Brighton & Hove City Council

Health Overview & Scrutiny Committee

Date: **22 April 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; Geoffrey Bowden (Healthwatch), Nora Mzaoui (CVS), Mary Davies (Older People's Council)

Contact: **Giles Rossington**
Scrutiny Manager
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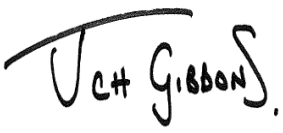

Chief Executive
Hove Town Hall
Norton Road
Hove BN3 3BQ

Date of Publication - Tuesday, 14 April 2026

AGENDA

Part One **Page**

27 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.

28 MINUTES 7 - 14

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 11 February 2026 (copy attached).

29 CHAIR'S COMMUNICATIONS

30 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 10th April 2026.
(c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 16th April 2026.

31 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.

32 IMPROVING URGENT CARE PATHWAYS FOR HOMELESSNESS AND DRUGS & ALCOHOL **15 - 20**

Report of Surrey & Sussex Integrated Care Board (copy attached)

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

33 NHS CHANGE APRIL 2026 **21 - 26**

Report of Surrey & Sussex Integrated Care Board (copy attached)

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

34 NEIGHBOURHOOD MENTAL HEALTH TEAMS **27 - 58**

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

35 TEMPORARY CLOSURE OF CHALK HILL HOSPITAL: UPDATE APRIL 2026 **59 - 68**

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

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The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

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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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- Paint spray or similar items;
- Padlocks, chains and climbing gear;

- Items that make a noise (e.g. whistles, loud hailers, mega phones); and,
- Banners, placards and flags or similar items.

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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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- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and
- Do not re-enter the building until told that it is safe to do so

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 11 FEBRUARY 2026

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Wilkinson (Chair)

Also in attendance: Councillor Evans (Deputy Chair), Hogan, Lademacher, Mackey, Parrott, Simon, Galvin, Goldsmith and Winder

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

PART ONE

19 PROCEDURAL BUSINESS

19(a) Declaration of Substitutes

19.1 Cllr Goldsmith attended as substitute for Cllr Hill; Cllr Winder attended as substitute for Cllr O'Quinn.

19(b) Declaration of Interests

19.2 There were none.

19(c) Exclusion of Press & public

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

20 MINUTES

20.1 RESOLVED – that the minutes of the 19 November 2025 meeting be agreed.

21 CHAIR'S COMMUNICATIONS

21.1 The Chair gave the following communications:

Firstly, we have a new member on HOSC. I'd like to welcome Cllr Ty Galvin who will join the committee as an independent member. He replaces Cllr Bruno De Oliveira.

We're looking at some important issues today. I know that dentistry and particularly the problems of being able to access an NHS dentist is a matter of concern for people living in the city, as it is for people across the country. We have a paper on dentistry presented by NHS Sussex which commissions local NHS dental services. We're also joined by Sussex dental practitioners.

We also have a paper on local health inequalities presented by NHS Sussex and by the council's public health team. I'm sure members will be aware of the stark health inequalities we face locally, and will also be aware that this is a growing problem. We'll hear today about some of the work that's being done to tackle these inequalities.

Finally, we have a presentation from NHS Sussex on the major changes that are taking place in the NHS at the moment, including progress on the merger of Sussex and Surrey Integrated Care Boards and on the move to a more strategic approach to NHS commissioning.

22 PUBLIC INVOLVEMENT

22.1 There were no public engagement items.

23 MEMBER INVOLVEMENT

23.1 There were no member engagement items.

24 DENTISTRY

24.1 The item was presented by Garry Money, NHS Sussex Director of Primary Care Commissioning, and by Ellie Coleman, NHS Sussex Senior Manager, Primary Care Commissioning. They were joined online by local dental practitioners Nish Suchak, Chair of East Sussex Dental Committee; Ali Mubarak, Practice Principal Dentist at Eaton Road Dental Practice; and Aisha Asghar, Dental Contract Holder at Goodwood Court Dental Practice. Dr Nicola Lang, Director of Public Health, was also present.

24.2 Mr Money told members that there had been considerable changes since dentistry was last reported to HOSC in January 2024. These included reform to the national dental contract which have improved incentives for dentists to take on NHS work, particularly in terms of complex and urgent care. There has also been more focus on prevention. There are currently 43 NHS dental contracts in Brighton & Hove and there has been an increase in the Units of Dental Activity (UDA) delivered since the last report to HOSC. Ms Coleman added that an Urgent Care Stabilisation Pilot had been run locally. This was successful, with 5 local practices signing up and the pilot has now been extended to non-urgent unscheduled care. Lots of work is ongoing to support the most vulnerable patients, including children in care and care leavers and clinically vulnerable patients. Ms Coleman also outlined preventative work that NHS Sussex has undertaken with the council's Public Health (PH) teams, targeting the more deprived areas of the city to encourage good oral hygiene including supervised tooth-brushing.

Mr Money told members that a 'golden hello' scheme had also been introduced to try and attract new dentists to the city. To date this had not been successful, but additional rounds are planned. In summary, dentistry remains a Sussex strategic priority. There has been positive progress in recent months but much more needs to be done.

Mr Suchak told members that NHS Sussex (ICB) commissioners have been much better than the NHS England commissioners who previously had responsibility for dentistry, being particularly open to appreciating the value of prevention. However, it is important to recognise that there has been no additional funding for dentistry and that a new national contract has not been trialled. The increase in urgent care capacity is positive, but to be successful it needs to be accompanied by an increase in routine UDAs. Mr Mubarak added that dentists will not ultimately be able to take on more NHS patients without an increase in funding.

24.3 Cllr Simon asked about consistency of NHS contracting across dental practices, about monitoring of dental lists, and about how NHS capacity is advertised. Mr Money replied that the focus of commissioners is to ensure that the highest possible percentage of Sussex UDA is actually delivered by dental practices. NHS Sussex does not monitor dental lists; how much dental activity practices actually deliver compared to the UDA they are commissioned to deliver is closely monitored by the ICB. If practices have capacity to take on additional NHS patients, this is advertised via the NHS website. However, commissioners recognise that public feedback on the accessibility of the website is mixed.

24.4 Geoffrey Bowden commented that dentistry remains one of the most common issues that people contact Healthwatch about. Access may have improved but it is still far from adequate, and only wealthy people who can afford to pay private fees really have proper access to dental services. Mr Money responded that these were valid points, but it does need to be recognised that the ICB has to work with the budget it has. Mr Suchak added that he would love to treat more NHS patients, but this has to be paid for – or preventative services that reduce demand for treatment need to be funded.

24.5 Cllr Goldsmith asked why the golden handshake scheme had not proven successful. Mr Money replied that it was unclear, but the high cost of living in the city and the often poor condition of dental estates were likely to be factors. Mr Suchak added that young dentists have very high student debt and need to earn decent money; even with golden hellos, private practice is more attractive than NHS work.

24.6 Mary Davies commented that the Older People's Council hears stories of older people struggling to register with or being de-listed by dentists. Mr Money replied that he acknowledged the issue of registration. This may be particularly confusing for older people who remember a time when dentists ran true dental lists. The current contract does not support dental lists, but recent tweaks to incentivise dentists to offer more lengthy courses of treatment which may provide some continuity of care. Ms Coleman added that there is a care home pilot which supports dentists to visit care homes. This is something that dentists used to do some years ago, but this type of activity is not supported by the current contract.

24.7 Cllr Evans asked how urgent care was defined as she was aware of instances where people with seemingly urgent issues such as constant tooth pain were denied access to urgent dental care, sometimes being rejected by non-qualified reception staff. Cllr Evans also noted that many dentists are very difficult to contact. Mr Money responded that clinicians should determine what is an urgent, unscheduled or routine case. The NHS dental helpline should be able to help with contacting services. Mr Suchak added that, in his practice all patients are triaged by dentists.

