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