West Area Health Forum

Wednesday 4th February 10am-12pm

The Hangleton & Knoll Project
Working for a better community in the West of Brighton & Hove
CLG No. 7260539; Reg Charity No. 1139971

1) Welcome and Introductions – JM

There were 39 people in attendance.
Apologies from Steve Castellari, Emma Bourlet, Maureen Copelin
Previous minutes agreed as accurate.

2) Surgery and WHPCN (West Hove Primary Care Network) updates

WellBn - Shilpa Patel

- 2025 was a difficult year for WellBn with 4 partners retiring, so excited for 2026. Just taken on a new GP partner
- Lots of ongoing changes and improvements being made, for example, improving patient pathway and accessibility. Keen for patient feedback.

Apologies from Links and Wish

- Update from Jo M and Sharon Lyons CHP (Community Health Panel) on their behalf on the merger which was discussed at CHP w ICB in attendance
- Links and Wish merger has been approved, and they have moved into formal process with ICB commissioners, who have identified several things they'd like addressing before the merger.
- Some patients have fed back via CHP that there has been a little disconnect from patients to these latter stages of the decision-making process with regards to the merger which will be addressed.

Q –Have we got a date for Wish/Links merger?
A – Not yet, no.

Sharon Lyons – CHP - Community Health Panel

- Community Health Panel last met 20/1 and their meeting focused on Patient Transport, with Healthwatch in attendance, collating patient feedback for report to share with Commissioners. Some of the feedback – inappropriate transport for those coming home from hospital, long wait times.
- CHP feedback around Vaccinations – lack of coordination ensuring the right information gets to the right people, confusion around eligibility, inconsistent messaging and confusion on providers.
- Comment Jo M - February 12th 2026 – GPs, Pharmacy, HKP, SCFT Meeting to discuss vaccinations and consider what we can do together to improve vaccination rates and improve communication in our community – will generate action plan and feedback to Forum at later date

Portslade Health Centre - Tracy James

- Online appointment booking system – "Rapid Health" – went live October 2025. Patients input their symptoms and are then asked a series of questions (algorithm not AI based). If the system pathway feels appropriate, a bookable appointment is offered (approximately 40%)
- The other 60% are going into a inbox for GPs to triage that day – an inbox we are currently clearing daily.
- Feedback overall so far is positive, in terms of patient experience and journey. Staff also feeling more able to guide patients more accurately. Prior to system there was a 6 week wait, now longest wait is 2 weeks.
- Another benefit is that the system provides data, which can be used to highlight area of demand – for example, highest demand on Mondays and Tuesdays – so that we can adjust capacity throughout the week accordingly
- For patients who cannot manage online access, they are welcome to call or come to the surgery, where staff can support them
- Several partners long term sick. Locum cover in place.

Comments, feedback and questions

Q – When a patient makes initial contact via Rapid Health, are they able to upload photos at that stage – I believe this could eliminate an extra step and reduce administrative time.
A – No, at present a GP would send an additional message requesting photos. Will feedback as that is useful insight.

PCN (Primary Care Network) update – Dr Rowan

- We are currently analysing approximately 3,000 patient feedback responses relating to the introduction of online booking systems, aligning with the wider NHS agenda to improve access.
- More broadly, practices across the PCN are working together more proactively to improve efficiency. By improving our ability to engage with patients earlier, we aim to prevent avoidable hospital admissions. We are also working closely with community partners to share best practice and reflect on learning.
- We are building on the frailty project – which originated at Hove Medical Centre and is now active at Wish Park and Links Road. The aim is to provide early, preventative support to patients who are beginning to become frail. We want to develop this in a more sustainable way by working with community partners who have the capacity and resources to address issues such as social isolation, which can have a significant impact on health and wellbeing. AgeUK are our Social Prescribing partner

Comments, feedback and questions

Question Wendy – is there consideration for seniors who do not use IT?
Comment Jo M – this is something HKP will always be advocating for, not only with barriers due to age, but also money and skills, with 20% of Knoll not having access to home Wi-Fi contract. HKP IT Suite there to support access on Tuesdays and Wednesdays – everyone welcome.

Answer – at Portslade health centre – we will respond to any contact made, whether this is by walk in, phone or online – and I am most confident that other practice would do the same to ensure equal access. As 40% of our patients click to book, there are 40% less calls in, freeing up the space for those who still need to call in.

Comment Tracy – we have found senior patients more open to using the online system with support, than the working age or younger cohorts, who can expect response to be instant.

3) West BH data - what are our local specific issues - Kate Gilchrist

- Kate shared presentation summarising available data on the population, health and wellbeing of people in the West Brighton & Hove ICT Partnership area (see enclosed slides)
- More information can be found here;
    - Brighton & Hove Joint Strategic Needs Assessment
    - Local insight data maps
    - ICT profiles from Public Health
    - Health Counts survey report and area profiles
    - Safe and Well at school survey
    - NHS Sussex ICT dashboard

Q – I'm interested in what the data says about the impact of MRI machine shortages in the UK.
A – Unfortunately this is not data we have access to

Q - from Sharon CHP – How does this data help GP practices better understand their patients?
A - from Shilpa WellBN – this data is very interesting for practice as although mapped at PCN level, we have 3 branches that cover different areas, so really important for us to be aware of differing deprivation and health outcomes across our sites.

Q – from Jo Crease around the importance of mapping softer data alongside, such as behaviours or beliefs.
A – from Jo M – HKP alongside the CHP are looking to train local people to become "Community Researchers", who would feedback to colleagues at ICB engagement team

Comment from Wendy Rethink – Attended a Suicide Prevention conference last week where the Ambulance service shared some interesting data around mental health, deprivation and locality.