24.8 Cllr Evans asked whether there were statistics on how much preventable disease is linked to poor oral hygiene. Dr Lang responded that there are huge savings to be made through preventative care. This is so, even just looking at the costs of preventing dental procedures such as tooth extractions and root canals, without factoring in the potential to prevent physical health problems or identify them at an early and treatable stage. Glasgow has been undertaking excellent work in terms of oral health prevention. Mr Money added that there is an ongoing discussion across primary care on developing prevention programmes; the ICB endeavours to use its funding is the most efficient way possible. Mr Suchak commented that he was very much in favour of prevention. There is also the potential for dentists to deliver basic physical health tests such as taking blood pressure and blood glucose. However, dentists would have to be paid for delivering this type of preventative service.

24.9 Nora Mzaoui commented that it was good to see a focus on prevention for young people, but it was important that other ages were not neglected, particularly people from the most deprived communities. Mr Money agreed, noting that there are a number of initiatives supporting more vulnerable people, and that dental commissioners are working actively with family hubs.

24.10 Cllr Parrott asked questions about services for people with multiple compound needs (MCN), about renovating dental infrastructure, and about co-production with people with lived experience. Mr Money responded that there are various workstreams supporting people with additional vulnerabilities, including those with MCN. The ICB is also committed to using co-production more. Capital funding is very limited but improving dental infrastructure is part of the conversation around use of capital.

24.11 Cllr Mackey asked a question about dental services for people in SEND residential places. Ms Coleman confirmed that sight tests and dental checks are offered to residential schools.

24.12 Cllr Mackey asked about support for challenged providers. Mr Money replied that dentists have not traditionally been supported to the same extent as GPs but that commissioners are seeking to develop better long term relationships with dental practices.

24.13 Cllr Simon asked whether there were any areas of the city particularly poorly served in terms of dental access. Mr Money responded that commissioners are at an early stage of having granular data on this. The ICB wants to better match provision to demand across geographies.

24.14 The Chair asked whether there was a risk that urgent dentistry would effectively replace routine care. Mr Money acknowledged that this is a risk. National policy is currently pushing urgent care, but locally the ICB is committed to improving access to all types of treatments.

24.15 The Chair asked what local data shows about the balance between local demand and activity. Mr Money agreed to take this away for consideration. There is currently no dental equivalent to the Pharmaceutical Needs Assessment which maps pharmaceutical needs and assets across local areas. The ICB is keen to explore the concept of an oral health needs assessment.

24.16 Ms Asghar commented that her practice runs urgent sessions, but these are often not fully booked. She also stressed how difficult it could be for dental practices that wanted to do more work to negotiate increased UDA. Mr Suchak added that everyone concerned about the state of NHS dentistry should consider lobbying for more funding. Without additional funding there will be no sustainable improvement in services.

24.17 RESOLVED – that the report be noted.

25 REDUCING HEALTH INEQUALITIES IN BRIGHTON & HOVE

25.1 The item was introduced by Tanya Brown-Griffith, NHS Sussex Director for Joint Commissioning and Integrated Community Teams (Brighton & Hove); Joanne Alner, NHS Sussex Director of Population Health and Inequalities; Steve Hook, City Council Director of Adult Social Services; and Dr Nicola Lang, Brighton & Hove Director of Public Health.

25.2 Ms Brown-Griffith told the committee that reducing local health inequalities was at the heart of improving the city's health. Brighton & Hove has stark health inequalities, with significant areas of deprivation, high unemployment rates, housing insecurity and mental health issues. With limited capacity, support will be targeted at those individuals and communities in the greatest need.

25.3 Dr Lang told the committee that there is increasingly good data on population health in Brighton & Hove, including the latest (2025) Index of Multiple Deprivation, the Safe & Well in Schools survey and the Health Counts survey. Of particular note are the obvious impact on health of 'wider determinants' such as housing and education and training. There has also been a significant fall in female healthy life expectancy in recent years, coupled with increasingly high rates of mortality for women in 'inclusion health groups'. Long term conditions are especially prevalent in the most deprived areas of the city.

25.4 Ms Alner told members that the local fall in women's healthy life expectancy mirrors a negative trend both nationally and at a Sussex level. The continuing impacts of Covid and of the cost of living crisis are factors in this but there are also particular local issues around high rates of 'external causes of mortality' including suicide and drugs and alcohol misuse. There is lots of good integrated working already happening via Integrated Community Teams (ICT) and the pilot work undertaken around supporting people with multiple compound needs. More work needs to be done to capture data from some communities, included disabled people and middle-aged men.

25.5 Cllr Simon asked why there is no health hub in Woodingdean despite its high levels of need. Ms Brown-Griffith responded that taking different approaches to different areas is a key part of the neighbourhood health approach. There are a wide range of community services available for Woodingdean residents even though there is no physical health hub.

25.6 Mary Davies (Older People's Council: OPC) commented that the report would have been more accessible if written using less professional terminology. She also asked whether ageing well services were being adequately advertised. Ms Brown-Griffith replied that ageing well services are widely advertised in community and religious spaces, but services would reflect on what more can be done. Dr Lang also offered to meet separately with the OPC to address their concerns.

25.7 Cllr Parrott noted the reliance on Voluntary & Community Sector (VCS) organisations in neighbourhood health plans and queried how achievable this ambition was given inconsistency of funding for the sector. Mr Hook replied that the VCS is a vital partner as they are much closer to communities than are statutory services, hence the close working with organisations such as the Hangleton & Knoll Project and the Trust for Developing Communities. Ms Brown-Griffith added that commissioners recognise the vulnerability in some areas of the sector and with the Local Authorities commission VCSE infrastructure organisations and a Sussex VCSE Leaders Alliance to be a strategic ICB partner.

25.8 Cllr Evans said that she supported the principles of neighbourhood health. However, there was an anomaly here: Wellsbourne Health CIC was a model community GP practice. Since taking on the Whitehawk GP contract it had doubled the patient list and achieved or overachieved its performance targets as well as increasing vaccination rates and building real trust with the local community and local VCS. However, none of these achievements had protected it from commissioners putting its APMS contract out to tender. It makes no sense to be pushing a neighbourhood health agenda at the same time as destabilising organisations that already deliver effective neighbourhood health. Ms Brown-Griffith responded, noting that there is an ongoing review of the procurement of the APMS contract which precluded her addressing specific points.

25.9 Cllr Ladermacher asked what measures were being taken to acknowledge and address unmet needs of neurodiverse people. Dr Lang replied that this is an issue that is acknowledged; more work needs doing by partners to address unmet need. Mr Hook added that the Autism Partnership Board does some excellent work in this sphere.

25.10 Cllr Mackey asked a question about mental health support for older people. Ms Brown-Griffith agreed to share some information on this at a future meeting as there was ongoing community Mental Health and Wellbeing services to improve provision including for older persons.

25.11 Cllr Mackey asked about malnutrition and its links with increasing hospital admissions and length of stay. Ms Brown-Griffith noted that there are commissioned services for eating disorders and for malnutrition in older vulnerable adults. Ms Alner added that there is monitoring of births to assess birth weights of babies. However, while malnutrition may not be a major driver of health inequality, obesity definitely is and there is a major focus on this.

25.12 Nora Mzaoui (VCS representative) asked about access to open space and exercise. Dr Lang responded that Brighton & Hove is already very physically active. There is lots of targeted support to encourage physical activity in certain communities.

25.13 Cllr Winder asked how all the positive neighbourhood health activity would be coordinated. Dr Lang responded that key to this would be the refresh of the city Joint Health & Wellbeing Strategy. The Strategy refresh will be a co-production across partners including VCSE as community and patient voice leaders. Ms Brown-Griffith added that feedback/insights from communities would be captured to monitor neighbourhood health.

25.14 Cllr Parrott asked how the seafront is covered. There are pockets of deprivation across the city, many of which are not covered by the current health hubs. Ms Brown-Griffith replied that we are in the early stages of the roll-out of neighbourhood health. The initial focus for community health hubs and satellite hubs is East and Central localities driven by data, the work

of the ICT Leadership Groups within current resource. This is expected to scale and expand to meet population need starting with the areas of the city with the worst deprivation and health outcomes.

25.15 The Chair noted that it would be important for the committee to be regularly informed on the progress of this important initiative, and particularly as to whether additional activity was leading to a narrowing of the health inequality gap. He asked for a report back in 12 months' time. Which should include trend data.

