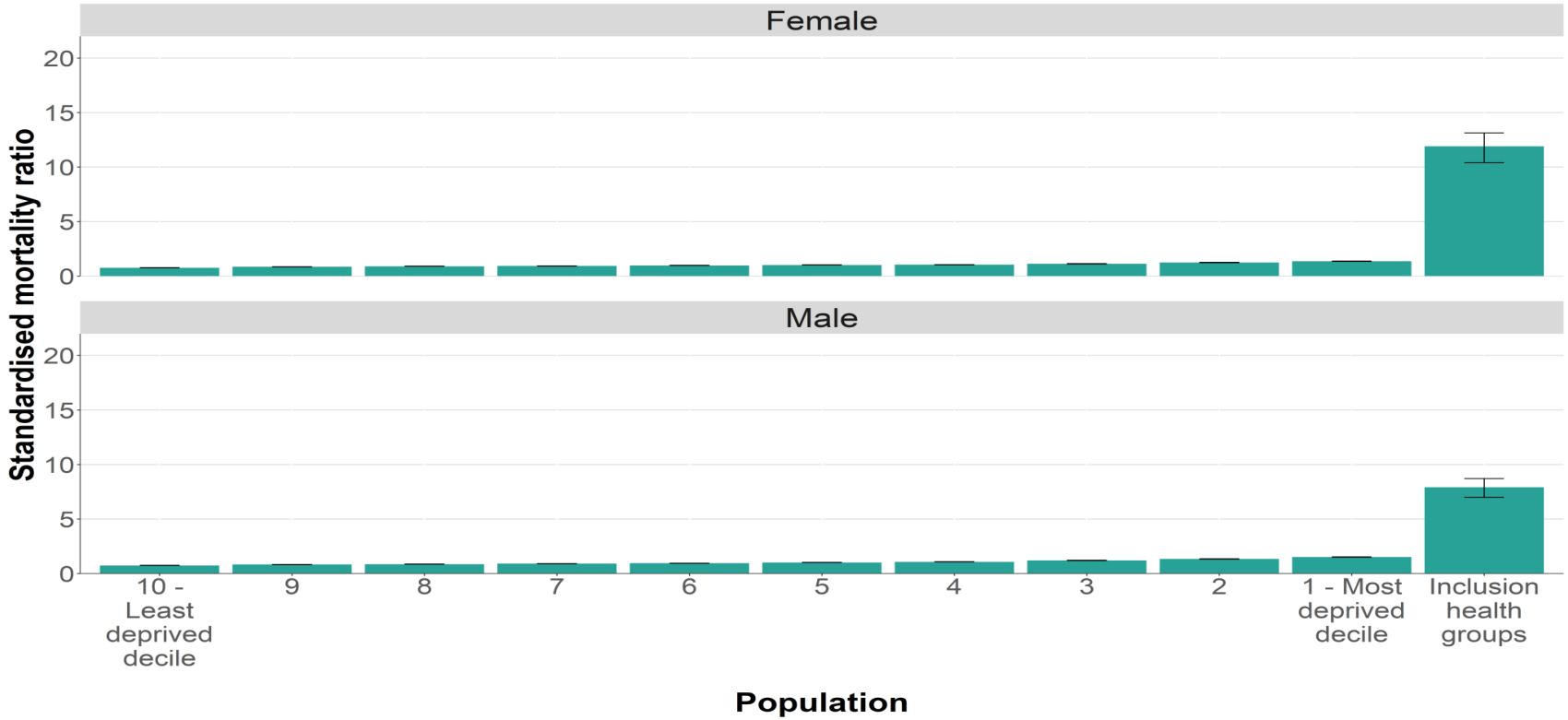
Figure 1 Life expectancy at birth
England and Wales, 1841–2000



Source: Office for National Statistics (2020)
World War I 1914–18. World War II 1939–45.

The King's Fund

Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile



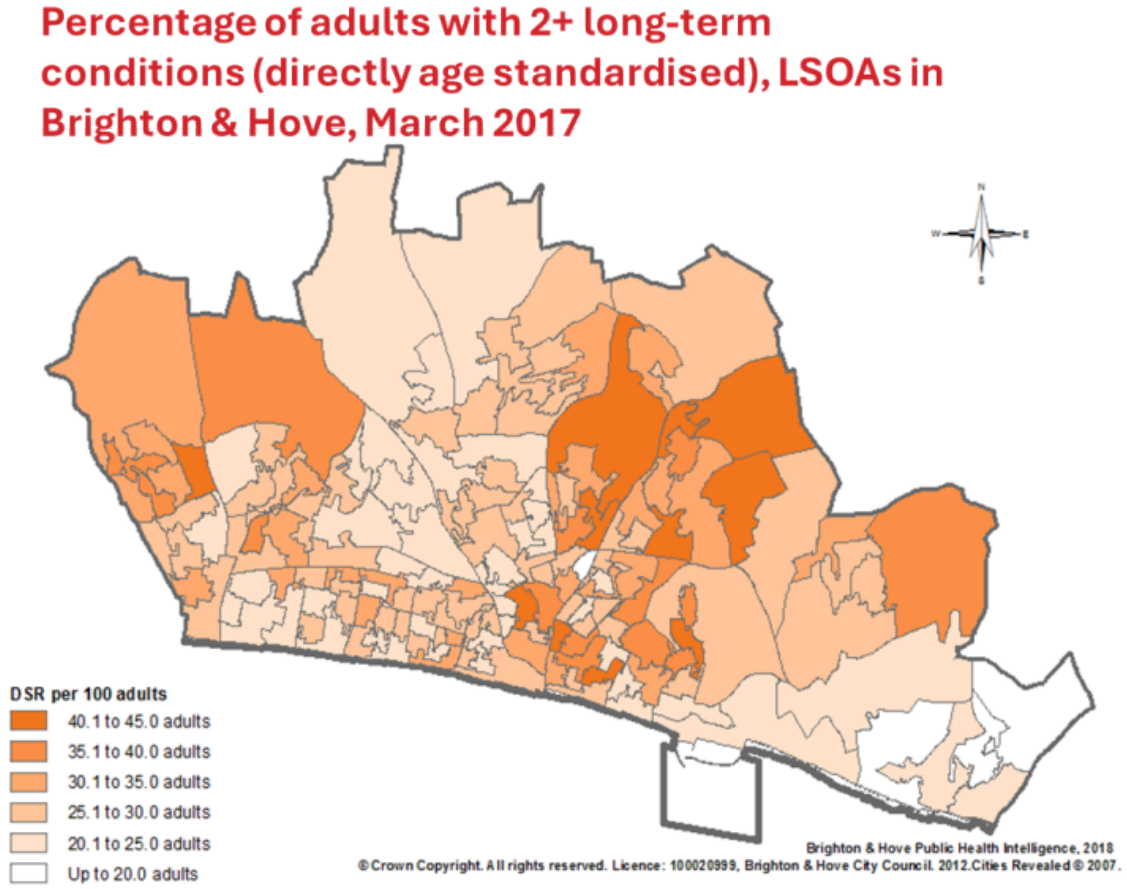
Office for Health Improvement and Disparities (2022) Spotlight indicator SP260
Source data: Office for National Statistics Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015
Office for National Statistics Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015
Aldridge et al. 2017