ACTION – Wendy to share contact with Jo M

4) ACT (Act on Cancer Together project) - improving Cancer Screening community general practice partnership Shilpa Patel and Claire Hines

Claire Hines

- West Brighton & Hove ICT area has the lowest breast screening uptake in Sussex ICBs, is second lowest for bowel screening and third lowest for cervical screening. In response, the ACT project has worked with local surgeries to support improved local screening uptake, led in WestBH by Claire Hines Hangleton & Knoll Project in partnership with the Trust for Developing Communities and Macmillan.
- The project began at Portslade Health Centre and later moved to WellBN to build on the established model.
- This involved:
  - Personally contacting non-responders by phone
  - Building rapport and trust through gentle, encouraging conversations
  - Gaining a better understanding of barriers, including forgetting to attend, low perceived importance, cultural or language barriers, literacy issues, fear of intimate procedures, previous negative experiences, or feeling overwhelmed
  - Tailoring support to overcome barriers, such as text reminders, home visits to share explanatory videos in Arabic, or working with GP practices to implement reasonable adjustments for the procedure itself

- The project has led to a 30% increase in cervical screening uptake and a 27% increase in bowel screening, with the aim of achieving longer-term behavioural change and improved health outcomes.
- Claire has worked with WellBN to train and support continuation of the model, providing resources including telephone scripts, protocols, and a monitoring database giving sustainability to the programme.

Shilpa Patel WellBN

- Positive feedback and thanks were shared with Claire Hines and the ACT project team.
- The ACT approach went beyond reminders, focusing on meaningful conversations to understand patients and their fears; this personal connection encouraged people to come forward, including one individual who tested positive and is now receiving treatment — a cancer that may otherwise have remained undetected without the project.

Comments, feedback and questions

Comment Jo M – Breast Screening is all based at Park Centre, Preston park, which is difficult to access from the West with no parking or direct public transport routes. We need a more local mobile unit – for example, the lung screening in Sainsburys car park if we are to really increase screening rates.

ACTION - Response from Nicola Lang Director Public Health BH – who will look into what the set up was at Sainsburys, and how we lobby for increased appointments and outreach services

5) Welcome to Ian Smith Chair NHS ICB with a few thoughts on integrated working

- Currently the system is not functioning effectively: it is crisis-driven, heavily reliant on late-stage interventions and emergency care, and highly fragmented.
- As a result, patient pathways are disorientating and costly. Patients are often admitted to hospital unnecessarily, which in itself can cause health detriment.
- Overall, this leads to poor patient experience

- Despite having committed commissioners and carers, and some of the world's leading universities, the UK has some of the worst health outcomes in Europe, indicating fundamental issues with how the system is managed. We need to be humble enough to look to other countries who have better management models.
- Budget is reducing, yet need and complexity increasing.

- The plan for Sussex and Surrey 8 billion pounds is being submitted 12th February. Aims;

    - Move away from crisis management
    - Focus on the root causes of harm and cost

- Redesign patient pathways - Identify individuals with the highest costs early (such as frailty, diabetes, COPD, cardiovascular disease, cancer, MSK conditions, mental health needs), before deterioration and emergency care is required, through the JSNA (Joint Strategic Needs Assessment)
- Once identified, provide integrated care, joining up primary and secondary care, community services, and mental health services.
  While integration is challenging with differing objectives, cultures and incentives — it must be prioritised, as the greatest harm and deterioration often occur when patients move between settings and become lost in the system.
- Take acute expertise out of hospitals and place in the community – so patients only go into hospital if necessary
- High risk care management – identifying 1-2% of population most vulnerable – and put integrated pathways of care. Curated by GPs and managed on an ongoing basis by community nurses – so that a person does not get lost in system following GP appointment.
- ICB reorganisation happening – total staff 1200 which will reduce by 700.

Comments, feedback and questions

Question Sally – will your plans include older people care centres in the community to reduce A&E attendance?

Answer – Yes – I was in Eastbourne A&E yesterday, which has a 120 capacity, and had 300 patients, standing room only. Not only expensive, but terrible experience. Needs to change.

Comment from patient who is member of PPG – while I understand the need for money to be redirected, I am worried about the impact that reducing the ICB communities' team will have in terms of patient voice. My request would be that forums such as these are prioritised and promoted – they are essential.

Comment from Sharon CHP – some of the issues we have been working on in the West are those you have mentioned, for example, frailty. We have some solutions but need support from higher structures.

Comment from Rowan Portslade HC – if you look at impact that can be made in overall health outcomes – healthcare alone is 10%, 40% is community engagement and 40% behaviours – so there is 80% that a health care model cannot address. Need to be promoting more holistic practices such as singing groups that promote community and connection and promote wellbeing through tackling wider social issues.

Comment Jo M – The newly opened Weller Youth Centre in Knoll Park will be an asset for integrated working, providing access to specialist service, such as sexual health, in addition to Youth Work Program. So much of what our young people need isn't medicalised – its friendship, belonging, connection and community.

6) Marie Curie update Paul Draper – apologies

7) Freedom Leisure Update – Harry Urwin – Healthy Communities Manager

- Harry's role is to support communities to become more active, and to create a community feel across all Freedom Leisure sites. More information on Freedom Leisure's Health Communities work here.
- 3 key areas
- Organisations – always looking for partner organisations in the local area to support with specific activities – i.e. currently working with Grace Eyre to host SEN sports activities, Parkinsons UK and HKP to offer free swimming to families in need.
- Demographics – for example – over 50s activities and over 60s seated exercise and coffee
- Programme accessible here - https://www.freedom-leisure.co.uk/healthy-communities/brighton-and-hove/
- Health referral program from GPs, social prescribers. Also offering stroke and cancer rehabilitation.
- If interested in partnering, please get in touch harry.urwin@freedom-leisure.co.uk

Comments, feedback and questions

Comment Jo M – HKP host a Dementia Café West Area Memory Café - monthly at St Richards – I wonder if we could organise a day out swimming?

Comment from Ann – transport links from Knoll to King Alfred are limited, and Freedom Leisure pricing can be a barrier for our community to engage.

8) Community news MH event 28th Feb and weekly Rethinking our Health drop ins – Claire Hines

- **Healthy Mind, Being Well in the Winter Event** - Please join us for a FREE wellbeing event on **Saturday 28th February, 10.30am-1pm at St Richards Community Centre**. This will be an opportunity to meet with local service providers, take part in workshops and have a complementary therapy. Services attending include Southern Water, Amaze, Carers Centre, Mind, UOK, Brighton and Hove Wellbeing service and much more.
- Workshops available: Persistent Pain – how to live well with pain, Five Ways to Wellbeing and Mindful movement for stress relief – these can be booked in advance. Please contact Claire Hines to book or for further information: claire.hines@hkproject.org.uk, tel 07422692831.
- **Weekly Community Health Drop in –** Wednesdays 1 – 4 pm, St Richards –for those experiencing early pain, or a flair up of a longer-term condition. No need to book, drop in, see a clinician for advice. Social prescribers also in attendance. Trainee pharmacists are soon to join the drop in.

