BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 3 MARCH 2026

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Baghoth (Chair)

Also in attendance: Councillors Helliwell and Alexander

Other Members present: Ian Smith, Tanya Brown-Griffith (NHS Sussex); Dr Adam Fazakerley (Primary Care Collaborative); Kate Pilcher (Sussex Community NHS Foundation Trust); Dr Colin Hicks (Sussex Partnership NHS Foundation Trust); Steve Hook, Deb Austin (Brighton & Hove City Council); Alan Boyd (Healthwatch); Superintendent Petra Lazar (Sussex Police); Tom Lambert, Caroline Ridley (Voluntary & Community Sector); Professor Robin Banerjee (University of Sussex)

PART ONE

33 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

33(a) Declaration of Substitutes

33.1 There were none. Professor Nigel Sherriff and Dr Nicola Lang sent apologies.

33(b) Declaration of Interests

33.2 There were none.

33(c) Exclusion of Press & Public

33.3 RESOLVED – that the press & public be not excluded.

34 MINUTES

34.1 RESOLVED – that the minutes of the 16 December 2025 meeting be approved.

35 CHAIR'S COMMUNICATIONS

35.1 The Chair have the following communications:

Firstly, I'd like to welcome Ian Smith to his first meeting of Brighton & Hove Health & Wellbeing Board. Ian is the new Chair of the combined Surrey and Sussex Integrated Care Board, and we're really glad that he's found the time to join us.

We have several reports to consider today. Our first report is the annual report of the Learning from Lives and Deaths of People with a Learning Disability and Autistic people review: LeDeR. LeDeR has been operating since 2017, collating information on some of our most vulnerable citizens. It is essential reading for everyone delivering services in the city.

We also have a report on neighbourhood health. This is an area of increasing focus and we are waiting for statutory guidance which is expecting to give Health & Wellbeing Boards significant new duties to champion neighbourhood health.

We also have a Better Care Fund report today. This provides an update on Quarter 3 performance and outlines what is in the latest BCF planning guidance. In addition, there is a verbal update from NHS Sussex on the latest changes to NHS commissioning.

I also want to remind members that we have a HWB development workshop on March 12th. All Board members have been invited to this, and I'd like to see as many people as possible attending. The workshop will be led by Jo Webster and Steve Bedser who working with the Local Government Association. We've managed to get the LGA to support HWB development and some of you may already have spoken with them to help them get a sense of where the Board and what improvement steps we need to take.

I attended the Sussex Health and Care Assembly meeting on the 23rd of February. This was as usual an interesting meeting. I would like to mention some highlights.

- The presentation by one of the East Sussex PCN Teams, of how their day looks like as an integrated Healthcare Hub. It was interesting to hear about how the multidisciplinary teams work together and the connection between clinical health and community health and wellbeing teams.

The questions raised, provided some very good insights. For example, about what type of was measurement was used by the ICT to measure improvement in vulnerable groups like neurodivergent & disabled, ethnic minorities, LBGTQ and the economically deprived. In relation to this question, the support role of housing and educational institutions with data, was highlighted.

Challenges faced by SPFT with regards to mental health was on the table and rightly so. It was disclosed that the numbers and complexity of cases were on the rise, but it was encouraging to learn that work is going on to provide the appropriate wraparound support for those feeling suicidal and in crisis. Having one of the highest cases of suicidal deaths nationally averaged at 32 deaths by year, we will be watching this progression. Also mentioned were ongoing reforms on to align community/neighbourhood mental health and wellbeing teams with the ICB was most welcome and it is worth mentioning that initiative has already been established in Brighton & Hove.

Finally, we're currently in Ramadan. I will call a short break in today's meeting between 5:45 and 6pm to allow anyone who is observing Ramadan to break their fast.

36 FORMAL PUBLIC INVOLVEMENT

36.1 There was a public question from Mr Gary Vallier:

In light of the final Cass Review, and the Supreme Court's clarification of the Equality Act in For Women Scotland versus Scottish Ministers, and the High Court's confirmation of the lawfulness of the interim guidance issued by the Equality and Human Rights Commission, and the DfEs draft 2025 update to Keeping Children Safe in Education .... will the Board confirm what steps it has taken, or will now take, to ensure that local safeguarding strategy, mental health pathways and partnership guidance across Brighton & Hove are aligned with this clarified legal and clinical framework?