Source: analytics.phe.gov.uk/apps/spotlight/

Prevalence of multiple long-term conditions is higher in the most deprived areas

- 51,000+ adults = 2+ physical or mental health conditions in Brighton & Hove (22%)
- 8,000 = 5+ conditions (3%)

People have 5+ conditions around 15 years earlier in the most deprived areas of the city

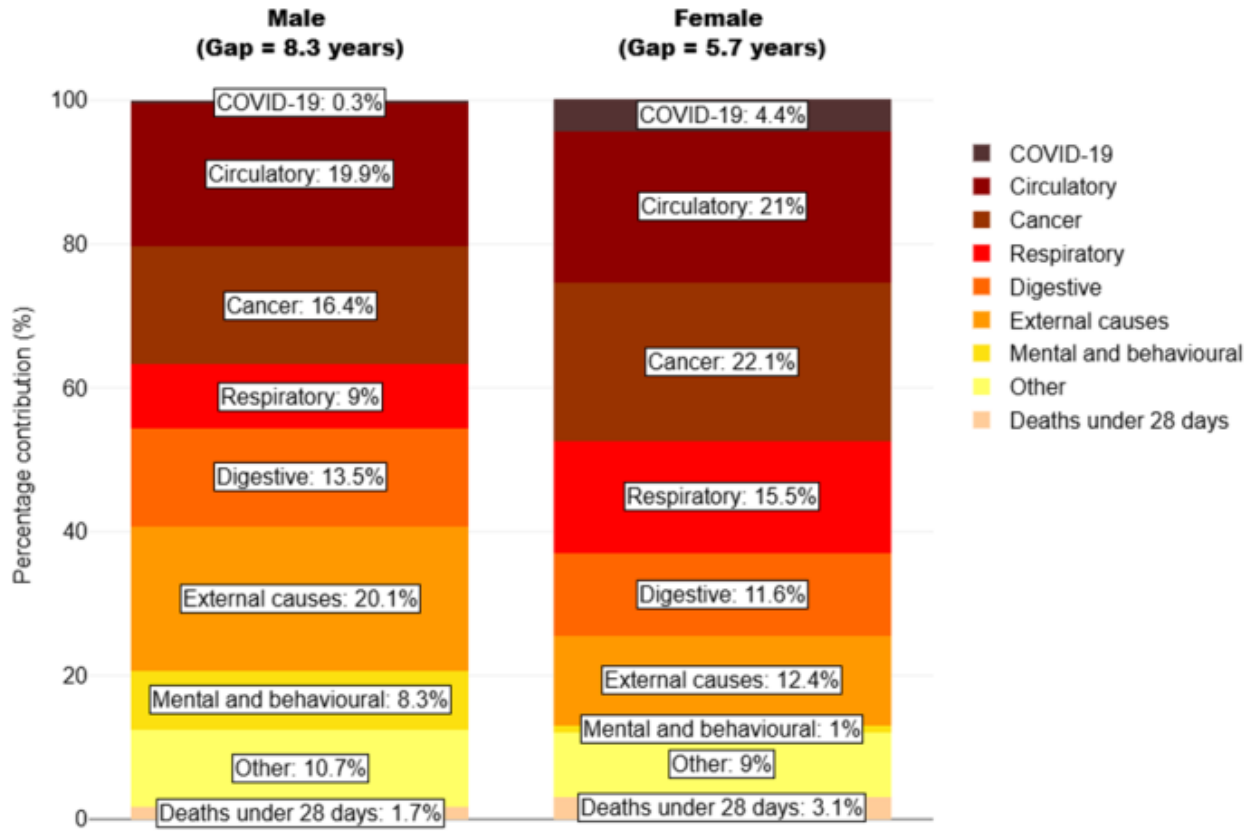


Source: Joint Strategic Needs Assessment (JSNA) (brighton-hove.gov.uk)

Causes contributing to the gap in life expectancy in Brighton & Hove

The causes of death which contribute the most to inequalities in life expectancy in Brighton & Hove are:

- For males - external causes (injury, poisoning and suicide), circulatory, and cancer and digestive diseases
- For females - cancer, circulatory and respiratory diseases and external causes

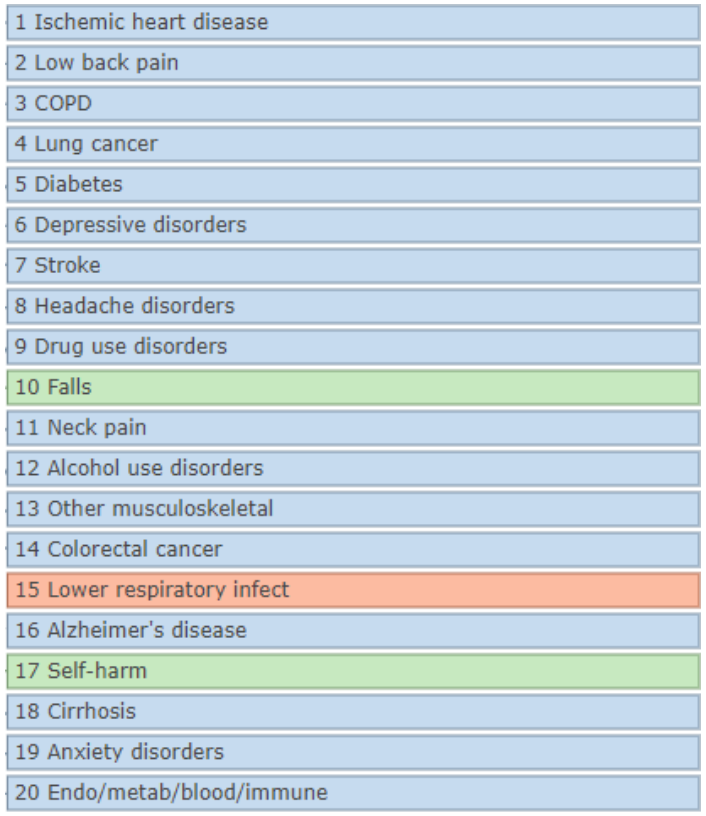


Source: Segment Tool (phe.gov.uk)