9) AOB

AAA screening – Abdominal Aortic Aneurysm – Jo Jeffery

Cover the whole of Sussex, contacting men turning 65 , this cohort is 11,500 men, inviting them for screening. More information here

- Positive statistics showing increase of uptake from 79 to 85%

Dawn - supports PPGs (Patient Participation Groups)

- Last week attended a PPG Sussex Network meeting – if your PPG isn't a part of that network, please do get in touch.
- As of Monday, there are some PPG grants available up to £1000.

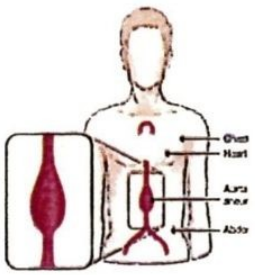
Date of next meeting: 24th June 2026

NHS
Sussex Community
NHS Foundation Trust

AAA Screening

The NHS is urging men not to ignore their invitation to Abdominal Aortic Aneurysm (AAA) screening, which could save their life.

AAA screening can detect whether the aorta, the main blood vessel in the body that runs from the heart down through the chest and abdomen, has weakened and expanded to form an aneurysm.



The condition is most common in men aged 65 and over and can be fatal if not detected early.

AAA screening is part of a national NHS Programme, which invites all men aged 65 and over who are registered with a GP, to a free appointment.

The screening involves an ultrasound scan – a quick, harmless non-invasive procedure (similar to a baby scan) that creates an image of the inside of the body.

Men are six times more likely to experience AAA than women, and the risk increases with age. The risk also increases if you smoke, have high blood pressure or if someone in your family has previously been treated for an AAA.

If you are over 65 and have not had an AAA screening before, you can refer yourself to the screening clinic by contacting **01903 843834** or SC-TR.sxaaascreening@nhs.net.

A short film about what to expect at your appointment can be found by scanning the QR code. Your appointment will be at the closest screening location to your GP address.

In Sussex the service is provided by Sussex Community NHS Foundation Trust, the largest provider of community NHS care in the area.

Excellent care at the heart of the community

JSNA Joint Strategic Needs Assessment programme

West Area Health Forum February 2026

This presentation gives a summary of available data on the population, health and wellbeing of people in the West Brighton & Hove ICT Partnership area. It is not exhaustive.

It is drawn from a range of resources where you can find more information:

- Brighton & Hove Joint Strategic Needs Assessment
- Local Insight – lots of data and maps for areas of Brighton & Hove
- ICT profiles from Public Health
- Health Counts survey report and area profiles
- Safe and Well at school survey
- NHS Sussex ICT dashboard

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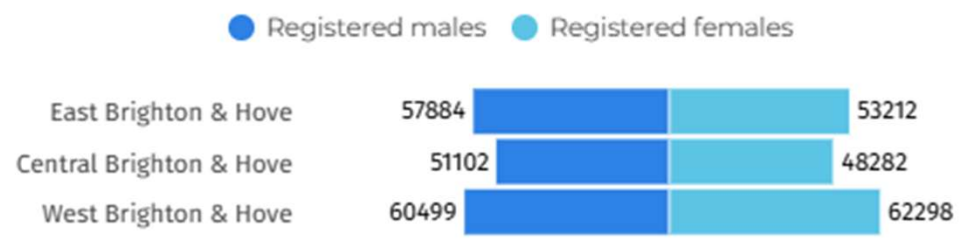
Population and projections

West Brighton & Hove has the largest registered patient population and more females than males

Population by ICT



Projections only available at city level:

- Population projected to increase by 5.2% in 10 years to 2032 (England by 6.4%)
- Net international migration is projected to continue to be largest factor in the city's population increase
- More people projected to leave to elsewhere in England than moving to the city from other areas

Projected population

292,790
people

up from 278,370 people in 2024

Population change since 2022

+5.2%

Compared to +6.4% across England

Median age

38 years

No change from 38 years in 2022

Net international migration

+30,483
people

projected to be the largest factor in the population increase between 2022 and 2032

Net internal migration

-16,678
people

More people leaving Brighton & Hove to elsewhere in England than moving to the city