25.16 RESOLVED – that the report be noted.

26 NHS SUSSEX INTEGRATED CARE BOARD UPDATE FEBRUARY 2026

26.2 There were no questions on this information report.

The meeting concluded at 7.45pm

Signed Chair

Dated this day of

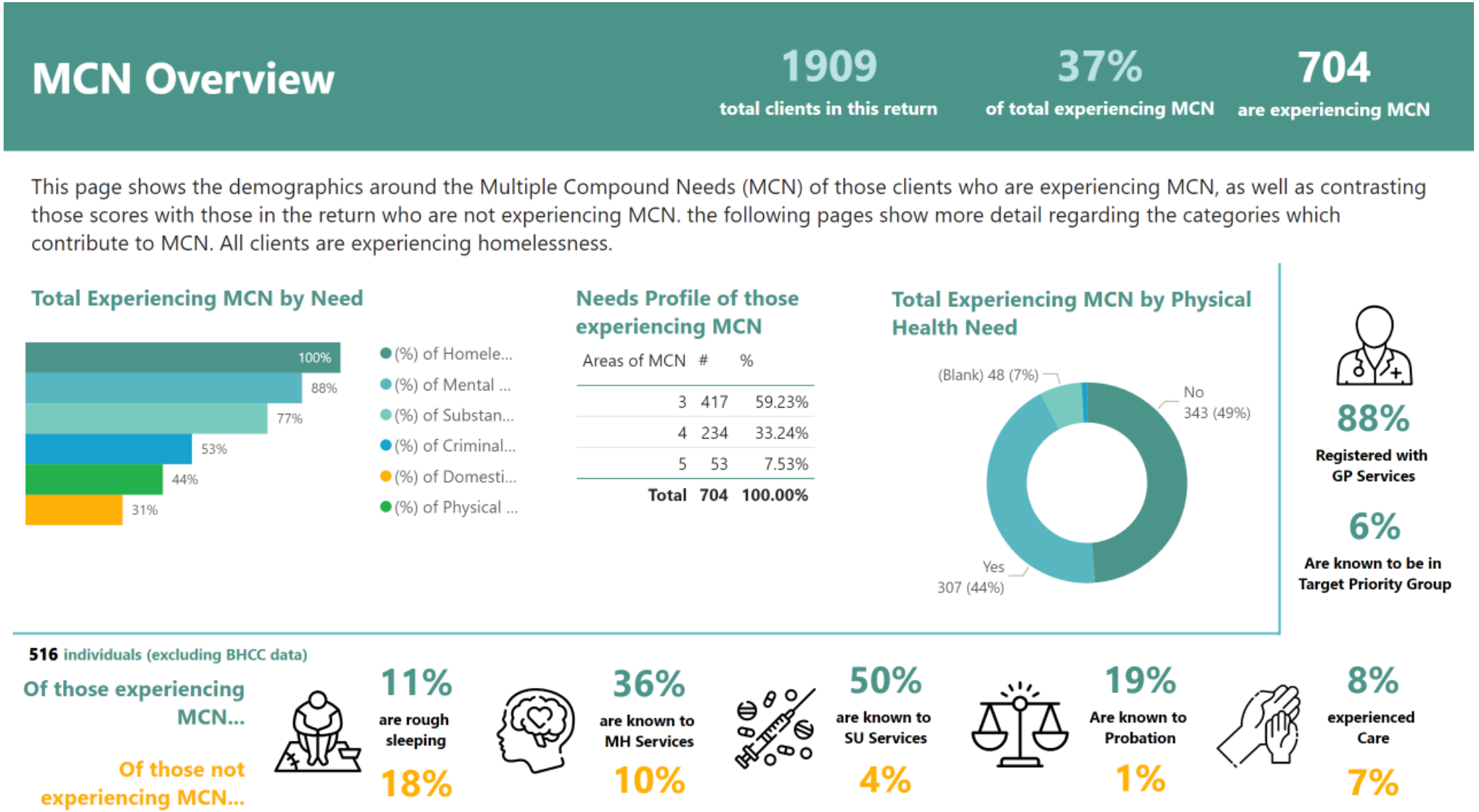
Brighton & Hove Health Overview & Scrutiny Committee

Improving Urgent Care Pathways for Homelessness and Drugs & Alcohol

Report Appendix

Improving Lives Together

Brighton & Hove Multiple Compound Needs Mapping- this mapping is compiled across all homeless services in the city to provide an evidence base for the prevalence of Multiple Compound Needs. To access the full report use this link [Brighton & Hove Q4 MNA 2024/25]

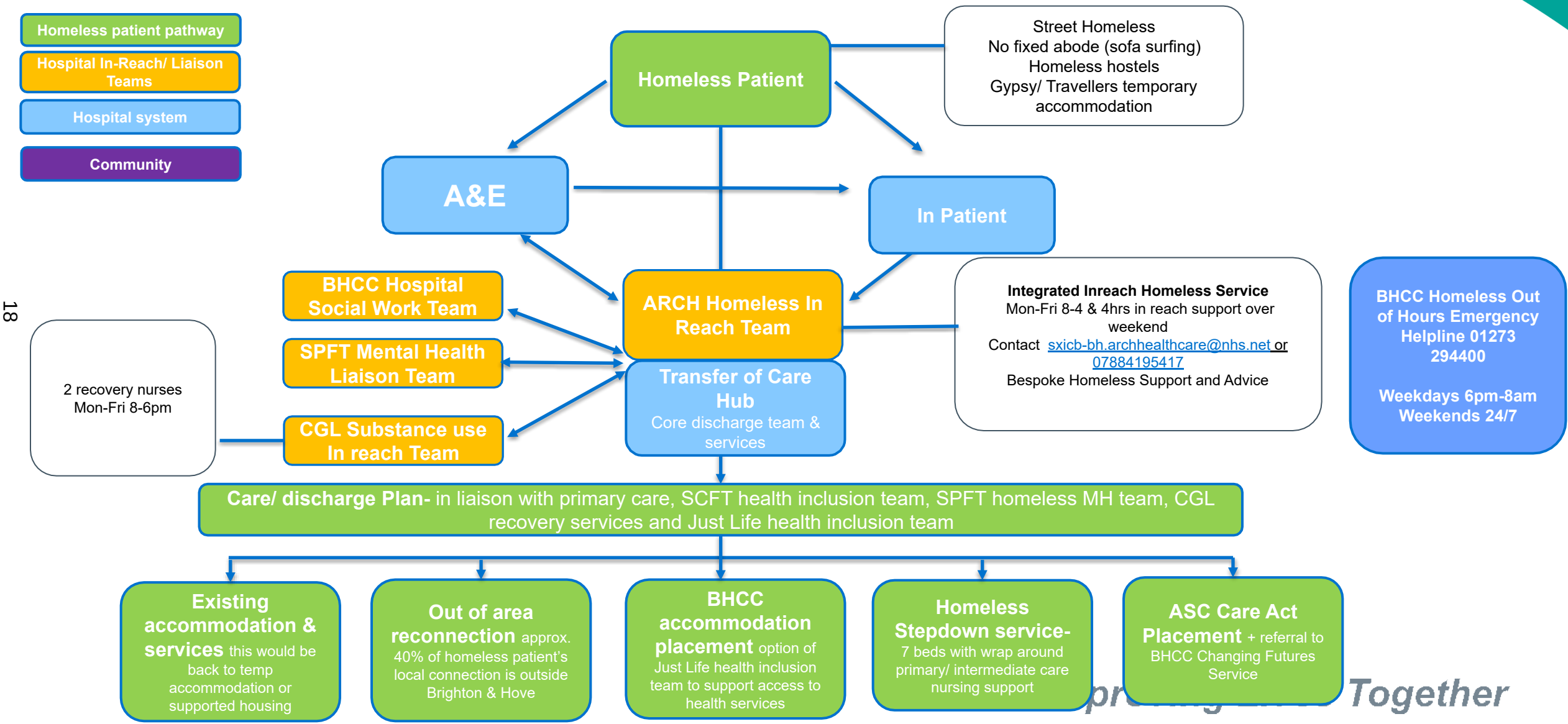


Brighton & Hove City Council Homelessness & Rough Sleeping Strategy Support needs of homeless applicants to council 2020 to 2024