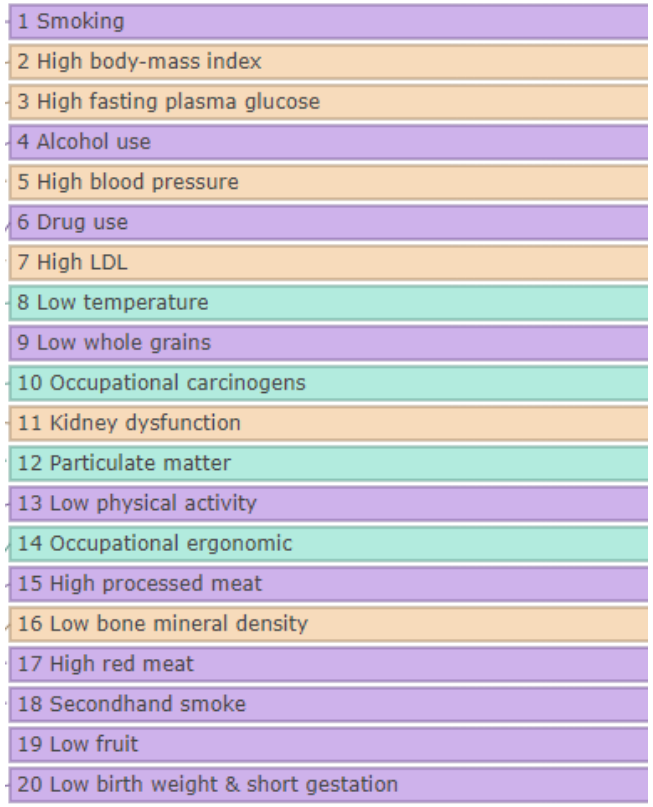
Key risk factors and greatest burden of disease – Brighton & Hove

If we want to improve population health, we need to understand what the risk factors are for Brighton & Hove's population and whether, and how, we can modify them. These figures are only available for the whole of Brighton & Hove.

Top 20 causes of the greatest burden of ill health



Top 20 risk factors



Source: Brighton & Hove JSNA from Global Burden of Disease Visualisations: Compare (thelancet.com)

To improve life expectancy, healthy life expectancy, inequalities in both life expectancy and healthy life expectancy:

- Tackle major behavioural risks – tobacco, diet, exercise, alcohol and drugs
- Diabetes is a rising concern
- CVD reduction – including controlling blood pressure key and has considerable population impact
- Cancer major cause of ill health, importance of behaviours and screening
- Mental health
- Immunisation
- Air quality and cold homes

In addition, for healthy life expectancy and inequalities in healthy life expectancy tackle:

- MSK and pain management
- Sensory impairment

Health Counts

- As well as health and wellbeing trends, the 2024 Health Counts survey of over 16,700 adults in the city gives us important evidence on population groups in the city
- Providing information on communities we haven't had evidence for before - with such a large sample, there is the ability to look at inequalities and intersectionality

5% TNBI

(Trans, non-binary or intersex)

Higher than the 2021 Census at 1% of adults.

28% LGBQ+

(Lesbian, gay, bisexual, asexual, queer or prefer another term to describe their sexual orientation but are not heterosexual)

Higher than the 2021 Census at 11% of adults.

13% Neurodivergent adults

No comparative data available.

24% Black and Racially Minoritised

(Non-White British) Similar to the 2021 Census at 26%.

0.4% are a refugee and 0.2% are an asylum seeker

No comparative data available.

4% have ever lived in care as a child or young person

This is the first time that this question has been asked. No comparative figure available.

0.9% live in temporary or emergency accommodation

This is the first time these results are able to be presented in Health Counts.

Trends

We have seen **worsening trend** for:

- General health
- Happiness and anxiety
- Pain
- Drugs use
- Community cohesion – belonging, social contact and support
- Community safety

We have seen **improving trend** for:

- Smoking

Health Counts - Inequalities

- The survey evidences **stark inequalities** in the city by deprivation, and for particular communities
- We see large, and in some cases **widening inequalities**
- The full report provides **interactive maps** at ward and small area level
- And tables with questions broken down by **population groups**
- There are also ward, PCN and ICT area profiles available

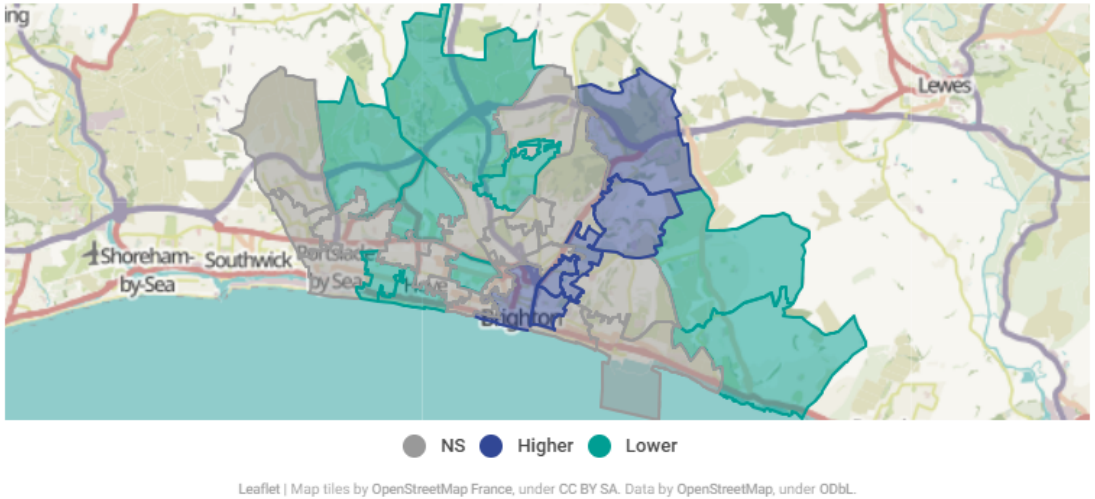
	Most deprived 20%	Least deprived 20%
In good or better health	56%	76%
Low happiness score	35%	17%
High anxiety score	46%	29%
Self harmed in last year	12%	6%
Experienced suicidal thoughts in last year	30%	18%
Smoke	25%	9%
Vape	18%	8%
Binge drink daily or almost daily	3%	2%
Experience gambling related harms	25%	14%
<30 mins sport / fitness activity in last week	65%	48%
5 a day (fruit and veg consumption)	42%	56%
Spend time in nature at least monthly	82%	92%
Never visit the dentist	16%	6%
Taking action due to cost of living	88%	81%
Fairly or very worried about housing conditions	27%	10%
Very/fairly strong sense of belonging	45%	64%
Could ask someone for help if they were ill in bed and needed help	62%	79%
Feel very or a bit unsafe walking along at night	48%	25%
Very /fairly worried about physical violence against you	31%	15%