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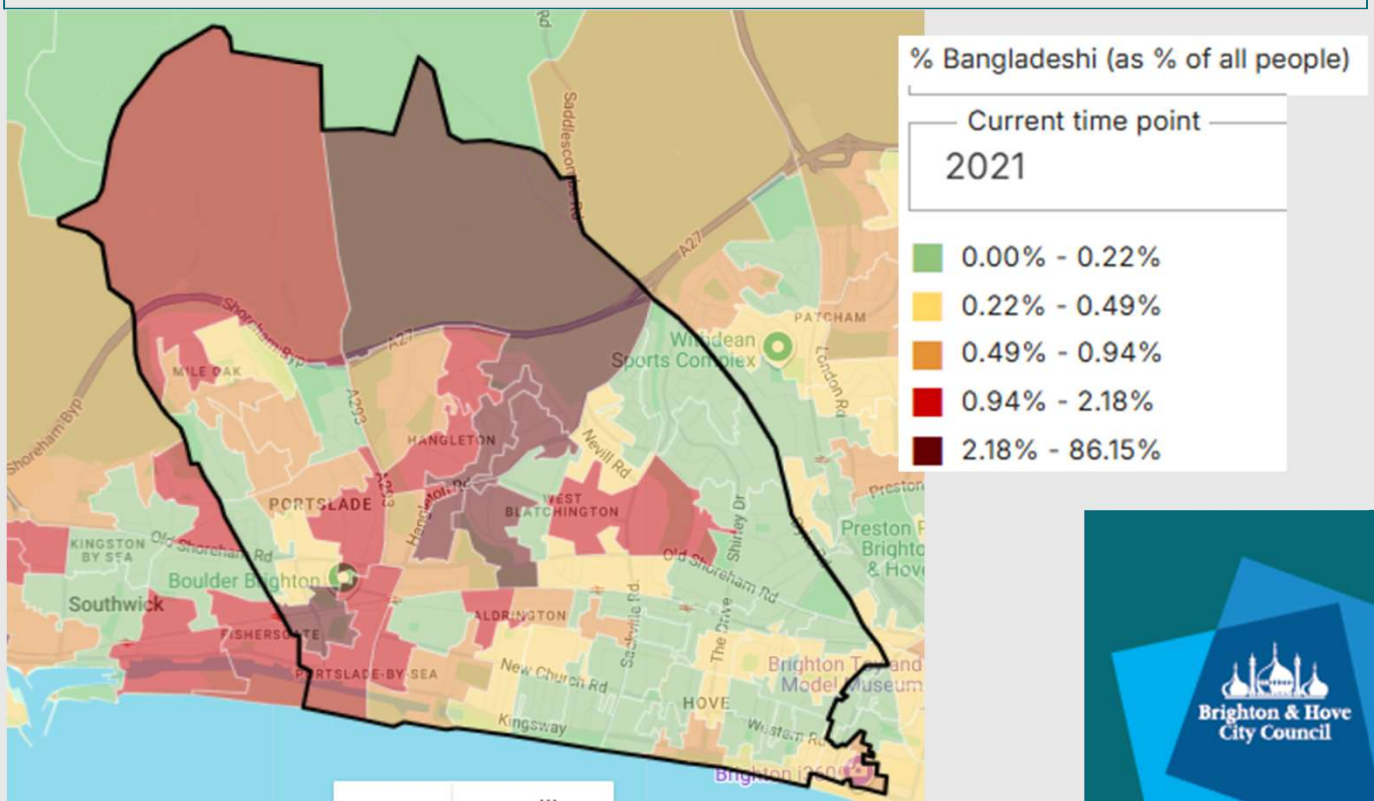
Black & Racially minoritised communities

26% of residents in West ICT area are from Black and Racially Minoritised communities. The ICT area has significant Bangladeshi and Arabic Communities:

- Over 4% of residents in some areas are Bangladeshi (0.6% for B&H)
- 4% of residents in some areas of West ICT partnership area are Arab (1.1% B&H)

West ICT area has areas in the highest 20% of areas in England where residents cannot speak English

- Up to 4% in some areas of West ICT Partnership area
- Fuller language breakdown is only available at city level from the 2021 Census



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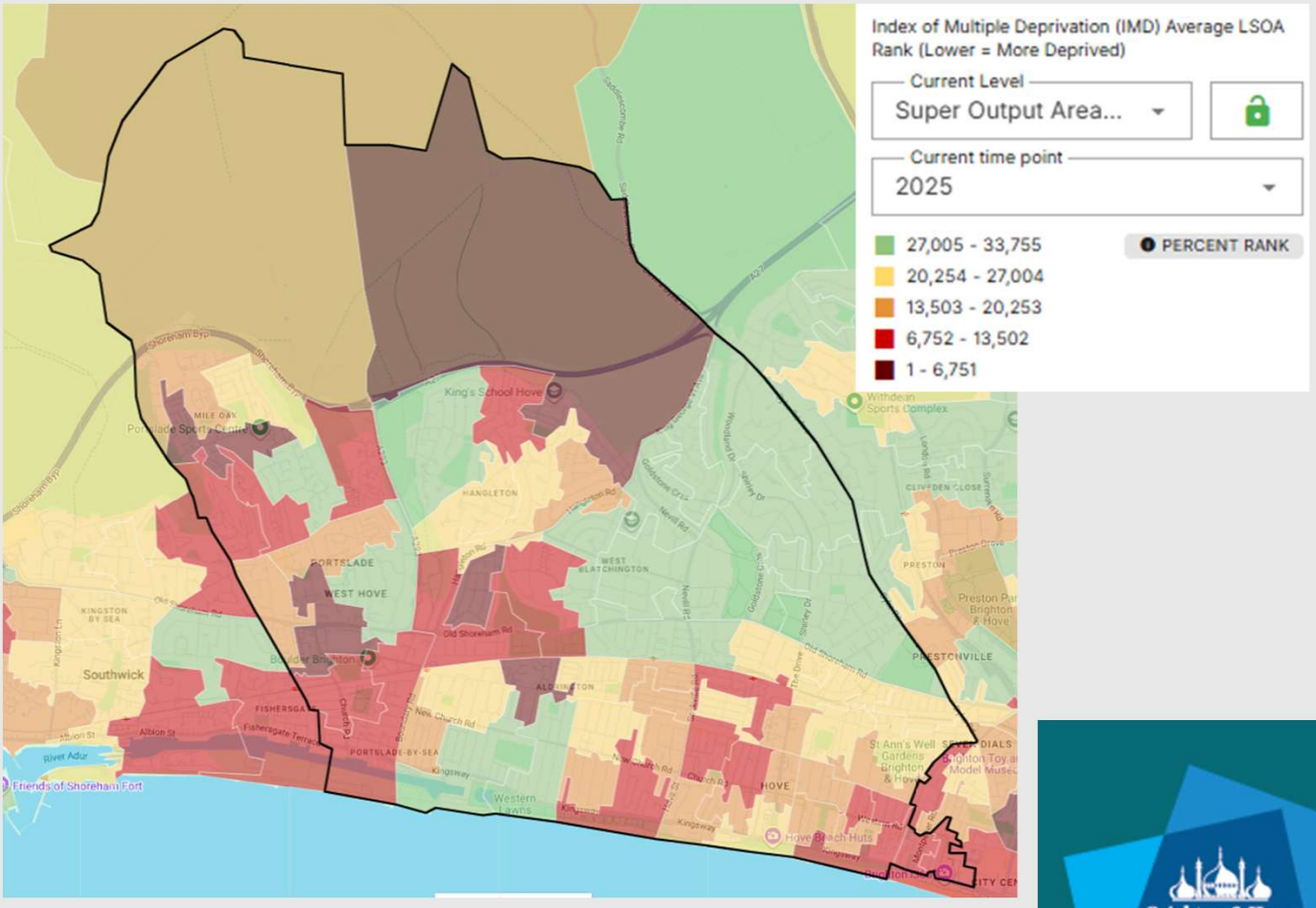
Deprivation