36.2 The Chair responded:

Brighton & Hove Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Brighton & Hove and reduce health inequalities through developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities, developing a shared focus on the most vulnerable local residents, including Black and racially minoritised communities, people with disabilities, LBGTQ communities, people experiencing mental health problems and older people and provide system leadership to secure collaboration to meet these needs.

The Board has a role in strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate, recognising the impact of the wider determinants of health on health and wellbeing and involving patient and service user representatives and councillors in commissioning decisions. Matters relating to education in the city are not within the remit of this Board.

All scrutiny and decisions made by the Board fully take into account and are properly informed and guided by the law and Government Guidance relevant to the matter under consideration. The Board expects partner organisations represented on the Board to ensure policy, commissioning and delivery of services to be compliant with the applicable law, statutory guidance when it is eventually published, and to be guided by and fully take into account relevant non-statutory guidance and Codes of Practice . This includes recent case law pertaining to the Equality Act 2010 and any future Guidance and Code of Practice issued as a result of that case law.

The case to which your question specifically refers concerned workplace regulations and highlighted the need for all public agencies to adopt a sophisticated approach to the provision of services . To quote the judge: "Each set of statutory provisions considered in the Interim Update provides a floor for provision of facilities. But neither provides a ceiling." The case you refer to also reminds agencies that that laws and guidance cannot "seek to regulate every possibility that can arise, day-to-day, and in circumstances that are too numerous to anticipate." . This Board would endorse the view expressed by Mr Justice Swift that "Those who provide facilities whether to the public or to their employees should comply with the law but also be guided by common sense and benevolence….."

36.3 Mr Vallier asked a supplementary question:

In a deputation to the Board last September, a parent stated “this is not safeguarding; it is ideology overriding evidence, clinical caution and parental responsibility.” The Board did not provide a substantive response to that allegation at the time. Given the publication of the Cass Review and its clear statement that social transition is not a neutral act, does the Board accept that, when a parent alleges harm linked to local gender identity practice, safeguarding governance requires active examination rather than silence in order to avoid the appearance of pre-determined policy position. It seems the Board chooses silence.

The Chair agreed to provide a written response to this question. A response was subsequently shared with the questioner:

The board apologises for the delay in responding to your supplementary question but felt it would be of more value to wait until the publication of the independent patient safety investigation into prescribing for gender care for children and young people at a GP practice in Brighton to enable a fuller response.

Your supplementary question to the Board at the March 2026 meeting related to a question put the Board in September 2025. The Board takes the view that it answered that question at the time on the information available. The update to the information provided in that answer can now be found in the independent patient safety investigation into prescribing for gender care for children and young people at a GP practice in Brighton, led by Sussex and Surrey ICB with support from NHS England. The published the report and next steps can be found on the ICB website - Patient Safety Investigation WellBN General Practice | ICB - Surrey and Sussex.

37 FORMAL MEMBER INVOLVEMENT

37.1 There were no member questions.

38 LEARNING FROM THE LIVES AND DEATHS OF PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE 2024-25 REPORT

38.1 The report was presented by Tanya Brown-Griffith and Dr Adam Fazakerley. Ms Brown-Griffith explained that the LeDeR annual report had been a national initiative since 2017, requiring local areas to record and evaluate the deaths of people with a learning disability or autism in order to reduce avoidable causes of death and reduce the 20 year health inequality gap between average age of death of people with learning disabilities and autistic people and that of the general population. There has been a decline in avoidable deaths since LeDeR was introduced and good processes are now in places to cascade learning through organisations. However, significant health inequalities remain and there is much more that needs to be done. Dr Fazakrley added that the health inequality gap is a complex problem and one that needs to be addressed across society, not just by health and care services.

38.2 Caroline Ridley asked about the take-up of staff training. Ms Brown-Griffith replied that training is mandatory and includes back office as well as frontline staff. Take-up is good, with more than 95% completion rates, but there are still some gaps that need addressing.