Support needs (overlapping categories)	Prevention duty owed	Relief duty owed
Access to education, employment or training	87	96
Alcohol dependency needs	100	574
At risk of/has experienced abuse (non-domestic abuse)	53	224
At risk of/has experienced domestic abuse	170	707
At risk of/has experienced sexual abuse/exploitation	51	199
Care leaver aged 18-20 years	8	72
Care leaver aged 21+ years (Retired)	8	74
Difficulties budgeting	187	133
Drug dependency needs	115	717
Former asylum seeker	58	163
History of mental health problems	737	2,020
History of repeat homelessness	81	515
History of rough sleeping	46	500
Learning disability	109	266
Offending history	73	605
Old age	95	74
Physical ill health and disability	628	1,238
Served in HM Forces	3	18
Victim of modern slavery	8	21
Young parent requiring support to manage independently	20	47
Young person aged 16-17 years	8	14
Young person aged 18-25 years requiring support to manage independently	74	278

RSCH Homeless Care Co-ordination Pathway-

Arch Healthcare are commissioned to provide a care-coordination service for people who are homeless that enter RSCH Hospital. They work in an integrated way with many partners and the service works closely with the TOCH, A&E and departments across the hospital



Brighton & Hove

Homeless & Multiple Compound Needs Integrated Community Team

One vision for Brighton & Hove

For people experiencing multiple compound needs to lead healthy independent lives with value and purpose and access to the right care

The ICT is bound by a Compact Agreement to which all partners are committed.

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 33

Subject: **NHS Change April 2026**

Date of meeting: **22 April 2026**

Report of: **Chair Of Health Overview & Scrutiny Committee**

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

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 There is standing item on 'NHS Change' at HOSC meetings where NHS Sussex Integrated Care Board provides a verbal or written update on recent and planned local and national NHS developments. Information provided by NHS Sussex is in Appendix 1 to this report.

2. Recommendations

2.1 Health Overview & Scrutiny notes the information contained in this report.

3. Context and background information

3.1 The NHS is undergoing a significant programme of change. This includes the reorganisation of NHS commissioning, with Integrated Care Boards merging and re-focusing on strategic commissioning. It also includes priorities to improve neighbourhood services, shifting activity from acute to community settings and developing a more preventative approach to health care.

4. Analysis and consideration of alternative options

4.1 Not relevant for this information report.

5. Community engagement and consultation

5.1 None for this information report.

6. Financial implications

6.1 None for this information item

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

7. Legal implications

7.1 None for this information item

Name of lawyer consulted: Date consulted (dd/mm/yy):

8. Risk implications

8.1 None identified for this information report.

9. Equalities implications

9.1 None identified for this information report.

10. Sustainability implications

10.1 None identified for this information report.

10. Health and Wellbeing Implications:

10.1 None identified.

Other Implications

11. Procurement implications

11.1 None identified.

12. Crime & disorder implications:

12.1 None identified.

13. Conclusion

13.1 Members are asked to note the NHS Change update from NHS Susex Integrated Care Board.

Supporting Documentation

1. Appendices

1. Information provided by NHS Sussex Integrated Care Board.

Report to Brighton and Hove HOSC

April 2026

NHS Sussex Integrated Care Board (ICB) Update

Summary

This paper summarises the latest key areas of focus for the new NHS Surrey and Sussex Integrated Care Board, including its delivery of NHS reform and planning for the next three to five years

Recommendation(s) to the Board

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

1. Creating our new organisation – NHS Surrey and Sussex ICB

NHS Surrey and Sussex ICB formally launched on 01 April 2026, bringing together NHS Surrey Heartlands, NHS Sussex and the Surrey Heath and Farnham parts of NHS Frimley and brings our former clustering arrangement to a close.

The change is part of wider NHS reform announced by the government in March 2025 - aimed at strengthening roles and responsibilities across the wider NHS and reducing duplication, so more funding can be directed to frontline care.

These changes signal a leaner way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom, and will help support delivery of the national NHS 10 Year Health Plan to improve outcomes for patients and communities.

As part of this NHS reform, ICBs were asked to significantly reduce their operating costs (by approximately 50%) and focus on their critical role as strategic commissioners – working to improve population health, reduce inequalities and improve access to more consistent high-quality care. After careful consideration, the Boards of NHS Surrey Heartlands and NHS Sussex agreed to pursue plans to collaborate and create a new organisation spanning the two counties.

This change includes a significant reduction of the overall ICB workforce and a new operating model and internal structures. Consultation process took place in the first quarter of the year in relation to the transfer of staff to the new organisation and proposed organisational structures for the new ICB. Overall, the ICB received more than 1,000 pieces of feedback, including key partners, which has helped us shape our final structure and ways of working. Our new ICB will become a much leaner organisation – about half the size of our two combined organisations at the outset of this change in March 2025 - moving from a combined total of 1298 whole time posts at that time to c. 624 for the new organisation.

We will shortly be starting the process of filling posts, whilst supporting as many staff as possible to find suitable alternative employment. Our priority remains to support staff as much as possible and we have a range of support offers in place from mental health and emotional wellbeing to practical help.

Moving forward, as a strategic commissioner, the ICB is responsible for setting a clear strategy for improving the health of the population, based on the needs of local people, and making sure that the way money is spent has a direct impact on improving people's health and in reducing the inequalities we know exist in how some people access and receive care and treatment.

In short, the ICB's ambition is to improve health outcomes, reduce health inequalities and secure the best value for money from NHS services for the people and communities living in Surrey and Sussex in line with the Government's 10 Year Health Plan.

2. Planning for improved outcomes for Surrey and Sussex

In line with that ambition articulated above, central to our work will be the implementation of our new Surrey and Sussex Five-Year Strategic Commissioning Plan. This was submitted to NHS England on 12 February 2026. We will be finalising the plan over the coming months before publishing it on our new website later in the summer.

The plan sets out the strategic commissioning approach for the next five years, grounded in an Integrated Needs Assessment and aligned with national priorities including the recommendations of the Lord Darzi NHS Review and the Government's 10-Year Health Plan for England.

In line with national strategy our plan places particular emphasis on:

- Shifting care through prevention and early intervention.
- Transforming models of care to strengthen community-based services.
- Improving outcomes for the most disadvantaged communities.
- Modernising digital, workforce and commissioning infrastructure.

Collectively these priorities aim to improve outcomes for the population while ensuring resources are directed where they will have the greatest impact. While the Five-Year Strategic Commissioning Plan sets out the overall direction of travel, a more detailed Implementation Plan is required to translate the strategy into deliverable programmes and actions. This will be developed over the coming months with system partners.

3. Political changes in Surrey and Sussex

We recognise that this month we are not the only statutory organisation going through significant changes in Surrey and Sussex.

Recognising the change across our local authority partners, we take this opportunity to thank the elected members and officers that we are working closely with as we continue to navigate a time of significant national and local change.

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 34

Subject: **Neighbourhood Mental Health Teams**

Date of meeting: **22 April 2026**

Report of: **Chair of Health Overview & Scrutiny Committee**

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

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 members with information on the development of local neighbourhood mental health services. Information provided by Sussex Partnership NHS Foundation Trust (SPFT) on the reconfiguration of trust community mental health services is included as Appendix 2. Information provided by Southdown on changes to their neighbourhood wellbeing service is included as Appendix 1.

2. Recommendations

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

3. Context and background information

3.1 **Sussex Partnership.** SPFT is in the process of reconfiguring its community mental health offer in order to deliver improved services and to fully align the planning and delivery of community mental health with the footprint of local Integrated Community Teams (ICT). Brighton & Hove has 3 ICTs, operating across the west, centre and east of the city. Adult Social Care has similarly adopted a west, central and east approach to delivering social services. Appendix 2 contains more details of how SPFT plans to reconfigure its community services.

3.2 **Southdown.** Southdown is a not-for-profit Sussex support, care and housing provider. Southdown currently delivers a range of adult neighbourhood wellbeing services from Preston Park. Appendix 1 contains more information on planned changes to these services.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 None for this information report.

