

# **BRIGHTON & HOVE CITY COUNCIL**

## **HEALTH & WELLBEING BOARD**

**4.00pm 22 JULY 2025**

### **COUNCIL CHAMBER, HOVE TOWN HALL**

#### **MINUTES**

**Present:** Councillor Baghoth (Chair); Stephen Lightfoot, Tanya Brown-Griffith (ICB); Dr Adam Fazakerley (Primary Care Collaborative); Isabella Davis-Fernandez (SPFT); Tom Lambert, Caroline Ridley (CVS); David Kemp (ESFRS); Sup. Petra Lazar (Sussex Police); Professor Nigel Sherriff (University of Brighton); Caroline Vass (Director of Public Health)

#### **PART ONE**

### **1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

#### **1(a) substitutes**

1.1 Isabella Davis-Fernandez attended as substitute for Dr Colin Hicks.  
David Kemp attended as substitute for Hannah Youldon.

1.2 Apologies were received from Deb Austin, Steve Hook, Professor Robin Bannerjee and Hannah Youldon.

#### **1(b) declarations of interest**

1.3 There were none.

#### **1(c) Exclusion of press & public**

**1.4 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 **Health Counts event:** In June I had the pleasure of opening the Health and Wellbeing Board partnership event discussing results of the 2024 Health Counts survey, hosted by the University of Brighton. This research gives us some of the best evidence of the health and wellbeing of our population, as well as inequalities across the city and faced by particular communities. This research was only possible because of the collaborative approach across the council, NHS, the universities, primary care, HealthWatch and the community and voluntary

sector – reflecting the strong partnership approach of our Health and Wellbeing Board. This event saw partners from across the city discussing what we can do differently as a system to tackle the inequalities evidenced in the research. There is an update on today's agenda on the survey findings, the themes that came out of these discussions and the next steps in working together to tackle inequalities.

**HealthWatch:** As the Chair of the Health and Wellbeing Board I want to express our support for our HealthWatch Brighton & Hove colleagues, following the announcement in the NHS 10 year plan that the work of local Healthwatch bodies relating to healthcare will be brought together with Integrated Care Board and provider engagement functions, and that local authorities will take up local Healthwatch Social Care functions. Since their inception in 2012, Healthwatch Brighton & Hove has been an independent voice for people living in the city, gathering patient feedback to understand the lived experiences of people who use health and social care services, and used this to influence debate around local service delivery. We need to ensure that this vital work is not lost with these changes.

Finally, I've been asked to take the item on the Drugs & Alcohol Strategy earlier in the agenda to allow some presenters to attend who would otherwise have had a meeting clash. This item will consequently be taken immediately following the SAB Annual Report.

#### **4 FORMAL PUBLIC INVOLVEMENT**

4.1 There were no public engagement items.

#### **5 FORMAL MEMBER INVOLVEMENT**

5.1 There were no member engagement items.

#### **6 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL UPDATE 2024-25**

6.1 This item was presented by Seona Douglas, Independent Safeguarding Adults Board (SAB) Chair, and by Guy Jackson, SAB Business Manager.

6.2 Ms Douglas explained how the SAB operates, noting that all partners are committed to their work with the Board. Ms Douglas expressed her sadness at the recent decision to abolish local Healthwatch, as Healthwatch Brighton & Hove have done invaluable work with the SAB, ensuring that local people's opinions are heard. Ms Douglas also praised the hard work and commitment of the SAB officers.

6.3 Ms Douglas outlined priorities for the coming year, which include doing more to capture the opinions of service users. Getting feedback from users can be challenging, but it is vital that their voices are heard. There will also be a continued focus on rough sleeping and homeless communities, and particularly on the adequacy of support for people who are housed outside the city.

6.4 Caroline Ridley noted that SAB's rapid response service is excellent. She asked why there are relatively few contacts from 18-24 year olds. Ms Douglas agreed to respond to this point in writing.