Overall 7% of people in West ICT partnership area live in the 20% most deprived areas in England

But this masks significant inequality within the area

There are five LSOAs in the 20% most deprived areas in England: Hangleton North, the Knoll estate, Aldrington and parts of Portslade



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Knoll estate

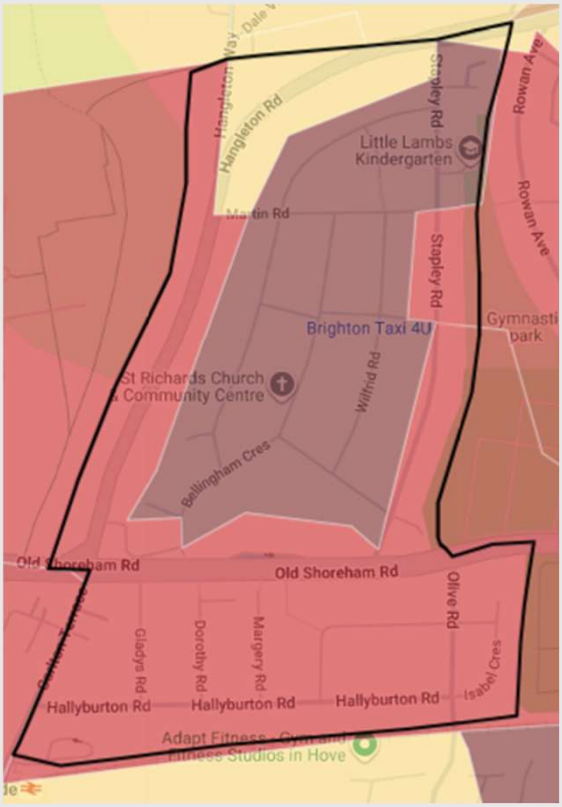
42% of residents live in the 10% most deprived areas in England (7% West ICT, 7% B&H)

44% of children live in income deprived families (B&H 32%, England 36%)

Youth unemployment 7% (B&H 4%, England 6%)

37% of households rent from council or a housing association (15% B&H, 17% England) – 62% in one LSOA

24% of residents have a physical or mental health condition which limits their day to day activities (19% B&H, 17% England)



8% of residents say their health is bad or very bad (5% B&H and England)

Part of the Knoll estate is in the 20% of areas in England with highest digital exclusion

More data on Knoll estate available at https://brighton-hove.localinsight.org/#/map?report=1139

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Healthy places

Within some areas of West ICT partnership area:

- Up to two thirds (67%) of children are living in income deprived families (in parts of north Hangleton and the Knoll estate) (West 28%, B&H 32%)
- Up to 29% of adults have no qualifications (West 13%, B&H 12%)
- Unemployment is 6% (West 4%, B&H 3%)
- Up to 62% of households are living in socially rented accommodation or renting from a housing association
- Areas in the 20% most overcrowded housing in England
- Areas of Hangleton are in the top 20% of areas in England for the greatest food desert-like characteristics
- Areas in Hangleton, Knoll and Aldrington are in the 20% of areas in England at greatest risk of digital exclusion
- Up to 20% of households are people aged 66 or over living alone

Brighton and Hove ICT data profile October 2025 by Brighton and Hove City Council - Infogram

Brighton & Hove City Council

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Children and young people – safe and well at school survey

From the 2023 Safe and Well at School Survey, for secondary schools in West ICT area:

- A third (34%) of secondary school pupils are Black and Racially Minoritised (rest of city 38%)
- 20% English not main language at home (18%)
- 13% not born in the UK (11%)
- 7% young carers (7%)
- 26% in most deprived family affluence group (20%)

In terms of health and wellbeing:

- 77% often felt happy (83%)
- 14% self harm sometimes/often (12%)
- 24% have eating difficulties sometimes/often (20%)
- 67% seen racism (62%)
- 48% experienced problem behaviours in relationships (41%)
- 53% eat 5 portions fruit & veg (59%)
- 4% never been to the dentist (2%)
- 18% physically active (21%)
- 25% cannot swim a length of a pool (19%)
- 12% tried smoking (15%)
- 38% tried alcohol (43%)
- 10% tried drugs (13%)

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Adults – Health Counts survey

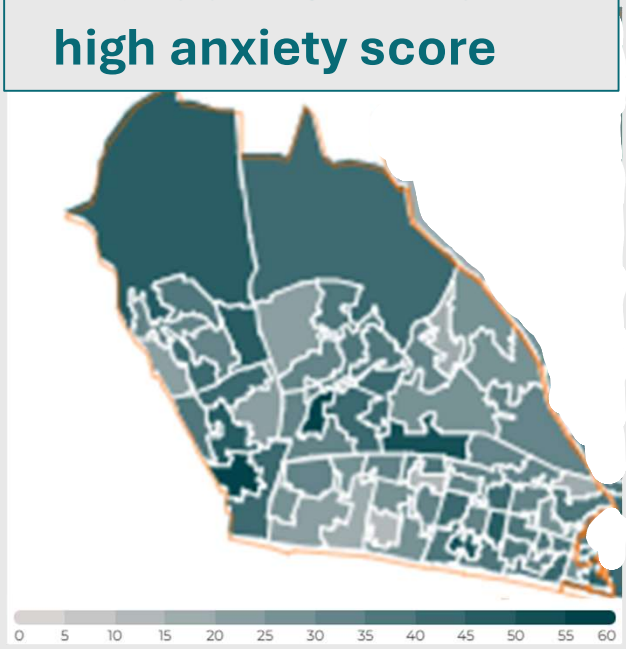
Many of the results for the whole West ICT partnership area from the Health Counts survey are similar to Brighton & Hove.