6. Financial implications

6.1 None for this information report.

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

7. Legal implications

7.1 No direct legal implications have been identified as arising from the matters reported on in this report.

Name of lawyer consulted: Victoria Simpson Date consulted 13/4/2026

8. Risk implications

8.1 None directly for the city council. Improving mental health is a core priority for Brighton & Hove and effective neighbourhood mental health services are a key driver for this. An ineffective neighbourhood mental health system risks creating unsustainable demands for acute services, worsening health inequalities and increasing unemployment.

9. Equalities implications

9.1 None directly for this information report. Some people with protected characteristics may be more likely than average to experience mental health problems, potentially including younger people, older people, people leaving care, and people with disabilities. High quality neighbourhood mental health services which are readily accessible, especially for those with mobility issues, and which are fully integrated with physical health and social care services are important for all residents, but particularly so for those with disabilities or frailty.

10. Sustainability implications

10.1 None identified.

10. Health and Wellbeing Implications:

10.1 Nothing specific. The development of integrated neighbourhood health, mental health and social care services is a key national and local priority.

Other Implications

11. Procurement implications

11.1 not relevant to this information report.

12. Crime & disorder implications:

12.1 None for this information report.

13. Conclusion

13.1 Members are asked to note information provided by SPFT and by Southdown on changes being made to the community mental health services each organisation provides.

Supporting Documentation

1. Appendices

1. Information on changes to neighbourhood wellbeing services (provided by Southdown)
2. Information on the reconfiguration of community mental health services (provided by SPFT)

Southdown

Neighbourhood mental health

Brighton & Hove

Drivers for change

NHS Long Term Plan

ICT development

NMHT integration

Equity of service provision within neighbourhoods

Changes to funding

UOK and Wellbeing Centre recommissioning

Our vision for mental health support

Mental health services that are **easy to access** and help people get support sooner.

Mental health services that are **welcoming and inclusive** for everyone.

Support that is organised around neighbourhoods to keep care **local and connected**.

Teams that work closely with **Neighbourhood Mental Health Teams**.

Services and support that are **easy to understand** and navigate.

A **sustainable model** that makes the best use of available resources.

Neighbourhood based support

East Brighton & Hove

West Brighton & Hove

Central Brighton & Hove

Access

Clients can access support in whichever neighbourhood is most convenient to them.

This means they can also access our services in East Sussex if they would prefer.

Our East Sussex Wellbeing Hubs are based in Lewes, Hailsham, Eastbourne, Bexhill and St Leonards.

Neighbourhood leads

Each neighbourhood has a designated lead role responsible for supporting coordination, partnership working and alignment with local mental health teams.

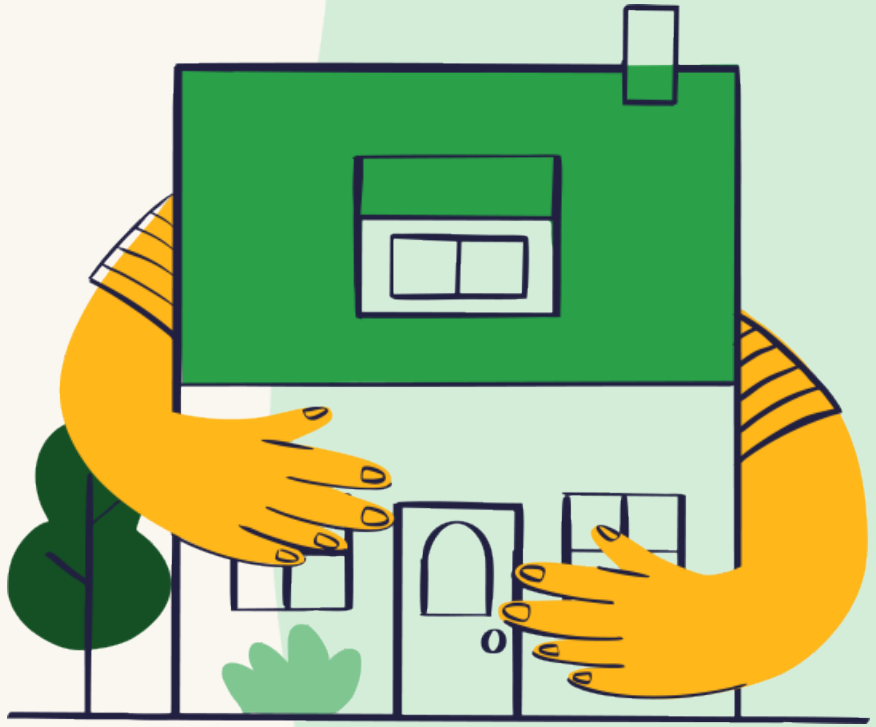
What support is available

- Facilitated peer groups
- Social space
- Walk-in welcome sessions
- One to one support and coordination
- Education and learning
- Employment support
- Crisis support

Where support happens

Neighbourhood wellbeing hubs

Pop up sessions in community venues



Referral routes

Walk-in welcome sessions

Clients can attend a walk in session in their neighbourhood without a referral to talk about what support they need.

Telephone welcome sessions

A Saturday telephone appointment can be booked through our website if clients are unable to attend in person.

Referral from GPs

GPs can refer clients for mental health support if clients would prefer them to arrange this.

Engagement

October - December

Primary research conducted with clients, colleagues, and volunteers.

52 clients, 58 colleagues, 9 volunteers.

Results of primary research, previous co-designed work, and sector research informed proposed new model.

January

Outline of proposed model presented to clients.

Formal colleague consultation began.

Feedback from stakeholders invited and collated.

Website launched to track progress and respond to feedback dynamically via FAQs.

February

Midpoint update provided to clients including changes to proposals based on feedback.

Formal colleague consultation concluded at the end of the month.

Website continued to be updated.

March

Final proposals presented to clients including further changes based on over 140 items of feedback.

Website updates continue.

We shared the April timetables and explained what the next few months will look like.

Responding to feedback

Clients said: Social space is important and should continue

We did: Increased social space in every neighbourhood, with four sessions per week in Brighton and Hove.

Clients said: Social space should reflect local communities

We did: Social space will be shaped locally, with steering groups helping plan activities.

Clients said: Access to social space should be clear

We will: Create a clear pathway so people can access social space.

Responding to feedback

Clients said: Peer groups need to feel safe and well supported

We did: Introduced co facilitation and a short conversation before joining groups.

Clients said: Group length should be reviewed if needed

We did: Group length will be monitored and adjusted if needed.

Clients said: Communication needs to be clearer

We did: Shared example timetables and continued to update the website.

Transition period

April

- Most existing groups and activities are continuing
- One new peer group is starting each week
- There are two walk-in welcome sessions each week

May

- Existing groups will continue but there will be slightly fewer of them
- There will be two new peer groups running each week
- Client feedback will decide which groups run

June

- Existing groups will continue but there will be slightly fewer of them
- There will now be four new peer groups running each week

July

- Existing groups will reduce a little more
- There will now be eight new peer groups running each week
- Walk-in welcome sessions will increase to three each week

Impact

Approximately 4000 individuals access our mental health services across East Sussex and Brighton & Hove

A further 2000 people access our employment services across East Sussex and Brighton & Hove

In Brighton & Hove approximately 1800 people access our mental health services, and 300 our employment services

Approximately 400 people are registered to Brighton & Hove Neighbourhood Wellbeing Hub – Preston Park

Of those 400 people about 260 attend per quarter, with 160 visits per week. The average attendance by an individual is 0.6x per week

In Brighton & Hove the new model has the potential to support over 500 additional people per year

To find out more, visit:

www.mhredesign.org

Neighbourhood Mental Health Teams

Helping people get the mental health support they need, when they need it.

Sussex Health&Care

Community Mental Health Transformation for Adults and Older Adults

An overview and Brighton & Hove specific information

April 2026

Background

Why are we transforming?