38.3 Cllr Helliwell asked how autistic people are categorised by LeDeR. Ms Brown-Griffith replied that all people with an autism diagnosis are included in LeDeR; there is a differentiation made between people with autism and a learning disability and those with autism but no learning disability.

38.4 Alan Boyd asked about annual health checks and about co-production with people with lived experience. Dr Fazakerley replied that the percentage of people undertaking annual health checks is relatively high, but this can be misleading as people who participate in health checks tend to be those who are best informed about health issues. There is a real need to better reach out to those who do not currently take up the health check offer, and focused work on this is being delivered via local Health Hubs. Ms Brown-Griffith added that there is co-production work being delivered via Neighbourhood Health Teams. Services recognise the importance of engaging with people with lived experience and of adopting a hyper-local approach to service delivery.

38.5 The Chair asked about how attendance for preventative health checks, including cancer screening, varied across the city. Ms Brown-Griffith noted that there is a big push to improve screening dates in the most deprived parts of the city. She offered to provide additional information outside the meeting.

38.6 RESOLVED - the Board noted the information provided in this report; and

the Board approved the organisations represented on the Board utilising the learning from LeDeR and developing formal internal cascade processes in order to impact on the reduction of the mortality gap for people with a learning disability and autistic people.

39 BETTER CARE FUND (BCF) MARCH 2026

39.1 The report was introduced by Chas Walker, Joint Programme Director Integrated Service Transformation, Brighton & Hove City Council and NHS Sussex Integrated Care Board (Brighton & Hove)**.** Mr Walker told the Board that Quarter 3 Better Care Fund (BCF) performance shows the local system is off track in delivering against the emergency admissions for people agreed 65+ and discharge delay targets, but on track in delivering against the residential admission target. Spending to date is in line with the BCF plan.

39.2 Guidance for the 2026-27 BCF Planning Framework has been issued. This effectively re-focuses the BCF to concentrate on neighbourhood health, with a particular emphasis on joint planning to better identify and support those with complex needs.

39.3 Ian Smith commented that the refocus of BCF on neighbourhood health is a positive. Going forward, it will be important to focus on developing more effective partnership working with the private sector including a better balance of risk and longer contracts. Discharge performance is a concern, but it should be noted that Sussex has robust processes in place.

39.4 RESOLVED – that the report be noted.

40 INTRODUCTION TO NEIGHBOURHOOD HEALTH AGENDA FOR CHANGE

40.1 This item was presented by Steve Hook, Tanya Brown-Griffith, Kate Pilcher and Dr Colin Hicks. Ms Brown-Griffith outlined the national drive to improve neighbourhood health,

supporting the most vulnerable, shifting activity from acute to community settings, reducing delays in treatment and saving money. NHS Sussex has been an early adopter of the neighbourhood health framework.

Mr Hook told the Board that there are 3 city Integrated Community Team (ICT) delivery groups, plus a citywide ICT which focuses on supporting people who are homeless or with multiple complex needs. The Voluntary & Community sector (VCS) is heavily involved in the leadership of ICTs – e.g. through the Hangleton & Knoll Project in the west ICT and the Trust for Developing Communities in the east. The approach is data driven, using resources such as the Health Counts survey. A bigger statutory role for Health & Wellbeing Boards in neighbourhood health is anticipated. There is also a Neighbourhood Health Alliance coordinated by Sussex Community NHS Foundation Trust (SCFT).

Ms Pilcher explained that the Neighbourhood Health Alliance includes SCFT, Sussex Partnership NHS Foundation Trust (SPFT) and the Primary Care Collaborative. The Alliance is developing memorandums of understanding with the city council, VCS and the hospice sector. The Alliance will focus on preventative and proactive care for high need populations, using population data to develop targeted priorities for each ICT, reducing emergency admissions by at least 10%, and increasing vaccination and screening take up by at least 10%. The Alliance is working with the city council to develop an offer around children and young people.