Community connection is higher

But there are significant inequalities across the survey results in the West ICT partnership area, with worse outcomes in Hangleton & Knoll & parts of Portslade in:

- Physical & mental health incl. falls
- Happiness and anxiety
- Smoking
- Gambling related harm
- Physical activity and healthy weight
- Worries about housing conditions
- Sense of belonging
- Feeling safe

% of adults with a high anxiety score



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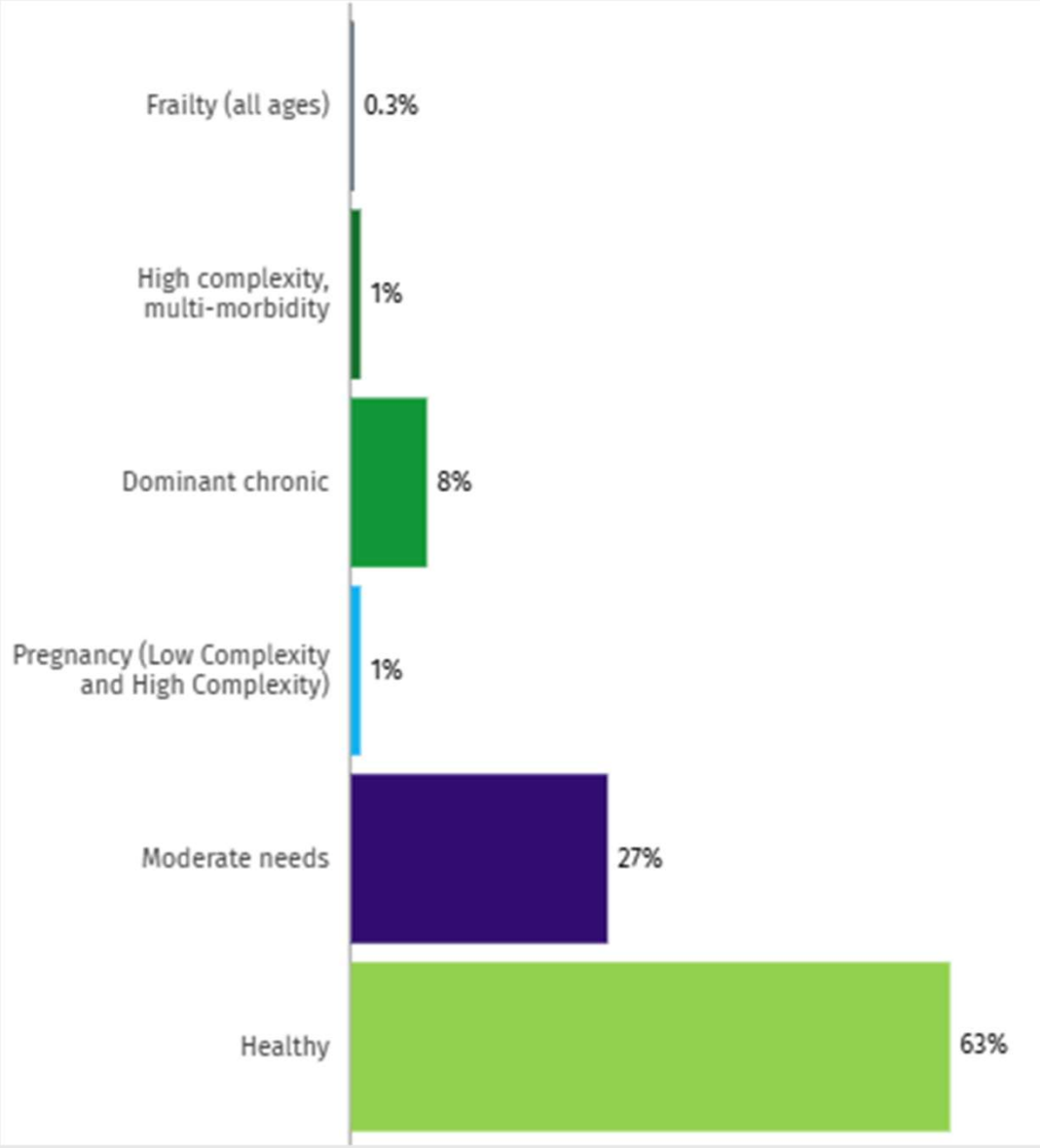
Patient need groups

Overall, West ICT Partnership area is similar to Brighton & Hove in overall patient needs groups – 37 with moderate to high needs for both areas