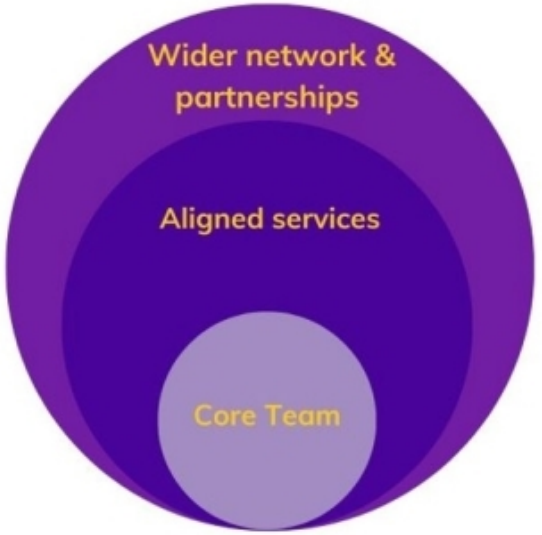
- Increasing mental health need in our communities and a demand for a more responsive service.
- The NHS Long-Term Plan and Community Mental Health Framework set out how systems should transform to develop more joined-up, ways of delivering care in the community for adults and older adults.
- We need to do things differently to improve service user and staff experience – making better use of our shared system resources and ensuring that people can access the mental health support they need, when they need it.

What will be different?

- **For patients, carers and families:** Integrated support will make it easier to navigate and access care, reduce repeated assessments and the need to retell personal stories, and ensure holistic, person-centred support.
- **For staff:** Closer collaboration across health and care teams will lead to fewer duplicated assessments and referrals, and support increased joint working and shared learning.
- **For the system:** Better use of shared resources across the system will enable more timely access to appropriate care, easing pressure on crisis and inpatient services and reducing the need for out-of-area hospital placements.

Community mental health model

- **Neighbourhood Mental Health Teams (NMHTs)** are a central element of both the national Community Mental Health Transformation Programme and Sussex's vision for integrated, place-based care.
- This new, integrated model (as pictured) was co-produced and brings together existing NHS and voluntary sector services with primary care to deliver more joined-up, personalised support closer to where people live.



They will provide:

- **Coordinated access** to assessment and support, and improved communications between referrers and team.
- **Multi-agency working** at a neighbourhood level, and a broad skills mix.
- **Strong working relationships** with aligned services, including NHS Talking Therapies for anxiety and depression.

The Core NMHT

We launched our 15 ‘core teams’ in December 2025. They are aligned to the Integrated Care Teams footprints (ICTs).

Core NMHT functions and leads

Each NMHT core team will consist of the following three functions working together as a team: **Primary Care and Partnerships**, **Specialist Adults**, and **Specialist Older Adults**.

Name of core team function	Services	Leads
Primary Care & Partnerships	• Mental Health Support (VCSE) • Emotional Wellbeing Clinical Support (SPFT) • Physical Health Checks	• **VCSE led** with brief intervention and support as needed from SPFT clinicians • Part of the core team and able to access specialist adult and older adult input, without additional referrals • People accessing primary care and partnerships support do not have a specialist adult or older adult function needs. If this changes care moves to specialist adult/older adult function. Embedded in Primary care/community settings.
Specialist Adults	• Specialist Adult Mental Health Support • IPS Employment Support • SMILCS* (inc. Depot Clinics) • Group Treatment Service	• **SPFT led**, includes clinical triage at point of referral. • SPFT Takes clinical responsibility for people accessing this function. • Provides evidenced based intervention and support, and outreach Support and guidance to VCSE colleagues and primary care. • People can move between specialist function and primary care and partnerships without the need for additional referrals.
Specialist Older Adults	• Specialist Older Adult Mental Health Support • Specialist Older Adult Intensive Support • Specialist Older Adult Care Home In-Reach	• **SPFT led** • Functions (as specialist adults), including dementia care.

NMHT Meetings

The NMHT meeting structure is a fundamental part of the new neighbourhood team model. There are three key patient focused meetings:

Daily Huddle	Daily space to discuss any urgent issues impacting on services or to raise any urgent concerns and support daily zoning, which may take place separately. NB: The Daily Huddle does not replace the urgent care pathway which remains in place.
Multi Agency Access Meetings (MAAM)	Provides a multi-agency space to get people to the right help, first time.
Multi Agency Team Meetings (MAT)	Provides a space to discuss individual cases when needs have changed, or where people need multi agency input and/or joint working.

- Each NMHT are agreeing localised processes for GP engagement arrangements and joint working.
- GPs are welcome to attend any of the patient focused meetings listed above.
- Each NMHT has a Lead identified who will sit on the ICT Leadership Group to ensure alignment and integration between the two programmes.

Sussex-wide mobilisation to date

- Steady engagement of GPs, supporting improved patient outcomes.
- Multi agency team building days completed, supporting cultural change.
- ICT alignment: SPFT & VCSE attending Sussex-wide and local ICT planning groups.
- Shared digital records are now live for the core team.
- Developing Quality Standards to support continuous development and improvement of quality of support.
- Working with ICT leads at strategic planning and delivery levels.
- Providing MH input into ICT priority – frailty and highest need.

Learning

- **Involvement of all partners is critical**
  - Primary care, voluntary sector, people with lived experience, social care etc.
  - Whole system buy in is essential with identified leads who have capacity to lead significant change is essential from the start.
  - System wide processes that address information sharing, reporting, development of shared policies and standard operating processes are required.

- **Whole system change is challenging and complex**
  - It takes significant capacity and good project and programme management to move forward.
  - Things take longer due to working across multiple organisations.
  - Need to be brave and at times ask for forgiveness and not permission!

- **Changing financial position**
  - Impacts on what it is possible to deliver, needs careful management and regular review.
  - Funded co-production with service users and carers is critical and requires funding.

- **Cultural change is as big as the process changes**
  - Team support, multi-agency meetings and frequent communication is essential.
  - Sharing positive practice and experience supports innovation.
  - Consider the multiple asks on teams in working through major change, and still delivering a service.

Brighton & Hove update

The 3 NMHTs in Brighton & Hove have formally gone live.

- Still establishing some of the meeting structures and working with local PCNs about the how more integrated working can be improved locally.
- Some ongoing movement of resources and caseloads underway - there is a regular planning and delivery group working on this.
- There is work underway to formally link the NMHTs to the Neighbourhood hubs, such as the Brighton Wellbeing hub.

We are working with Southdown as lead VCSE provider in Brighton & Hove.

- The VCSE are leading on our primary care and partnerships element of the NMHT providing support in some PCNs (*where funded and agreed with PCNs*) and supporting coordinated access to VCSE support across B&H via a single phone line.
- We are working jointly to the same contracts and performance indicators but remain separate organisations. The primary care and partnerships function of the NMHTs has absorbed the Emotional Wellbeing Service (EWS) offer.

B&H - What's different now?

Culture change

- There is a focus on removing barriers to working together.
- Our VCSE providers are now part of triage and able to access clinical mental health support easily without further referrals.
- Brighton & Hove leads are working with primary care leads to establish the most effective way of working together.
- Multi-agency organisational delivery group continues to work on embedding and improving the NMHTs (currently finalising a new governance structure and detailed optimisation plan for 26/27).
- The overarching SPFT Community Programme SRO is also the Managing Director for SPFT in B&H, and the clinical project lead for NMHT optimisation is the Clinical Director for B&H.

Multi-agency triage now in place

- Providers now come together to review any referrals that may need input from a different part of the system.
- More joined-up and efficient.

B&H - Areas of focus

- There are **links in with the ICT work**, with older adult's clinicians attending the emerging and established MDT meeting and attending planning and delivery meetings.

- The work is currently focused on highest need, but there will be **more opportunity to further integrate** with the ICTs, reducing duplication and further improving integrated working across mental health and physical health.

- We have identified **triage and duty work** as areas for review and further development this year, as although we have a more integrated function, we think we can further improve the process for people.

B&H - Primary care

B&H leads are working with primary care leads to establish the most effective way of working together.

There are currently Primary Care Liaison meetings in place, providing a space for Primary Care colleagues to discuss individual cases, respond to safety concerns, support safety planning and an opportunity to build relationships and support integration.

EWS and PCMHPs are now part of the primary care and partnerships element of the NMHTs.

- Will continue to work very closely with PCNs to provide short term interventions and support for people who are able to be managed within primary care with this support in place.
- They are part of the overarching NMHT core team and as such can quickly access specialist mental health support if required, without any referral forms needing to be completed etc.
- PCMHPS have an established self-referral route in place from when this function sat under NHS Talking Therapies. This will continue.
- We are looking at a self-referral option for the service overall this year as part of the triage and duty developments.

