BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 9 JULY 2025

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Wilkinson (Chair)

Also in attendance: Councillor Evans (Deputy Chair), Cattell, Hill, Parrott, Simon, Guilmant and Asaduzzaman

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

PART ONE

1 PROCEDURAL BUSINESS

1(a) Declaration of Substitutes

- Cllr Asaduzzaman attended as substitute for Cllr O'Quinn
- Cllr Guilmont attended as substitute for Cllr Mackey
- Apologies were received from Cllr De Oliveira and Cllr Hogan.

1(b) Declaration of Interests

1.2 There were none.

1(c) Exclusion of the Press & Public

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

2 MINUTES

2.1 The minutes from the 08 April 2025 meeting were agreed as an accurate record.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair gave the following communications:

This is the first meeting of the HOSC since our May Annual Council meeting and my first meeting as Chair. I'd like to express my thanks for all the work done by the previous Chair,

Theresa Fowler. Some committee members have changed also, and I would like to welcome Sam Parrott and Jacqui Simon to the committee.

We have 3 items for discussion today:

The HOSC had a report in November 2024 on what the Sussex health and care system planned to do to manage additional demand across winter 24-25. Partners have come back to committee today to update members on how the system coped and what lessons have been learnt for future years.

In September 2024, the HOSC held a special meeting to look at Sussex Partnership Trust plans to close its specialist in-patient dementia ward at Mill View hospital, re-purposing the space as an acute mental health ward. The Trust is returning to HOSC today to provide an update on how these plans are progressing.

We also have a report on children & young people mental health services. I know that this is an issue that is of concern to HOSC members and to many families across the city. Young people's mental health is also a Sussex and a Brighton & Hove priority for improvement, so I think it is important that the HOSC has opportunities to hold partners to account for their performance and to learn about improvement planning.

In addition, there has been lots of recent national activity in the NHS which will have local implications. There is a letter from Cllr Hill about changes to Integrated Care Boards on the agenda today. We have also had the publication of the NHS 10 year plan. I will ask for members to be briefed on this important strategic document.

Some of you may already have seen that Dr George Findlay, CEO of University Hospitals Sussex NHS Foundation Trust has just announced that he will be stepping down as Trust Chief Executive. I'd like to take the opportunity to thank George for his engagement with the HOSC; he has consistently found the time in his incredibly busy schedule to attend HOSC meetings and to answer our many questions with patience and good humour.

We have also recently learnt that it is likely that both Healthwatch England and local Healthwatch organisations may be abolished. This is concerning news. Healthwatch Brighton & Hove provides really important services locally, ensuring that local people have up to date information about health and care services, sharing people's experiences of services with commissioners and providers, and supporting individuals to navigate their way through a very complex landscape. I know that members of this committee, as well as many other local individuals and organisations, feel very strongly about the abolition of Healthwatch. If members feel it would be helpful for me to write to the Secretary of State on behalf of the committee, I would be happy to do so and will ask support officers to coordinate something.

Finally, I know that many people are worried about the tender process for primary care services for people living in Whitehawk. These services have been provided by Wellsbourne Healthcare Centre, but the contract is currently being re-tendered.

This is a live tender process, and there are legal restrictions which mean that the commissioners and the potential providers of the service are currently unable to discuss details of the contract or the tender in public. This is frustrating, as I know people have questions that need to be answered, but I recognise that the legal position is clear.

I will nonetheless consider whether there is anything that the HOSC can do in the short term – I'm conscious that if we wait until commissioners are able to talk to us, the contract will have been awarded and it will be too late to make concerns known.

4 PUBLIC INVOLVEMENT

4.1 There were no public questions.

5 MEMBER INVOLVEMENT

5.1 Cllr Hill presented a member letter:

Since 2022, Brighton & Hove has been part of the NHS Sussex Integrated Care Board (ICB), one of 42 ICBs in England. As part of the plan to abolish NHS England, funding for ICBs is being cut by 50%. The Chair of NHS Sussex, Stephen Lightfoot has put forward plans to merge the Sussex ICB with the Surrey Heartland ICB to realise cost savings necessary to make this 50% cut possible. This is based on the need to now operate within an annual cost of £18.76 per head of population which is not possible within the current ICB framework.

I would therefore like to have a future item to this committee which would allow us to ask questions of senior members of the integrated care board so as to help us and the public understand the implications of this change. This is likely to have wide reaching consequences. I have concerns that such a large integrated care board means there could be a lack of local connection. There will be issues with the new Sussex strategic authority boundaries which will not be coterminous with the new ICB proposal.

I have attached a letter by Stephen Lightfoot which goes into more detail which I recommend members read.

5.2 The Chair responded:

I do agree that these are important issues, and I am happy to invite NHS Colleagues to explain the proposed changes at the next HOSC meeting. I will also ask for this to include a brief explanation of the NHS 10 Year Plan and what this may mean for local people's healthcare.

I would also like to note that all members of Brighton Council Overview & Scrutiny committees should have recently received an invitation to a special scrutiny meeting on 31 July to talk about devolution and local government reorganisation with the Leader of the Council. How the emerging new model of local government in Sussex aligns with changing NHS organisational structures is certainly something we can discuss at this meeting.

