

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 8 APRIL 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Baghoth (Chair)

Also in attendance: Councillor Grimshaw

Other Members present: Stephen Lightfoot, Tanya Brown-Griffith, Dr Adam Fazakerley (NHS Sussex); Dr Colin Hicks (SPFT); Caroline Ridley, Tom Lambert (CVS); Deb Austin, Steve Hook, Caroline Vass (BHCC); David Kemp (ESFR), Nigel Sherriff (University of Brighton); Alan Boyd (Healthwatch)

PART ONE

22 APPOINTMENT OF HEALTH & WELLBEING BOARD CHAIR

- 22.1 Board members agreed that Cllr Faiza Baghoth should be appointed as Chair of the Health & Wellbeing Board.

23 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 23.1 Apologies were received from Cllr Tristram Burden and from Peter Lane (University Hospitals Sussex). David Kemp attended as substitute for Hannah Youldon (East Sussex Fire & Rescue Service).

- 23.2 There were no declarations of interest.

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

24 MINUTES

- 24.1 RESOLVED** - that the minutes of the 11 February 2025 meeting be agreed as an accurate record.

25 CHAIR'S COMMUNICATIONS

- 25.1 The Chair gave the following communications:

It's exciting to be asked to be the Chair of the Health & Wellbeing Board. I'm looking forward to getting to know my fellow board members over the coming weeks and months.

Like everyone on the board, I am committed to reducing the health inequalities that exist in our city. It's only by partners working closely together that we're going to tackle the problems we have.

I am particularly interested in 2 aspects of health and care improvement: firstly, what we can do as a system to move from a model that focuses on treating people in crisis to one that intervenes earlier to prevent ill health. And secondly, how partners can work together to support independence, giving people the help they need to live good quality independent lives.

It's good to see that the reports we're looking at today have a real focus on prevention and on supporting independence, and it will be really interesting for me to find out more about how the system is working to deliver these aims.

26 FORMAL PUBLIC INVOLVEMENT

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

For several years, a very serious schools safeguarding matter raised by parents has been rebuffed by BHCC. I refer to my question at Full Council 20/07/23 but `also to the parents trying desperately to alert BHCC to the plight of their children who are typically autistic, female and same sex attracted (you will be aware of this case - see [1]). These pupils represent a subset of the group who have been 'affirmed' at school (i.e. henceforth, the child identifies as the opposite sex and the school participates with the process of 'socially transition'). The logical next step for these pupils has been to seek puberty blockers and/or proceed along a medical pathway to transition. While it has been argued that the latest version of the 'Toolkit' guidance adheres to legal safeguarding requirements, will the Chair meet with PSHE Brighton parents and listen to their truly shocking accounts?

26.2 The Chair responded:

As you will be aware it is not appropriate for the Board to consider or comment upon individual cases. Equally, it is not a function of the Board to examine your perception of decisions made by medical practitioners or schools. The role of the Chair is to chair the meetings where decisions are made by Board members; it does not extend to nor would it be within the proper functions of the role for the Chair to meet with individuals outside of the Board meetings to discuss issues specific to them. Any individual wishing to raise an issue or complaint can utilise the Council's complaints processes, NHS Sussex ICB complaints process or the Health and Social Care Ombudsman.

26.3 Mr Hart asked a supplementary question, enquiring whether the Board agreed with the findings of the Cass Review.

26.4 The Chair told Mr Hart that a written response to his supplementary question would be provided following the meeting.

27 FORMAL MEMBER INVOLVEMENT

27.1 There was a member question from Cllr Bruno De Oliveira. Cllr De Oliveira asked:

Chair, given the government's planned tightening of Personal Independence Payment (PIP) eligibility, the halving of health-related Universal Credit for new claimants, and the withdrawal of incapacity top-ups for under-22s, could you explain to our residents how these austerity-driven reforms will affect the lived realities of disabled and chronically ill residents in deprived local areas of Brighton and Hove—many of whom already experience systemic exclusion from the labour market?

27.2 The Chair responded:

The Government's recently announced welfare reforms are wide ranging, and while they may have a positive impact for some people, I recognise that there are bound to be city residents who are going to be affected negatively. The council is committed to doing all it can to support local people who are struggling financially. Our poverty reduction work includes working closely with partners to understand the local data on poverty; encouraging people to take up all the benefits they are entitled to; signposting to support services, whether run by the council or our community & voluntary sector partners; and providing direct support through our local Fairness Fund.