Keep updated and involved

1. Join the monthly webinars (open to anyone)
2. Sign up to the monthly newsletter
3. Watch previous webinars (scan the QR code)
4. Go to: www.sussex.ics.nhs.uk/community-mh-transformation for the latest updates, and to download frequently asked questions for the programme.
5. Email: spft.communitytransformation@nhs.net

Areas for future development

- Plan and agree how we engage with ‘wider’ services.
- Capacity and demand modelling
- Review access/triage and duty processes.
- Ensure ongoing quality and performance monitoring is in place.
- Further integration with Integrated Care Teams.
- Agree ongoing expert by experience involvement in each NMHT.
- Remain curious and focused on continual quality improvement.

Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 35

Subject: **Temporary Closure of Chalk Hill Hospital: Update April 2026**

Date of meeting: **22 April 2026**

Report of: **The Chair of Health Overview & Scrutiny Committee**

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

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 In November 2025, the Health Overview & Scrutiny Committee (HOSC) received a report from Sussex Partnership NHS Foundation Trust (SPFT) outlining plans to temporarily close Chalkhill hospital to allow the trust to make improvements to the unit, and develop and recruit to a new clinical model for the service.

1.2 This report provides an update on the implementation of these plans. Information provided by SPFT is included as Appendix 1 to this report.

2. Recommendations

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

3. Context and background information

3.1 Chalkhill delivers a Tier 4 General Adolescent Unit inpatient mental health service (CAMHS). Chalkhill is run by Sussex Partnership NHS Foundation Trust (SPFT) and is a 12-bedded mixed gender inpatient unit where children and young people are admitted if they require assessment and treatment for

acute mental health needs. The unit is located in the grounds of the Princess Royal Hospital, Hayward's Heath.

3.2 In October 2023 Chalkhill was inspected by the Care Quality Commission (CQC), and the CQC's inspection report made a number of recommendations for improvement. Subsequently, SPFT has sought to implement these recommendations, alongside internally identified improvement actions. The CQC carried out a further unannounced inspection in August 25 and raised concerns regarding patient safety. Due to lack of sustained improvement, the Trust made the decision to temporarily close Chalkhill.

3.3 The temporary closure of Chalkhill is intended to give SPFT the space to develop a sustainable clinical model for the unit that accurately reflects current service pressures which include additional demand for services focusing on eating disorders and on neurodiversity. Following the development of a new clinical model, SPFT plans to recruit to positions and carry out any necessary building works. To mitigate any impacts of the temporary closure, SPFT has made additional investment into community services. For young people requiring an acute admission, SPFT will refer into inpatient services in Hampshire, Surrey or Kent.

3.4 At the November 2026 committee meeting, HOSC members asked for regular updates on the progress of this project. Appendix 1 to this report provides an update prepared by SPFT.

4. Analysis and consideration of alternative options

4.1 Not relevant to this information report

5. Community engagement and consultation

5.1 None for this information report

6. Financial implications

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

Name of finance officer consulted: Ishemupenyu Chagonda Date consulted (dd/mm/yy):08/04/2026

7. Legal implications

7.1 No direct legal implications have been identified as having arisen from this Report.

Name of lawyer consulted: Victoria Simpson Date consulted 8.04.2026

8. Risk implications

8.1 None directly for the council as this report focuses on NHS services. SPFT has struggled to run a sustainable, high-quality service at Chalkhill in recent years, hence the decision to temporarily close the unit to develop and recruit to a new service model. Many Tier 4 adolescent units across the country have similar challenges. There is a risk that SPFT is unable to develop a truly sustainable new clinical model, such that it can recruit to the unit and deliver care of the quality required by the CQC.

9. Equalities implications

9.1 None directly to this information report.

10. Sustainability implications

10.1 None identified

10. Health and Wellbeing Implications:

10.1 these are included in the main report and its appendix.

Other Implications

11. Procurement implications

11.1 None. This is not a procurement matter.

12. Crime & disorder implications:

12.1 None identified.

13. Conclusion

13.1 Committee is asked to note the progress of plans to temporarily close Chalkhill to develop and implement a new and sustainable clinical model for the unit.

Supporting Documentation

1. Appendices

1. Information provided by Sussex Partnership NHS Foundation Trust (SPFT).

2. Background documents

1. November 2025 report to HOSC on the temporary closure of Chalkhill: Brighton & Hove City Council - Agenda item - Chalkhill Temporary Closure

Mental health, learning disability and neurodevelopmental care

NHS
Sussex Partnership
NHS Foundation Trust

SussexPartnership.nhs.uk

Brighton and Hove HOSC April 2026

Chalkhill update

University Hospital Association
MEMBER

Our vision
Delivering great care and improving outcomes together

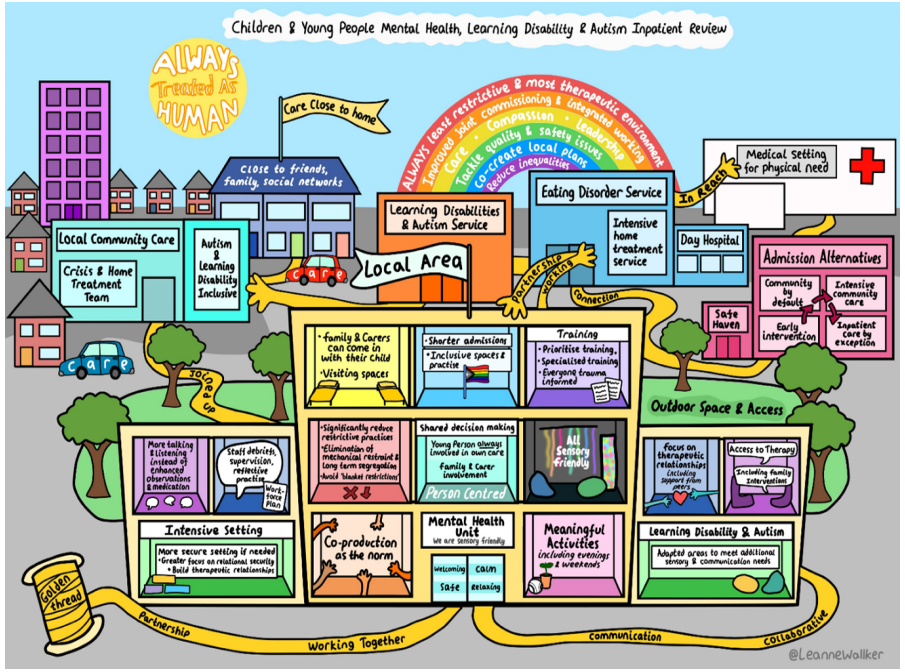
Inpatient Transformation Programme

Sussex Partnership NHS Foundation Trust

Phase 1 – Engagement and Data Analysis
- Stakeholder Appreciative Inquiries
- Baseline data collection
- Programme Governance setup

Phase 2 –Co-design and Model Development
- Develop clinical, workforce and estates models
- Codesign workshops

Aim of the programme to improve patient experience, safety and outcomes through redesigned clinical model, workforce structure and estates upgrade



Phase 3 – Mobilisation
- Clinical model agreed
- Recruitment and training plan in place
- Estates work completed

Phase 4 – Opening of Unit and BAU
- Phased reopening
- Post Opening review

What will be in place for Re-opening

Sussex Partnership NHS Foundation Trust

Clinical Model

- Purposeful Admissions
- 7-day therapeutic programme
- Trauma Informed Practice
- Whole Pathway Approach