6 WINTER PERFORMANCE 2024-25

6.1 This item was presented by Nicki Smith, Director of Emergency Preparedness, Resilience & Response; Tanya Brown-Griffith, Director for Joint Commissioning and Service Integration, Brighton & Hove; and Dr Andy Hodson, Deputy Chief Medical Officer, Sussex Integrated Care Board (ICB). Steve Hook, BHCC Director of Adult Social Services; John Child, Chief Operating Officer, Sussex Partnership NHS Foundation Trust were also in attendance.

6.2 Ms Smith told the committee that the health & care system had generally performed well across winter 2024-25. Specific successes included:

- Category 2 ambulance response times
- Covid vaccination rates for health and care staff
- Unscheduled Care Hubs at Brighton and Polegate providing specialist support to ambulance paramedics
- Virtual wards (with more than 80% of 'beds' utilised)
- Cohort Identification programme – working with GPs to identify and support people at the highest risk of hospital admission
- Escalation Framework – this was implemented ahead of time and worked well.

6.3 Areas of focus for future planning include:

- Hospital discharge
- Long length of stay in hospital beds
- Improving performance against the 4 hour A&E target
- Increasing awareness of respiratory disease
- Better staff uptake of flu vaccination
- Better targeting of communications at specific 'at risk' audiences or communities.

6.4 Ms Brown-Griffith spoke about the local actions over last winter including 30 out of 31 GP Practices signed up to the locally commissioning identification of people most of risk of admission and supporting in community. In addition, Integrated Community Teams have been busy delivering prevention actions at a neighbourhood level including Community Health check days and a physical health hub in the East of City. Going forward it would be helpful if the NHS works closely with the Council and specifically with councillors to maximise messaging about take-up of the Flu vaccine, screening and NHS Health Checks ahead of Winter 25/26.

6.5 Members asked questions about issues including: vaccination rates for healthcare workers; delays in discharge from hospital beds; people attending A&E with non-emergency mental health problems; support for the digitally excluded; and measures to enhance staff wellbeing.

6.6 RESOLVED – that the report be noted.

7 CHILDREN & YOUNG PEOPLE MENTAL HEALTH SERVICES

7.1 This item was presented by John Child, Chief Operating Officer; and Anna Moriarty, Associate Clinical Director for CAMHS, Sussex Partnership NHS Foundation Trust. Also in attendance were Claudia Griffith, NHS Sussex Chief Delivery & Strategy Officer; Lizzie Izzard, NHS Sussex Head of Children & Young People Mental Health Commissioning; and Emma Sharpe, the council's Schools Mental Health Lead.

7.2 Ms Griffith outlined the structure of children & young people mental health services, and the roles played by NHS providers, the local authority and schools in delivering services. Ms Griffith told the committee that:

- There have been recent improvements in waiting times for wellbeing services
- Waiting times for CAMHS (child & adolescent mental health services) remain high but are falling
- There has been a significant increase in demand for neurodevelopmental CAMHS in recent years, and there are long waits for assessment. Services acknowledge the negative impacts of these waits on young people and their families
- Transition from young people's services to adult services is recognised as of key importance
- Services recognise the key role that service user experiences can have in service transformation
- Improvement priorities include early intervention, better crisis services and the development of improved pathways for neurodevelopmental CAMHS.

7.3 Members asked questions about issues including: waiting times for young people in care; workforce capacity; referrals for eating disorders; support for young people who are waiting for assessment; involvement of young people in service planning; transition planning; support for parents; pilot work on ADHD and autism pathways; and gender dysphoria.

7.4 John Child agreed to share additional data with the committee on eating disorder services. Claudia Griffith suggested that the committee might consider a future item focusing on eating disorders/healthy weight, to be jointly presented by NHS and council Public Health services.

7.5 RESOLVED – that the report be noted.

8 UPDATE ON CHANGES TO CITY ACUTE IN-PATIENT DEMENTIA BED PROVISION

8.1 This item was presented by John Child, Chief Operating Officer; and by Laura Murphy, Divisional Director of Nursing & Quality, Sussex Partnership NHS Foundation Trust (SPFT).

8.2 Mr Child explained the rationale for closing inpatient acute mental health beds in Brighton & Hove, telling the committee that city demographics meant that the bed space was better used for acute mental health beds, with dementia bed needs to be met by units in Uckfield and Worthing and by investment in community services. Mr Child told members that:

- Brunswick Ward (Mill View) had closed on October 2024
- Palmeira Ward opened in May 2025
- Drop-in sessions were held for families and carers potentially impacted by the move of dementia beds. There has been regular contact with families throughout the process
- Family concerns about additional travel are acknowledged and there has been work undertaken to ensure that travel support options are well signposted
- Affected staff have been kept informed throughout as have the relevant Trade Unions. Most staff have opted to continue working at Mill View
- Work is ongoing to strengthen community dementia services across East Sussex, with an emphasis on admission avoidance
- Since the changes have taken place, average length of stay in acute inpatient dementia beds has reduced

- Since the changes have taken place, social workers have reported increased travel times
- Delays in discharge remain a major problem across acute mental health care. The average wait for discharge from acute dementia beds to residential care is around 20 days.

8.3 Members asked questions about issues including: virtual mental health wards; health inequalities; care for people with dementia on general wards; respite services for carers; delays in sharing the Quality Impact Assessment on the changes with the committee; trauma-informed practice; and preventative approaches to dementia care.

8.4 RESOLVED – that the report be noted.

The meeting concluded at 6.22pm

Signed Chair

Dated this day of