Dr Hicks told the Board that there is a priority to break mental and physical health silos. To this end, Neighbourhood Mental Health Teams are aligned with ICTs and mental health is represented in every Sussex ICT leadership group. There is a major focus on developing better community support, which will reduce the number of people presenting to A&E with mental health needs. Other areas of focus include improving sharing of electronic patient records and addressing the severe mental illness mortality gap.

40.2 Ian Smith stressed that improving neighbourhood health is fundamental to the future of the NHS. The current trajectory of the NHS is unsustainable, and pathways must be redesigned to shift activity away from acute settings, population health must be improved, and the stress on major system points such as A&E and ambulance callouts must be better managed. This is very challenging and will only be achieved by focusing on priority pathways and by identifying and supporting the highest risk patients. Prevention is key, but it will be important to develop better ways to measure the effectiveness of preventative measures.

40.3 Tom Lambert noted that the VCS is happy with how involved they have been in the planning of neighbourhood health improvement. However, there has been little additional resource for the sector, and this limits what can be achieved. Mr Lambert also asked about what services are planned for people in work. Ms Brown-Griffith responded that the most vulnerable people have been prioritised in the roll-out of neighbourhood health, but services will, in time, Include everyone who needs support.

40.4 Professor Robin Banerjee noted that neighbourhood health is an important initiative. It is vital that this is aligned with complementary initiatives such as the Civic University Agreement for Sussex. Health is a key focus of the civic agreement and NHS Sussex is a key partner. Professor Banerjee asked how place-based partnerships connect to Sussex and national structures. Ms Brown-Griffith responded that we are still in the relatively early stages of planning. However, the Susex model is fully aligned with the national model and there is a focus on better aligning incentives via a reformed Better Care Fund. Steve Hook added that,

whilst local planning should be aligned with regional and national models wherever applicable, it is important to recognise that Brighton & Hove has particular challenges that are different to those in the rest of Sussex, and may sometimes require different, appropriately resourced, solutions.

40.5 Professor Banerjee asked about setting targets for young people outcomes. Kate Pilcher responded that there is a commitment to look at this: some ICT areas will definitely want to focus in improving outcomes for young people. Professor Banerjee noted that the universities could help with this as they hold rich data on the varying needs of young people across the city.

40.6 Ian Smith told the committee that he is a supported of the Civic University agreement. He also noted that Surrey and Sussex have taken different approaches to neighbourhood health. There will be a challenge to better align the counties and also to align neighbourhood health with the boundaries of the unitary local authorities soon to be formed.

40.7 The Chair asked about the alignment of Brighton & Hove ICTs with local Primary Care Networks (PCN). Mr Hook replied that there are 6 PCNs in the city, 2 in each ICT footprint. Adult social care assessment teams and neighbourhood mental health teams are also aligned with the ICT footprint.

40.8 Alan Boyd noted that these are big changes which need to be effectively communicated to patients, but it is not clear that this is happening consistently. This is a particular challenge given the high degree of transience in the local population. A more standardised approach to engagement is needed, one that develops best practice models by learning from the experience of each ICT.

40.9 RESOLVED – that the report be noted.

41 NHS SUSSEX INTEGRATED CARE BOARD UPDATE

41.1 This item was presented by Tanya Brown-Griffith. Ms Brown-Griffith told the Board that staff were being TUPEd into the merged Surrey and Sussex Integrated Care Board (ICB). The ICB has shared its new organisational structure and ways of working with partners for consultation. The ICB will gradually reduce or stop work in some areas, with some of these functions transferring to NHS England or to partner organisations. Plans to move to a rolling 5 year commissioning cycle are underway. The ICB has completed a needs assessment for Surrey and Sussex.

41.2 Ian Smith commented that this is a very tough time for everyone in NHS commissioning. With more than 60% of the workforce being laid off, morale is inevitably low. However, he is optimistic about progress in the neighbourhood health agenda. The ICB needs to focus on turning its commissioning intentions into a clear plan that will actually impact on key priorities. Surrey & Sussex ICB is at a more advanced stage of transformation than most ICB systems and there is an opportunity to be a national leader.

The meeting concluded at 6.15pm

Signed Chair

Dated this day of

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