28 SHARED DELIVERY PLAN ANNUAL UPDATE

28.1 This item was presented by Steve Hook (BHCC Director of Adult Social Services) and by Tanya Brown-Griffith, NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove. The Board also heard from Imogen Blood of Imogen Blood Associates, the external evaluators of the Multiple Compound Needs (MCN) programme; and from members of Common Ambition, the lived experience group supporting the MCN programme, and from Nicky Pyper the group coordinator.

28.2 Mr Hook outlined work that has taken place in terms of implementing the Shared Delivery Plan (SDP) including the development of Integrated Community Teams, and the transfer of the multiple compound needs (MCN) programme from pilot to a permanent programme.

28.3 Stephen Lightfoot welcomed the report and gave particularly thanks to the members of Common Ambition for all their work which has been instrumental in making the MCN pilot a success. Learning from the MCN pilot can be used to inform approaches to other issues, potentially including care for the frail elderly and care for people with cardiovascular disease. However, the recently announced cuts to funding for NHS Sussex staff may have an impact on the ability of NHS Sussex to contribute to this year's activity.

28.4 **RESOLVED** – (1) that performance of the delivery of the 2024-25 Shared Delivery Plan objectives be noted; and (2) that the draft Shared Delivery Plan objectives for 2025-26 be approved.

29 SUICIDE PREVENTION IN BRIGHTON AND HOVE ACTION PLAN AND SUSSEX STRATEGY

- 28.1 This item was presented by Bernadette Alves, BHCC Consultant in Public Health; Agnes Munday, Head of Training, Grassroots Suicide Prevention; and Emma Sharpe, B&H School Mental Health Service, Brighton & Hove City Council.
- 28.2 Ms Alves introduced the report, outlining the challenges facing the city and the work being undertaken to address them.
- 28.3 Members asked questions on issues including:
- Suicide awareness training availability and who should receive training
 - What can be done to focus more on treating the causes rather than the symptoms of suicide and self-harm
 - The impact of violence against women and girls (VAWG) on suicide and self-harm and how VAWG colleagues are engaged
 - The lack of supported housing, particularly for young women in crisis
 - The general crisis on mental health, particularly in terms of services being too stretched to deal properly with people seeking help and support
 - Preventative work being undertaken in school settings
 - The use of Integrated Care Teams to help bridge the gaps between primary care and statutory mental health services
 - Out of hours access to services.
- 28.4 Dr Colin Hicks noted that Sussex Partnership NHS Foundation Trust has been refreshing the Trust Strategy, and that the number 1 priority going forward will be suicide, with a commitment to deliver a 20% reduction in community suicides and to have no suicides in mental health beds. This priority will be supported by the additional adult mental health beds recently opened at Mill View hospital, by reducing out of area placements, and by plans to provide better crisis support for young people.
- 28.5 Stephen Lightfoot noted that the key to improving local outcomes is to build on the current good partnership working to ensure that services work together as effectively as possible.
- 28.6 RESOLVED** – that the Board (1) notes progress against the three-year Brighton & Hove Suicide Prevention Action Plan 2024-27; and (2) supports future progress of the Brighton & Hove Suicide Prevention Action Plan.

30 BETTER CARE FUND (BCF)

- 30.1 This report was presented by Chas Walker, Joint Programme Director, Integrated Service Transformation.
- 30.2 In response to a question from Tom Lambert on the involvement of the CVS in future Better Care Fund (BCF) planning, Mr Lambert received assurances that the plan was to work in close partnership with the sector.
- 30.3 Stephen Lightfoot noted that he was content to approve BCF plans with confidence since they are not impacted with the recently announced cuts to NHS England and to Integrated Care Systems.

- 30.4 Steve Hook noted that the local BCF spend is closely aligned to Shared Deliver Plan priorities. For example, BCF investment into hospital discharge will support the system priority to best manage winter surge pressures. In response to a query from Stephen Lightfoot, Mr Hook told the Board that locality-based discharge metrics for the current year are still being finalised. However, recent performance in this area shows that the measures being taken are working: e.g. there were 20 adult social care related discharge delays in January 2025, but this has been reduced to 11; there were 26 mental health discharge delays in January, but this has been reduced to 15. System partners are confident that these successes can be continued over the coming year.
- 30.5 **RESOLVED** – that the Board approves the BCF Planning Submission 2025-26 to NHS England.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