Inequalities – self harm

People in the following groups/areas of the city are more likely, compared to Brighton & Hove as a whole, to have self-harmed in the last 12 months (Brighton & Hove 9%):

- Aged 18-24 and 25-34 years (28% and 13% respectively)
- Adults from Mixed/multiple ethnic groups (16%), Gypsy, Roma, and/or Traveller adults (29%)
- Trans, non-binary or intersex adults (TNBI) (31%)
- LGBQ+ adults (20%)
- Adults living in temporary or emergency accommodation (20%), social renting (17%) or private renting (14%)
- Adults with experience of the care system as a child/young person (19%)
- Disabled adults (19%)

% of adults who have deliberated harmed themselves in the last 12 months, but not with the intention of killing themselves by MSOA



- Autistic adults (35%), neurodivergent adults (excl. Autistic adults without a learning difference) (29%), adults with a developmental condition (20%), learning disability (30%), mental health difference / condition (28%), physical difference (13%), speech and language condition (23%), visible difference with a disabling and/or discriminatory impact (21%)
- Adults living in more deprived areas: 12% of those in the most deprived 20% of areas, compared to 6% of those in the least deprived 20% of areas
- Areas of Moulsecoomb and Bevendean, Coldean and Stanmer, Kemptown, and Central Brighton

Safe and Well at School Survey - Inequalities

- The safe and well at school survey evidences **stark inequalities** in children and young people in the city by deprivation, and for particular groups of pupils
- The full report provides more information on these inequalities
- As well as by deprivation, SEND children and young people (CYP), Neurodivergent CYP, CYP with a learning disability, Children in Care, Black and Racially Minoritised CYP, young carers, LGBQ+ and TNBI children and young people face significant inequalities and discrimination

	High deprivation (Family Affluence Scale (FAS) 0-5)	Low deprivation (FAS 9-10)
Been bullied this term	24%	17%
Met physical activity recommendation	16%	27%
5 a day (fruit and veg consumption)	48%	65%
Often felt happy in last few weeks	76%	84%
Tried alcohol	38%	49%
Brush teeth twice a day	81%	91%
Accessed nature recently	74%	87%

Population outcomes Framework priority areas

Population Health Outcomes Framework

Sussex Population Outcomes Framework Revised June 2025

Overarching Outcomes - Life Expectancy, Healthy Life Expectancy, Reducing the inequalities gap in life expectancy

Starting Well

1 Good Infant & Maternal Health

1.1) Neonatal & still birth, infant mortality

Maternal Focus

- 1.2) Booked maternity - 70 days
- 1.5) Specialist perinatal MH measure
- 1.6) Maternal smoking (at booking and at delivery)

Baby focus

- 1.08d) Low Birth Weight babies
- 1.09) Admissions of babies aged 0-14 days
- 1.12) Babies breastfed (full/partial 6-8 weeks and first milk) (%)

2 Strong Foundations for Health

2.1) Children Assessed as being Ready for School (% - all and by FSM)

- 2.2) Children in low income hlds
- 2.3) Uptake - childhood imms/ vaccs (%)
- 2.4) Children achieving expected level in comm skills 2/2½ yrs (%)
- 2.5) Children with a healthy weight (Year 6) (%)
- 2.6) Attainment 8 (and for children FSM and CLA) (Average score)
- 2.7) 16/17 yr olds NEET (%)
- 2.8) Care-leavers (17-21 yrs) EET (%)
- 2.9) Oral health - tooth extractions for under 10s (tbc) CORE20 HIState

3 Tackling Childhood Long Term Conditions

3.1) Hospital admissions for asthma (under 19 years) (Rate)
Unplanned admissions with primary diagnosis of epilepsy

- 3.3) Patients with Asthma (6-19 yrs): where second-hand smoking status recorded in the last 12 months (%)
- 3.7) Emergency admissions for under 18s HIState

4 Mental Health Support

4.1) Children and young people's mental health access CORE20HIState

- 4.3) CYP with Eating Disorders Waiting Times (Routine and Urgent) - (% seen within standards)
- 4.4) Hospital admissions for self-harm (10-24 years) (Rate)

Working Age - Wider Determinants, Increasing Challenges

5 Core Determinants

Main measure has been discontinued by the ONS

- 5.2) People in employment (16-64 yrs and 50-64 yrs) (%)
- 5.3) Households owed a duty under the Homelessness Reduction Act (Rate per 1,000 households)
- 5.4) Fuel poor households (% of households)
- 5.5) Air pollution: fine particulate matter (concentrations of PM2.5)
- 5.6) Adults walking for travel - three days per wk (%)

6 Tackling increasing burdens - Diabetes

6.1) Obesity rates (Adults) (%)
6.2) Management of diabetes (% achieved 8 CPP / 3TT) (Type 1 and 2) HIState

- 6.4) People (%) completing education < 1st yr of diagnosis
- 6.7) Amputation - major & minor lower limb amputation

To be added

- 6.6) DKA admissions (risk rate)
- 6.9) Admissions for Renal Replacement therapy

7 Tackling Alcohol

7.1) Admission episodes for alcohol-specific conditions (rate)

- 7.2) Adults drinking over 14 units of alcohol a week (%)
- 7.4) People waiting >3 weeks for treatment (%)
- 7.5) Successful completion of treatment (% completed treatment who do not represent to treatment within 6 months)

Working Age - Tackling major burdens of ill health and premature mortality

8 Tackling major burdens of ill health and premature mortality

- 8a.1) Under 75 mortality - **cardiovascular diseases**
  - 8a.2) Uptake - NHS Health Checks
  - 8a.3) Case finding, diagnosis & management of hypertension / NICE guidance CORE20 HIState
  - 8a.4) Recording of BP amongst higher risks groups including people with diabetes & following a stroke.
  - 8a.9) % adults with no GP recorded CVD and a GP recorded QRISK score of 20% + on lipid lowering therapy HIState
  - 8a.10) % adults with GP recorded atrial fibrillation and record of a CHAD2DS2-VASc score of 2+ - currently treated with anticoagulation drug therapy HIState
- 8b.1) Under 75 mortality - **respiratory disease**
  - 8b.2) Smoking cessation support and treatment offered to patients
  - 8b.3) Take up of COVID, flu and pneumococcal vaccinations CORE20
  - 8b.4) % of patients with COPD or asthma who had a review in last 12 months
  - 8b.6) Emergency admissions (rate) for COPD, asthma or pneumonia
- 8c.1) Under 75 mortality - **cancer**
  - 8c.2) Smoking prev (%)
  - 8c.3) HPV Coverage (%)
  - 8c.4) Cancer screening coverage (%).
  - 8c.8) Emergency present.
  - 8c.9) Proportion of people diag (stage 1 or 2), case mix adjusted for cancer site, age at diagnosis, sex CORE20 HIState
  - 8c.10) % adult acute and mental health inpatient settings offering smoking cessation