Brighton and Hove ICT data profile Oct 2025

Brighton & Hove City Council

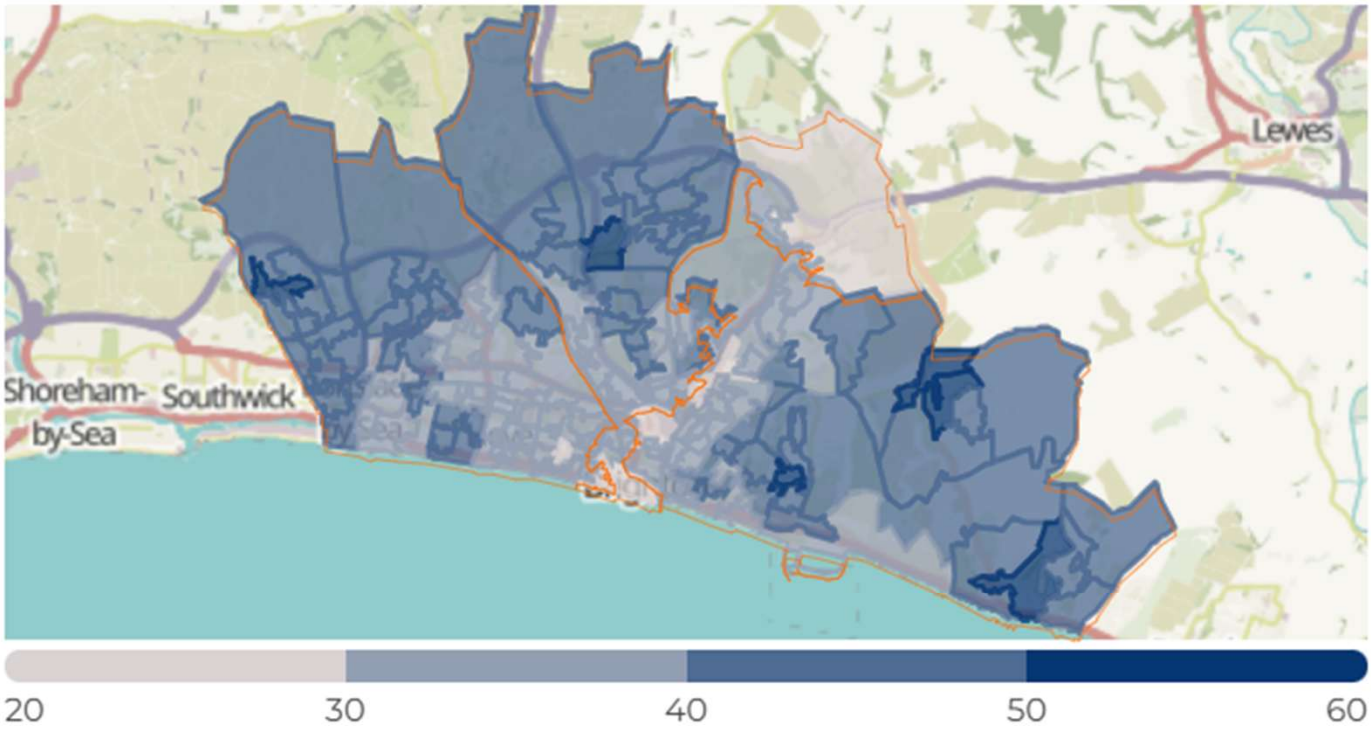
Patient need groups

But the ICT wide figure hides considerable variation – many areas in the west and north of West ICT area where the figure is greater than 40%

PNGs - Moderate and high need

A snapshot of the percentage (%) of residents in the moderate or high need patient groups by Lower Super Output Area shows concentrations within each ICT partnership area.

*Move your cursor over the bottom bar to display areas on the map that sit within a range.



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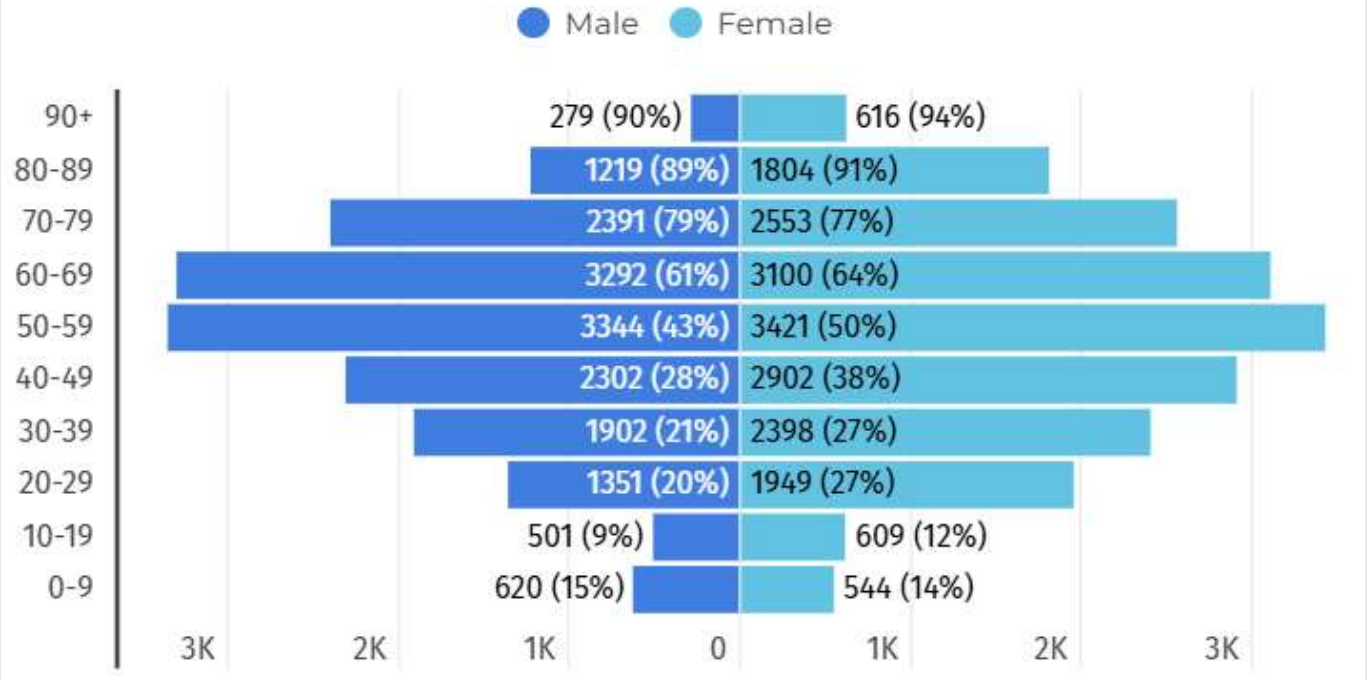
Patient need groups

The greatest numbers are in those aged 50-69 years in West ICT area

A snapshot of the number of residents in the moderate or high need patient groups by age and sex (percentages are the proportion of **residents within each age-sex group who are classified as moderate or high need**) (October 2025):