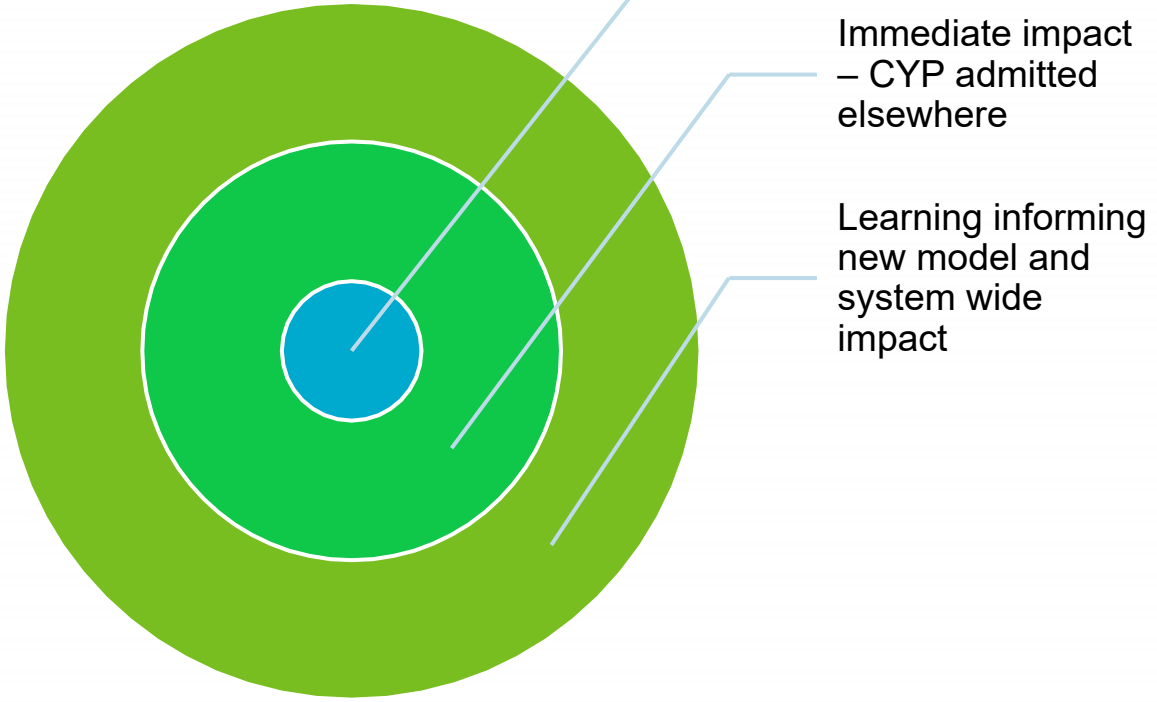
Workforce

- Safe staffing & duty doctor as standard
- Strengthened MDT working across whole pathway
- LD and Autism Training
- Lived Experience Roles
- Reflective Practice and Supervision

Estates

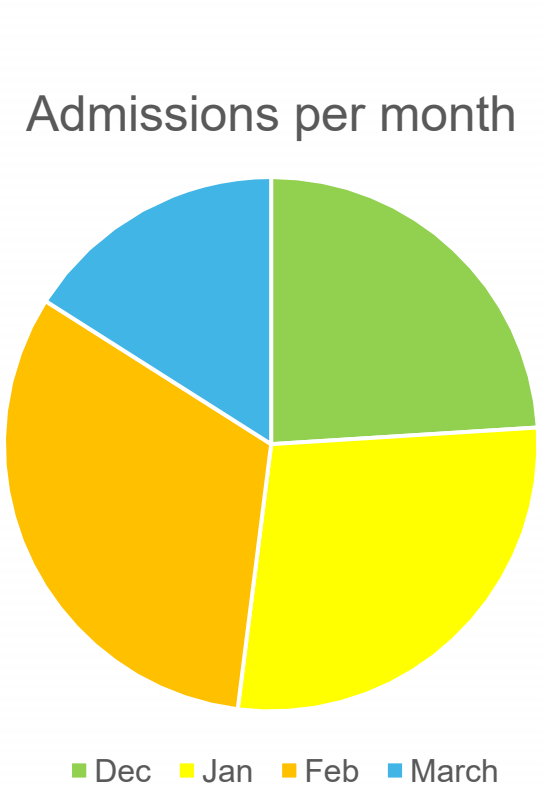
- Sensory and Quiet Spaces
- Outdoor Spaces
- Dedicated Family Spaces / room
- High Intensity Area

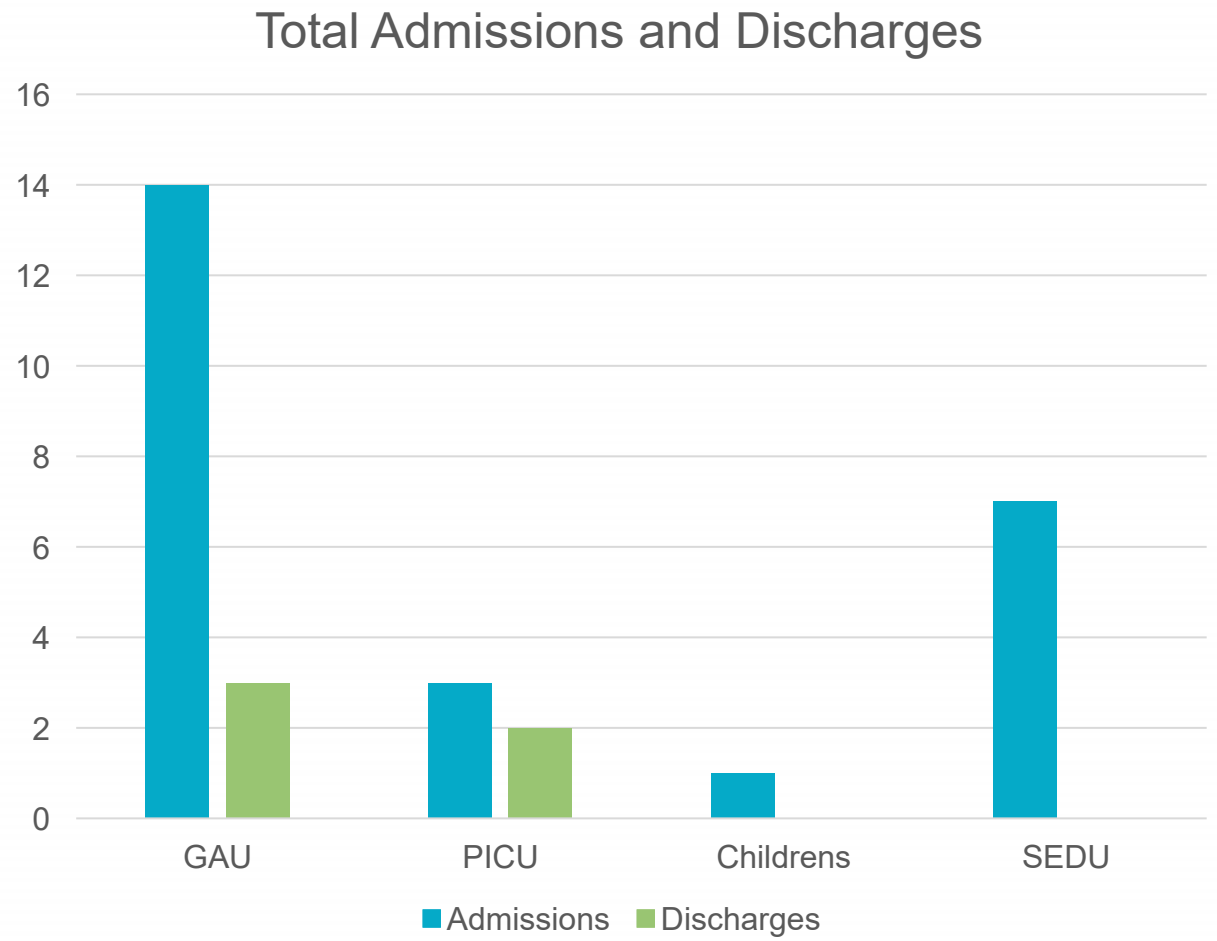
System Impact on the Closure of CYP MH Inpatient Unit



Children & Young People Admissions & Discharge Data December 25- March 26

Sussex Partnership NHS Foundation Trust





Thank you for your time

NHS
Sussex Partnership
NHS Foundation Trust

Our Trust charity:

HEADS ON headsoncharity.org

Follow us on social media:

@SPFT_NHS
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Sussex Partnership NHS Foundation Trust
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Visit: SussexPartnership.nhs.uk

Our vision
Delivering great care and improving outcomes together