9 Improving Adult Mental Health & Wellbeing

9.1) Self-reported wellbeing (ONS)
9.2) Excess under 75 mortality rate in adults with severe mental illness

- 9.4) Uptake of SMI and LD Health checks (%) CORE20 HIState
- 9.5) Record of BP check in last 12 mths, smoking cessation offered (%)
- 9.6) Referrals "suspected autism" > 13 weeks for appt (%)
- 9.9) Drug related deaths
- 9.10) Suicide rate
- 9.11) NHS Talking Therapies recovery rate HIState
- 9.12) Rates of total Mental Health Act detentions HIState

Active Ageing and Later Life

10 Maintaining health & mobility

10.1) Adult Physical Activity & Inactivity Rates

- 10.2) Economic inactivity (due to long term sickness)
- 10.4) Emergency hospital admissions due to falls in people aged 65+ (rate)
- 10.7) Readmission following hip replacement

11 Care & Support

11.1) % of people **feeling confident & supported to manage their LTC**
11.2) Quality of life - adults 65+ in receipt of social care - with as much social contact as they would like.

- 11.3) Referrals to Social Prescribing
- 11.4) Reablement - Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (reablement coverage)
- 11.6) Adult carers (65+) who have as much social contact as they would like (%).
- 11.7) Diagnosis rate of Dementia

12 Inclusive Elective

- 12.1 Reduction in people waiting over 52 wks
- 12.2) Reduction in Do Not Attend rates
- 12.4) LoS in outlying specialities
- 12.6) Improved access to diagnostics
- 12.7) Size and shape of the waiting list; those waiting longer than 18 weeks, 52 weeks and 65 weeks HIState
- 12.8) Age standardised activity rates for elective and emergency admissions and outpatient, virtual outpatient and emergency attendances HIState
- 12.9) Elective activity vs pre-pandemic levels for under 18s and over 18s HIState

Health inequalities

Where possible measures should be comparable across place & for subgroups.

CORE20Plus5 measures

HIState - Measures in the 2024 NHS Health Inequalities Statement

Indicators highlighted for Brighton & Hove in the Sussex Population Outcomes Framework as outliers of concern

Tackling major burdens

- NHS Health Checks - offered, Persons, 40-74 yrs, 2020/21-24/25
- Take up of flu jab (65+), Persons, 65+ yrs, 2023/24
- Take up of flu jab (at risk), Persons, 6 months-64 yrs, 2023/24
- Take up of flu jab (primary school aged children), Persons, 4-11 yrs, 2023
- Hypertension: Treated to appropriate threshold, Persons, All, Q32024/25
- Hypertension: BP monitoring, Persons, All, Q32024/25
- Cholesterol: QRISK >= 20% treated with LLT, Persons, All, Q32024/25
- AF: Treated with anticoagulants, Persons, All, Q32024/25
- Smoking cessation support and treatment offered to patients, Persons, All ages, 2023/24

Indicators highlighted for Brighton & Hove in the Sussex Population Outcomes Framework as outliers of concern

Maintaining health and mobility

- Emergency admissions due to falls (65+), Female, Male, Persons, 65+ yrs, 2023/24
- Uptake PPV, Persons, 65+ yrs, 2022/23

Care and support

- Older people who received reablement/rehabilitation services after discharge from hospital, Persons, 65+, 2023/24

Inclusive elective

- Monthly Referral to Treatment (RTT) 52+ Week Waits, Persons, All, M122024/25

Improving adult mental health and wellbeing

- Self reported wellbeing, Persons, 16+ yrs, 2022/23
- Excess U75 mortality rate in adults with SMI, Persons, 18-74 yrs, 2021-23
- Drug related deaths, Female, All ages, 2021-23
- Serious Mental Illness (SMI) Physical Health Checks, Persons, All, 2024/25
- Learning Disabilities (LD) Annual Health Checks, Persons, All, M122024/25
- Serious Mental Illness (SMI) - Blood Pressure Checks, Persons, All, 2024/25

Indicators highlighted for Brighton & Hove in the Sussex Population Outcomes Framework as outliers of concern

Strong foundations and for health indicators

- Children assessed as being ready for school (FSM), Female, 5 yrs, 2023/24
- Uptake MMR for one dose (5-year-olds), Persons, 5 yrs, 2023/24
- Uptake DTaP and IPV Booster (5-year-olds), Persons, 5 yrs, 2023/24

Mental health support indicators

- Hospital Admissions for Self-Harm (10-24), Female, 10-24 yrs, 2023/24
- Hospital Admissions for Self-Harm (10-24), Persons, 10-24 yrs, 2023/24

Increasing burdens

- Amputation - minor limb, Persons, 17+ yrs, 2018/19-20/21
- Amputation - major limb, Persons, 17+ yrs, 2018/19-20/21

Tackling alcohol

- Adults drinking over 14 units of alcohol a week, Persons, 18+ yrs, 2015-18
- Successful completion of alcohol treatment, Persons, 18+ yrs, 2023

Outputs from the Shaping Sussex's Future on Health Inequalities- System Event

3rd December 2025

Shaping Sussex's Future on Health Inequalities- System Event Overview

- Co-hosted by Sussex Voluntary Leaders Alliance (SVLA) and NHS Sussex
- Brought together 85 people from VCSE, communities, NHS and wider partners together
- Focused on collective action and shared responsibility for reducing inequalities
- Coproduction morning and co-design afternoon

Open Space co-production mechanism:

"What do we need to change now and, in the future, so that everyone in Sussex has a fair chance of living well and healthily, and how do we make that happen?"