- 6.5 Alan Boyd noted that Healthwatch Brighton & Hove will continue operating for some time. Healthwatch is proud to be a SAB partner and supports the Board's focus on transition from young people to adult services, and on capturing user voices.
- 6.6 Stephen Lightfoot noted that the SAB is a good example of impactful partnership working, very effectively chaired by Ms Douglas. In time Integrated Care Boards will transfer their safeguarding functions, although it is not currently clear to which body these will be transferred.
- 6.7 Tanya Brown-Griffith asked a question about liaison with GPs. Ms Douglas responded that there is excellent local engagement with GPs, which is not necessarily the case across the country. Primary care will be a focus on next year's annual report.
- 6.8 RESOLVED –**
- that the SAB Annual Report be noted and partner agencies commended for their contribution to safeguarding adults with care and support needs; and
  - That SAB achievements and challenges be noted.

## **7 BRIGHTON & HOVE PHARMACEUTICAL NEEDS ASSESSMENT 2025**

- 7.1 This item was introduced by Katy Harker, Consultant in Public Health. Also attending were Julia Powell, Chief Executive Officer, Community Pharmacy Surrey & Sussex; Katie Perkins, Senior Commissioning Manager – Pharmacy and Optometry, ICB; and Rita Shah, Senior Medicines Optimisation Pharmacist (Brighton and Hove).
- 7.2 Ms Harker outlined to the Board the process for developing a local pharmaceutical needs assessment (PNA). She noted that the draft Brighton & Hove PNA has not found areas of the city that are significantly underserved by pharmacies.
- 7.3 In response to a question from Stephen Lightfoot on how local pharmacy opening times compare with national averages, Ms Harker agreed to provide additional information in writing.
- 7.4 Stephen Lightfoot asked what more can be done to increase uptake of 'Pharmacy First'. Ms Powell replied that Sussex use is around the national average, although national uptake is not high. The key to raising uptake is to increase public awareness of what is on offer. There is work ongoing to develop communications to publicise Pharmacy First, working jointly with the city council and liaising with local Integrated Community Teams.
- 7.5 In response to a question from Tom Lambert as to how local CVS organisations could engage with the pharmacy forum, Ms Harker offered to invite him to a forthcoming meeting.
- 7.6 Alan Boyd told the Board that he supported the aspiration for community pharmacies to be one of the ways in which people could be diverted from unnecessary attendance at A&E. However, he questioned whether this was compatible with city pharmacies having limited opening hours at weekends and out of hours. Ms Harker acknowledged that limited opening hours will impact on the effectiveness of pharmacies as an alternative to A&E. Unfortunately, it is very expensive to subsidise pharmacies to open out of hours.

This is something that is used to guarantee some level of service on Christmas Day and there is the potential to review if necessary.

- 7.7 In response to a question from Mr Boyd on the work undertaken to reach all city communities with the PNA consultation, Ms Harker assured Board members that extensive steps had been taken, including making hard copies of the public engagement survey to the digitally excluded and attending a number of community group meetings and then a further 60-day consultation period.

- 7.8 **RESOLVED** – that the report be noted.

## 8 NHS REFORM

- 8.1 This item was introduced by Stephen Lightfoot, Chair of the Sussex Integrated Care Board (ICB).

- 8.2 Mr Lightfoot outlined aspects of NHS reforms and other measures including:

- All ICBs required to make more than 50% savings in management costs by the end of the calendar year
- Sussex ICB's response to this has been to propose merging with Surrey Heartlands ICB. The merger plans have been approved, and an ICB Board in Common will be established by October 2025, with formal merger by April 2026
- The merged Surrey & Sussex ICB will work across 5 localities, and will deliver separate Integrated Care Strategies for each county
- The Sussex ICB is due to publish its commissioning intentions for the coming year in September, and will engage with the public if there are major service changes proposed
- A new funding formula for ICBs will see Sussex funding reduced by around £200 million per year
- 'Fit for the Future', the 10-year health plan for England has now been published. This provides a clear direction of travel for the NHS and aligns well with the priorities of the existing Sussex Integrated Care Strategy. The Plan will retain Health & Wellbeing Boards which will have additional responsibilities to prepare and champion Neighbourhood Health Plans
- Substantial changes, including job losses, across NHS regulators. This includes the abolition of Healthwatch; Mr Lightfoot told the Board that he was disappointed by this decision and commended the Sussex Healthwatch organisations for all the valuable work they have done.

- 8.3 Alan Boyd responded to the point about Healthwatch, noting that there is a risk that we will lose independent patient voice, which has been a function of the system for many years, pre-dating Healthwatch. It is also hard to understand the rationale behind transferring health functions of Healthwatch to ICBs and social care functions to local authorities as this runs counter to integrated approaches to health and care.

- 8.4 **RESOLVED** – that the report be noted.

## 9 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - A WHOLE CITY APPROACH TO HEALTHY WEIGHT

- 9.1 This item was presented by Caroline Vass, Brighton & Hove Director of Public Health. Also present were Katie Cuming, Consultant in Public Health, and Roisin Thurston, Senior Health Improvement Specialist.
- 9.2 Ms Vass outlined the work on adopt a whole systems approach to healthy weight that is detailed in the DPH annual report. She thanked all those who had contributed to the annual report.
- 9.3 Tanya Brown-Griffith noted that this is an important topic: obesity has major impacts on health and wellbeing. However, it needs to be recognised that this is a complex issue and one that needs to be approached with sensitivity, particularly in terms of younger people's weight. There can be negative impacts if young people feel uncomfortable about their weight, and it needs to be recognised that measures such as BMI are not always accurate.
- 9.4 Stephen Lightfoot commented that we should be proud at how much work to support healthy weight is happening in the city. He also asked a question about the use of weight loss medication. Ms Vass responded that she shares Mr Lightfoot's concerns about the potential risks of these medications, particularly when they are used without appropriate supervision.
- 9.5 Alan Boyd asked whether a local submission had been made to the Health Select Committee enquiry on obesity. Ms Cuming responded that no submission has been made to date, but one will be considered.
- 9.6 Mr Boyd asked whether there was a role for anchor institutions in helping to promote healthy weight. Ms Cuming agreed, telling the Board that one option to explore might be an accreditation scheme for organisations.
- 9.7 **RESOLVED** – that the report be noted.

## **10 HEALTH COUNTS: PUBLICATION; HWB PARTNERSHIP EVENT; AND NEXT STEPS**

- 10.1 This item was presented by Louise Knight, Senior Public Health Intelligence and Research Specialist; Nigel Sherriff, Professor of Public Health and Health Promotion, University of Brighton; and Chas Walker, Programme Director, Integrated Service Transformation.
- 10.2 Board members were updated on the findings of the Health Counts survey, on the outcomes of the recent HWB Health Counts workshop event, and on planned next steps.
- 10.3 Stephen Lightfoot told the Board that Health Counts was a highly successful survey. However, what really matters is the use to which the data gathered is put. There is an opportunity here to use this new data to inform a refresh of the local Joint Health & Wellbeing Strategy.

10.4 Tom Lambert noted that some of the variance between the Health Counts findings and those from other sources (e.g. Census) is significant and asked whether there was confidence that Health Counts methodology was robust. Professor Sherriff replied that the Health Counts data has been weighted by sex, age and deprivation quintile. He is confident that the weighted sample is representative of the city population and would be happy to share more detail of survey methodology which is included in a technical report which accompanies the survey report.