Brighton & Hove | West ICT | Central ICT | East ICT



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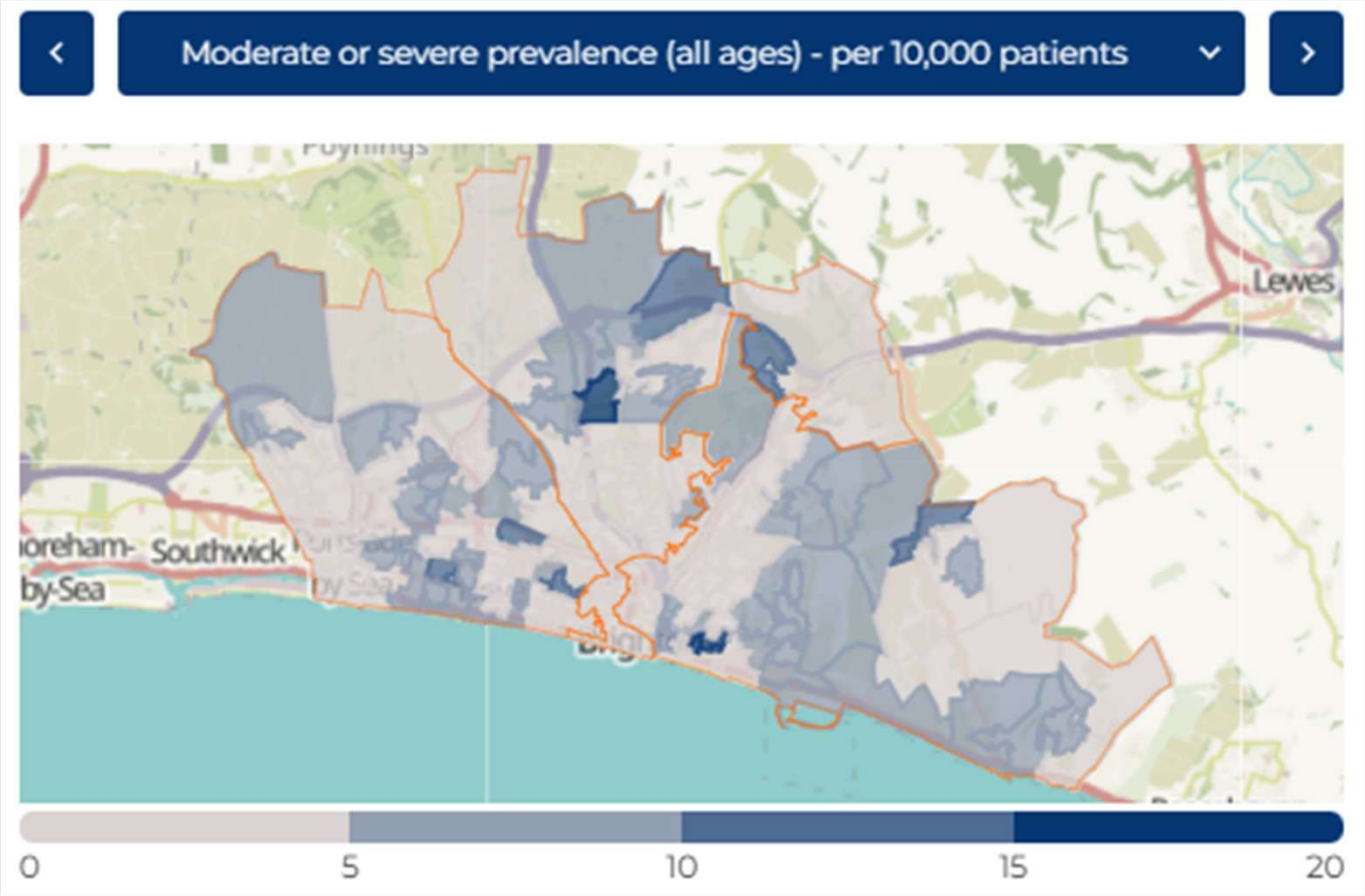
Frailty

2% of adults aged 65+ are living with frailty in West ICT.



Brighton and Hove ICT data profile Oct 2025

Brighton & Hove City Council

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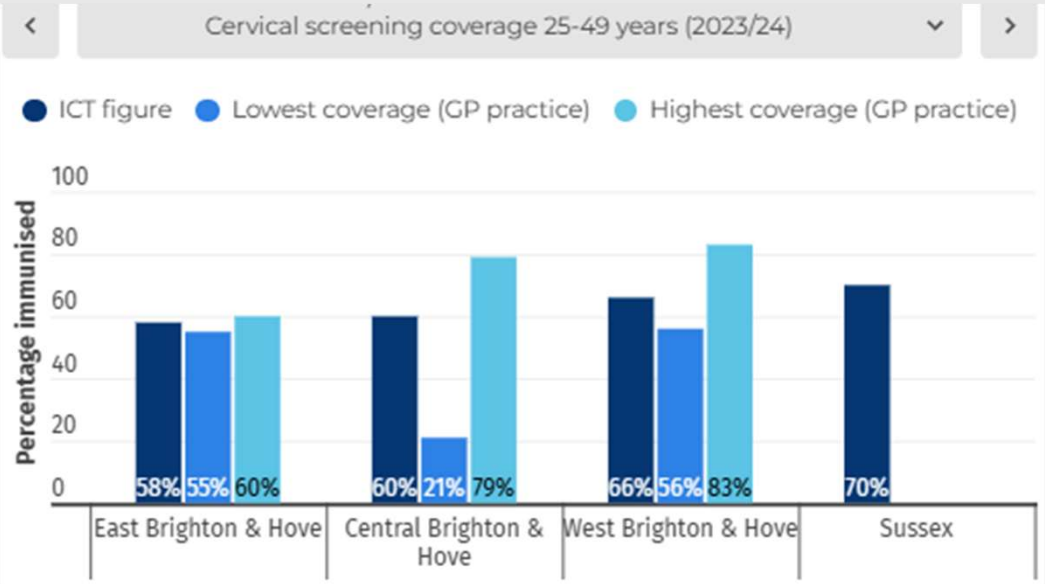
ICT dashboard (NHS Sussex ICB)

Areas highlighted with lower performance compared to Sussex ICT average, or worsening, include:

- Hospital admission for falls in those aged 65 years or over
- Longer hospital lengths of stay and delays in discharge
- Lower childhood immunisations
- Lower breast, bowel and cervical screening rates – West ICT area lowest breast screening coverage of Sussex ICTs, 2nd for bowel and 3rd lowest for cervical (25-49 years)
- Lower cholesterol and hypertension control
- Fewer primary care contacts per 1,000 patients, higher DNA (did not attend) rates and fewer patients seen within two weeks
- Lower shingles, flu, RSV and covid vaccination rates
- There is variation within West, eg cervical screening at practice level ranges from 56% to 83% (25-49 years) in West area:



Brighton and Hove ICT data profile Oct 2025

Brighton & Hove City Council