12 themes picked from over 30 suggestions

Solution focused discussions - 40 minutes each

Themes and solutions

Theme	What we heard	Possible solutions
1. Data Gaps: Who Gets Missed?	Those without stable housing, people who don't use digital services, migrants, sex workers, and people who move around a lot. Because they're missing from the data, their needs are often overlooked. Smaller voluntary and community groups also feel left out of NHS planning.	Create a single directory of services for Sussex. Provide more support for social prescribers and phone-based help. Agree a shared understanding of what 'prevention' means across sectors. Improve data sharing and infrastructure. Clarify funding and partnership models.
2. Digital Access: Not Everyone's Online	Digital barriers affect both patients and staff. Some people are forced to use digital services, which excludes those with language barriers, low digital skills, or who simply prefer face-to-face support. Costs and lack of access to devices or Wi-Fi are also real issues and can affect main communities across Sussex.	Funding specifically for digital inclusion, including training and support. Test digital platforms robustly for accessibility. Keep non-digital options available so the digital does not become the exclusive offer for access.
3. Include Smaller and Grassroots Organizations	Smaller VCSE organisations are trusted by the communities they serve but often find it hard to be included in NHS referral pathways. Processes are complex, and there's a lack of visibility and support.	Enhance VCSEs involvement in both clinical and non-clinical pathways where able. Create a single point of access for services for VCSEs in order to maximise reach and communication. Develop a validated directory of all VCSEs, including grassroots groups. Invest sustainably in VCSE leadership and workforce.
4. Listening to Lesser-Heard Voices in Maternity and Neonatal Care	Women and families from marginalised communities can face barriers to accessing and shaping maternity and neonatal services. Language, culture, and trust feel a big issue, and many feel the system isn't designed for them.	Go to where women already gather, like schools or community hubs. Work with faith and community leaders. Tailor engagement to individual preferences. Build trust and show how feedback leads to real change.
5. Housing and Health	High housing costs and unstable accommodation make it hard for people to register with a GP and access other services. Poor housing conditions also affect health, and people without a fixed address often miss out on care.	Train or provide tools to enable GP practices to better understand how to register people without a fixed address. Develop community hubs in unused spaces. Bring health services to people where they are. Support social spaces to reduce isolation.
6. Supporting Children and Young People	It was felt we're not doing enough, early enough, to support children and young people, especially around mental health and development. Long waits for help are common, and families often struggle to get the support they need.	Provide early intervention and support for families. Develop co-located hubs where multiple services are available. Share good practice and learn from what works elsewhere. Recognise youth workers as key partners when working with children and young people.

Themes and solutions

Theme	What we heard	Possible solutions
7. Involving People with Lived Experience	People want to be genuinely involved in designing services, not just consulted as a tick-box exercise. There's frustration when feedback doesn't lead to change when can lead to engagement feeling tokenistic. Involving people with lived experience throughout the design and implementation of service will lead to more effective person-centered care	Involve people from the start, not just at the end. Communicate clearly about how feedback will be used. Share resources and build long-term relationships.
8. Working Across Systems	Health inequalities are multifaceted with many factors contributing to why a person or community may experience disparity in health outcomes. These include housing, income, transport, education, and social connection. The system feel like it is still too focused on clinical care and works in silos. To really improve health inequalities the system needs to work a truly integrated way	Create multi-professional hubs and improve data sharing. Listen to communities and use their insights. Strengthen governance and joined-up planning.
9. Making Services Easier to Navigate	It's hard for people to know where to go for help. Information is often out of date or hard to find, digital tools don't work for everyone and don't always point people to the right support.	Develop a single, live directory of services. Keep phone support and social prescribers. Agree a shared understanding of prevention. Improve data and open access to information.
10. Community-Led Solutions	Communities want to be involved in designing solutions that work for them. This means listening, building trust, and recognising diversity within and between communities. Evidence is clear that when communities are included in the development of solutions outcomes are improved and health inequality disparities improve.	Co-design services with communities. Use both data and local insight. Fund and support grassroots initiatives.
11. Integrated Care Teams (ICTs) and Accountability	ICTs are seen as a mechanism to tackle inequalities, they will provide a mechanism to bring many of the solutions described in the document together, supporting not only the management of health at a local level but also a way that Mult professionals can work other to build support around individuals. However, there's confusion about how they work and who's involved. Local voices need to be heard, and roles and responsibilities should be clear.	Communicate roles and responsibilities clearly. Use local data and insight. Adopt inclusive, person-centred approaches.
12. Supporting People Waiting for Acute Services	Long waits for care cause anxiety and can make health problems worse, especially for those with fewer resources or support. People need better information and support while they wait. This support can be developed early working with partners and communities to describe what information is needed and how it should look to maxmise effective early support.	Provide better support and information for people waiting. Engage locally and communicate realistically. Map local support organisations.

Health Inequality Funding 2025/2026

25/26 Health Inequality funding: we will co-design the £75K NHS grant process considering the Principles, Process, Priorities

In response to conversations from the event :

- We have rewritten the Expression of Interest (EOI) to focus on **two opportunities** – insight capture and taking forward community led solutions from previous NHS reports.
- We are going to offer **more funding** to organisations working with grassroots or smaller organisations.
- We have listed the communities of focus for insight capture based on high need. We have extended community led solutions to **all communities** that experience health inequalities.
- The submission process will be easier. We will allow **video submissions** and face-to-face submission by exception for those who require reasonable adjustments.
- We have developed a way to **track and monitor actions** and progress with commissioners and partners. Completed actions will be shared back, while ongoing actions are monitored iteratively to support continuous improvements.
- We will prioritise **quality over quantity**. We are looking for deep, new insights into the “why” behind the findings and clear, actionable recommendations that can be implemented to improve outcomes.

Insight to Action

Maternity services were identified as a key area of concern at a Brighton and Hove "Improving lives for Minority Ethnic Communities" event. The Maternity Commissioners worked with the **Brighton and Hove Community Voices Group** and **Maternity and Neonatal Voices Partnership** to implement actions:

You said	We did
Maternity information should be accessible, culturally appropriate and shaped by communities.	NHS Sussex completed a year-long review of antenatal resources with Black, Asian, mixed-ethnicity, asylum-seeking and refugee communities. New easy-read and video resources were co-produced and are available in the 10 most spoken languages in Sussex. These are being shared via the LMNS website, VCSE organisations, GP practices and libraries.
Maternity services should be visible and accessible in communities.	Services are delivered in community settings such as Family Hubs, with targeted outreach including midwifery support for Traveller communities. Trusts may also support local events where staffing allows.
The NHS needs better insight into experiences of racialised minorities and stronger data.	Perinatal Equity Steering Groups are developing targeted engagement with minoritised communities, and Sussex maternity services now exceed national standards for ethnicity data collection, supporting more focused action on inequalities

Brighton and Hove Partnership and Integration Approach to tackling Health Inequalities

Improving Lives Together

Jointly Commissioned Services addressing Health Inequalities

The NHS, Brighton & Hove City Council, and the VCSE sector have built a suite of local approaches to tackling inequalities.

System wide initiatives include integrated community teams facilitating neighbourhood-based interventions, primary care networks focusing on clinical inequality improvement, the multiple compound needs programme targeting individuals with the most complex needs and multiple disadvantages, and the community health improvement programme alongside community development activities to promote prevention and engagement.