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

**11 REDUCING HARMS FROM DRUGS & ALCOHOL: A DRUGS & ALCOHOL STRATEGY 2024-2030**

11.1 This item was introduced by Caroline Vass, Brighton & Hove Director of Public Health. Also attending were Ian Dunster, Director at Change, Live, Grow (CLG); Fran Piccoletti, Public Health Programme Manager, Alcohol & Drugs; and Adam Muirhead, CVS.

11.2 Ms Vass outlined the priorities in the new Drugs & Alcohol Strategy.

11.3 Stephen Lightfoot asked what the barriers to integrated working are. Ms Vass responded that better integration needs active engagement from partners. All partners are committed, but this is something that will take time to develop. Also, personnel changes can impact the progress of integration.

11.4 Alan Boyd noted that there was limited engagement with some communities in developing the strategy. Ms Vass agreed that the response from some communities, such as Black and Racially Minoritised people, was disappointing. However, these groups were specifically targeted. Ms Piccoletti noted that services are in fact getting much better at engaging with BRM communities, with engagement rates getting closer to the demographic average than they used to be. Mr Muirhead added that there are a number of exciting plans to engage with young people.

11.5 Tanya Brown-Griffith asked about how the strategy links to suicide prevention work. Ms Vass responded that the strategy has been informed by the 2024 Drugs Death audit and has fed into the ongoing suicide audit.

11.6 The Chair asked a question about engagement with religious communities. Ms Piccoletti replied that this is an area of focus, although there are challenges in identifying sufficiently culturally competent workers.

**11.7 RESOLVED** – that the Board:

- notes the 'Reducing Harms from Drugs and Alcohol' a Drugs and Alcohol Strategy 2024-2030'
- supports the approach that the Strategy is best delivered in partnership with the multi-agency Combatting Drugs Partnership Board, and that this Board retains oversight to the effective implementation and monitoring of the strategic aims and action planning to deliver the strategy aims.

**12 BETTER CARE FUND (BCF) 2024-25 END OF YEAR REPORT**

12.1 This item was presented by Chas Walker, Programme Director, Integrated Service Transformation.

12.2 Mr Walker told the Board that:

- Brighton & Hove was fully compliant with national BCF conditions in 2024-25
- The 24-25 BCF Grant was fully spent, and met the minimum contribution thresholds for spend on adult social care, discharge and admissions avoidance
- The avoidable admissions target was met. It should be noted that there was variance across the city, with East Brighton showing higher levels of avoidable admissions. Going forward, the development of the East Brighton Health Hub should help tackle this
- The discharge target was met
- The falls admission target was not met, with high levels of falls in both the East and West of the city. Reducing falls will be a major focus of Neighbourhood Health Plans, and learning from the Westdene pilot on providing targeted support to people with mild frailty will also be used to improve services
- The target for residential/nursing care admissions was not met. There is work to do here in terms of looking whether extra care housing capacity is being used effectively, and in ascertaining whether the night monitoring system could be put to better use in reducing admissions.
- The 2025-26 BCF plan has been approved by NHS England, but with a condition that partners agree a Performance Improvement Plan and use this to revise key performance metrics.

12.3 Stephen Lightfoot commented that it was disappointing that 2 out of 4 targets were missed. However, it is reassuring that partners know why the targets were missed and have a plan for improving performance. For 2025-26 it is essential that there is a continued focus on discharge. It should also be noted that the NHS 10 Year Plan states that there will be reform of BCF in 2026-27.

12.4 Tanya Brown-Griffith told the Board that there is very close working between the ICB, the city council and the VCS. Integrated working at neighbourhood level is the key to improving performance.

12.5 Tom Lambert noted that it is important that discharge is viewed holistically, for example because the impact on unpaid carers of discharging someone needs to be properly assessed.

**12.6 RESOLVED – that The Board:**

- endorses the end of year performance monitoring report for Better Care Fund plan 2024-25, following submission to NHSE in May.
- notes the national approval of our BCF Plan for 2025-26 but that this has associated conditions

The meeting concluded at 6.46pm

Signed

Chair

Dated this

day of