Additional measures such as the Ageing Well programme support older residents at risk of poverty, frailty and isolation, while dedicated homelessness healthcare initiatives address inclusion health with public health interventions further tackling wider determinants of health. Collectively, these programmes constitute a robust, multi-layered approach aimed at addressing clinical inequalities, removing barriers to access, tackling social determinants, reducing structural disadvantage, and meeting the needs of specific population groups.

The below programs collectively form a whole system, multi-agency effort that directly reduces unfair, avoidable and systematic differences in health across the city.

- **Integrated community level services (ICTs, community health hubs, Ageing Well, community development)**
- **Targeted clinical improvement (Core20PLUS5, Children and Young People Core20PLUS5, PCN DES delivery, screening & hypertension improvement, SMI health checks)**
- **Inclusion Health and multiple disadvantage services (MCN programme, homelessness healthcare, rough sleeper outreach)**
- **Population health management and preventive activities (JSNA insights, PHM MDTs, health checks, smoking cessation improvements)**

Brighton & Hove continue to build cross system governance structures, including ICT leadership groups, joint oversight by the Health & Wellbeing Board, and dedicated steering groups for Population Health Management and Inclusion Health. These bodies, supported by shared citywide data and dashboards, facilitate unified priorities, collaborative data sharing, and coordinated delivery of targeted health interventions.

Attached is a detailed paper of all the services and initiatives that directly support reducing health inequalities across the city.

Services addressing Health Inequalities

Integrated Community Teams (ICTs):

- ICTs in Brighton & Hove are delivering a neighbourhood-based, multi-agency model that brings health, social care and voluntary sector partners together to tackle entrenched health inequalities across the city. Their focus is on improving access, strengthening prevention, and coordinating personalised support for communities experiencing the greatest disadvantage, in line with the CORE20PLUS5 framework.
- Across East, West and Central areas, ICTs are embedding community-based health hubs, outreach, and multidisciplinary team (MDT) approaches that target populations with higher prevalence of long-term conditions, frailty, mental health needs, and social vulnerability. Evidence from recent neighbourhood hubs shows strong uptake among ethnic minority residents and high satisfaction with accessible, walk-in support. Community health events, diabetes and menopause support groups, wellbeing workshops, and vaccination/immunisation outreach strengthen early intervention and population health management.
- ICTs are also reducing inequalities for those with the most complex needs. The West MDT Frailty Pilot, for example, has delivered proactive, multidisciplinary care planning that reduces pressure on acute services and improves stability for older adults. In addition, the Homeless & Multiple Compound Needs program aligns specialist partners to improve outcomes for people facing homelessness, severe mental illness, substance use, or exposure to domestic abuse, groups recognised as key local PLUS populations.
- Underpinning this is a growing infrastructure of shared digital tools, collocated working, neighbourhood profiles, and consistent MDT models, which enhance coordination and support proportionate resource allocation. This reflects the wider ambitions set out in the city's Health & Wellbeing Strategy and NHS Sussex's Improving Lives Together plan.
- Overall, ICTs are enabling more equitable access, more preventative and personalised care, and more integrated system working, resulting in tangible improvements for residents who historically face barriers to health and care.

Services addressing Health Inequalities

Homeless and Multiple Compound Needs (H&MCN):

H&MCNs is one of the city's Health & Care Partnership population health priorities. It was chosen in 2022 as the Place Community Frontrunner Programme and in 2024 the city's health & care partnership agreed to create a new and distinct Homeless & Multiple Compound Needs Integrated Community Team (H&MCNs ICT). This model is supported through funding from the partnerships Better Care Fund

The core partners in the ICT are- Arch Healthcare (Chair & clinical lead), BHCC Changing Futures Team (ASC & Housing). CGL Rough Sleeper and Drug & Alcohol Recovery Team, SCFT Health Inclusion Team, SPFT Homeless Mental Health Team, Common Ambition lived experience service and VCSE Homeless & Rough Sleeping Network

- Focusing on people experiencing the deepest disadvantage, who face the starkest gaps in life expectancy and access.
- Providing integrated multidisciplinary care that addresses health, housing, mental & physical health, and social factors together.
- Reducing crisis service reliance and improving individual outcomes, as shown through external evaluation.
- Embedding Inclusion Health into ICT neighbourhood models, ensuring long-term system alignment.
- Using data, lived experience, and co-production to shape targeted interventions that reach those most excluded from traditional healthcare.

Key outcomes delivered by the H&MCNs ICT:

- 180 people with 3 or MCNs supported by the Changing Futures multidisciplinary team (MDT) over the three years
- Assessed the impact of the service through the New Directions Team Assessment model. This demonstrated the positive impact the MDT has had in reducing the risk individuals face because of MCNs
- Completed an external evaluation of the MDT and are delivering on its recommendations B&H MDT evaluation report
- Mapped the levels, types of need and engagement in services of MCNs amongst the city's homeless population B&H Multiple Needs Audit
- Mapped the impact of pro-active multidisciplinary working and the benefit for individuals and cost saving benefit for the wider system
- Set outcome targets for 26/27 that include- 1) reducing avoidable presentations in A&E 2) doubling the capacity & throughput of the MDT 3) developing a H&MCNs hostel model in partnership with BHCC 4) support delivery of BHCC Homeless & Rough Sleeping Strategy priority area 3 improving outcomes for the most vulnerable 5) further developing our lived experience approach 6) supporting training offer in the city's high needs homeless hostels

Next Steps: Addressing Health Inequalities

- Our Health & Care Partnership will use the latest data available through the Health Counts Survey and the Sussex Integrated Data set to support us in our work to understand our local communities, where health inequalities exist and how best to address local health inequalities
- Our Health & Wellbeing Board will refresh our Joint Health & Wellbeing Strategy to respond to the health inequalities identified in results of the Health Counts Survey
- Our three Neighbourhood based Integrated Community Teams will develop local plans to help address local health inequalities in their partnership areas building on the learning from their community health pilots. These plans will feed into our overarching refresh of our Joint Health & Wellbeing Strategy
- Our Health & Care partnership will continue its work to improve outcomes for people who are homeless with multiple compound needs through the new Homeless and Multiple Compound Needs Integrated Community Team (H&MCNs ICT)
- Our Health & Care Partnership will consider the learning from our H&MCNs ICT and whether this approach can support other key communities of interest where our health counts data is showing significant health inequalities i.e. our LGBTQ+ and TBI communities.

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 26

Subject: **NHS Sussex Integrated Care Board Update February 2026**

Date of meeting: **11 February 2026**

Report of: **NHS Sussex Integrated Care Board**

Contact Officer: **Name: Giles Rossington, Scrutiny Manager**

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Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 This report is a standing item for NHS Sussex Integrated Care Board (ICB) to update the committee on recent and planned developments.

2. Recommendations

2.1 Health Overview & Scrutiny notes the contents of this report.

3. Context and background information

3.1 This report forms a standing item on HOSC agendas for the ICB to update committee members on the ICB's latest key areas of focus including its delivery of NHS reform, planning for the next 3 to 5 years, and current operational management of winter demand.

4. Analysis and consideration of alternative options

4.1 Not relevant for this information report.

5. Community engagement and consultation

5.1 None undertaken for this information report.

6. Financial implications

6.1 No financial implication arising from this information report.

Name of finance officer consulted: I Chagonda Date consulted:21/01/25

7. Legal implications

7.1 There are no direct legal implications arising from this report, which is for noting.

Name of lawyer consulted: Victoria Simpson Date consulted 28.01.26

8. Equalities implications

8.1 No implications identified for this information report.

9. Sustainability implications

9.1 No implications identified for this information report.

10. Health and Wellbeing Implications:

10.1 No implications identified for this information report.

Other Implications

11. Procurement implications

11.1 No implications identified for this information report.

12. Crime & disorder implications:

12.1 No implications identified for this information report.

13. Conclusion

13.1 Committee is asked to note the update from the ICB.

Supporting Documentation

1. Appendices

1. ICB update February 2026

Report to Brighton and Hove HOSC

February 2026

NHS Sussex Integrated Care Board (ICB) Update

Summary

This paper summarises the latest key areas of focus for NHS Sussex Integrated Care Board, including its delivery of NHS reform, planning for the next three to five years, and current operational management of winter demand.

Recommendation(s) to the Board

The Sussex Health and Wellbeing Board is asked to note the update.

1 NHS Sussex - Transition Update

Since the last update, there has been appointment processes for the Executives and Non-Executives for the current Surrey Heartlands ICB and Sussex ICB cluster and for the future organisation. The Boards of both organisations are now meeting in common, with a meeting in November last year and January 2026. From April 2026 we will be forming a new organisation – NHS Surrey and Sussex Integrated Care Board.

As part of this NHS reform, Integrated Care Boards (ICBs) were directed to significantly reduce their operating costs by an average of 50% and focus on their critical role as strategic commissioners.

We have an established transition programme to oversee and drive our work forward, both in terms of creating our new organisation and making the necessary reductions.

Recognising the significant reduction that will be required within those structures, over recent months we have offered a Mutually Agreed Resignation Scheme (MARS) process, and a further Voluntary Redundancy scheme. Members of staff who have taken these options are expected to leave by the end of March 2026. The ICB is working to manage the impact of departures. Further to this, we will launch a consultation period with all staff on new structures within the target operating costs in the coming weeks, this will result in further significant reduction.

Supporting staff remains a key commitment, and we continue to take proactive steps to engage and support our workforce. This includes the availability of practical advice, training and support. We are working closely with our Staff Networks and Trade Unions to ensure our staff feel heard, valued, and supported throughout this time.

2 System Update - Planning and Commissioning Intentions

2.1 Planning - In October 2025 NHSE and the Department of Health and Social Care jointly published the Medium Term Planning Framework covering the financial years

2026/27 to 2028/29. This sees a shift from annual planning cycles to a rolling five-year horizon to better support long-term, strategic change.

The Framework focuses on a three year roadmap with ambitious targets across cancer, urgent care, waiting times, access to primary and community care, mental health, learning disabilities and autism and dentistry, with an ambition to achieve constitutional standards by 2028/29 where possible. There is also a big focus on digital technology, particularly the NHS App, reflecting the key priorities set out in the 10-Year Plan.

We have been working across Surrey Heartlands and Sussex to develop our joint Medium Term Plan. The plan will outline how the future ICB will improve health outcomes for the population of Surrey and Sussex through commissioning actions, underpinned by the development of key enablers and transformation priorities.

At the same time, work is starting on developing our broader five-year strategic commissioning narrative plan which will reflect key priorities set out in respective health and wellbeing strategies across Surrey and Sussex.

Work is underway across our organisations and with system partners, including a system workshop that took place this week, engagement with partners, and we will be submitting one plan for the deadline in February.

2.3 Strategic Commissioning Framework - NHSE recently published the Strategic Commissioning Framework, which aims to support all ICBs to adopt a strategic commissioning approach from April 2026.

The document sets out the principles of strategic commissioning, clarifies expectations of ICBs as the commissioners of most NHS services, and situates the approach within the emerging NHS operating model and the ambitions of the 10-year health plan. The framework builds on the Model ICB Blueprint, which outlines how ICBs' role should evolve, updating the traditional commissioning cycle to align with the emerging NHS operating model and the government's three shifts.

As signalled in both the Model ICB Blueprint and the 10-year health plan, the framework also recognises a growing role for providers in strategic commissioning and encourages ICBs to support providers in developing commissioning and integrator capabilities, including for multi-neighbourhood provider and integrated health organisation contracts.

3 System performance (including industrial action and winter planning)

Since November we have been implementing our winter plans with seven-day winter reporting. Key areas of focus include vaccination, discharge, urgent and emergency care performance and mental health support.

Hospital bed occupancy remains high, with patient discharge – across the whole patient pathway – also remaining challenging, with ongoing work with providers to increase discharge levels wherever appropriate.

Positively, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) continues to report average category 2 response times above trajectory, with latest figures for ambulance handovers also tracking above the planned trajectory, ranking 3rd out of 11 ambulance trusts nationally.

In terms of vaccination, across Sussex, as of 06 January, 61.7% of the eligible population had received a Covid vaccination, and at the start of December, 55% of those eligible had received a flu vaccination. These are both marginally lower than the regional average, but higher than national averages. Clinics and sessions continue to be available, and the NHS continues to encourage those eligible to book an appointment and receive their vaccinations as community rates remain high.

During the winter period, our system has also worked to maintain services through five days of industrial action by junior doctors, from 14 to 19 November 2025 and from 17 to 22 December. This was expected to be challenging during the periods leading up to Christmas but the NHS in Sussex put in place tested plans to ensure patients could receive the care they needed during this period.

5 Conclusion

This paper provides a summary of the key priorities for NHS Sussex since our last update, including the latest on ICB reform and creation of a new organisation from 01 April 2026, and delivery of our operational plans, including winter.

Overall, there continues to be significant progress in implementing change across the NHS to enable us to improve the health outcomes, reduce the health inequalities and secure the best value for money from the delivery of high-quality NHS services.