

Central ICT Area Leadership Group Meeting

Wednesday 20th May 2026, 13.00-15.00

Venue: Hollingdean Community Centre

1. Present

Andy Crosby	BHCC Seniors Housing
Angela Glynn	Brighton University, Dean Ed & Sports Science
Anna Kirk	Public Health
Brijesh Thaker	Community Pharmacy
Caroline Boulding	BHCC Homes & Adult Social Care
Caroline Ridley	Impact Initiatives
Ceza de Luz	TDC
Emily Daniel	Together Co
Jane Abbott	TDC (minutes)
JP Schofield	Sussex VCSE Leaders Alliance
Katie Cummings	BHCC Public Health
Kaye Duerdoth	TDC
Lee Balcombe	Sussex Community Foundation Trust
Lisa Mitchell	BHCC, Skills & Employment
Neil Anscombe	British Red Cross
Neil Raymond	Preston Park PCN – ICT Clinical Lead
Reyna Kothari	Old Boat Corner Community Centre
Shirley Connor	Hollingdean Community Centre
Susannah Davidson	University of Brighton
Sam Lade	Preston Park PCN – ICT PCN Management Lead

Apologies:

Chas Walker	BHCC & NHS
Brooke Joyce	Southdown
Adrian Bryan	NHS Surrey & Sussex
Lucy Domoney	SCFT

2. Minutes & Actions

Minutes from 25 February 2026 read and agreed.

Updates on actions:

- Set new date for vaccine working group – done
- Send out highlight report - done
- Add review of maturity matrix & ICT structures to agenda of next OD – done
- Liaise with SPFT on data sharing (Sam) - in progress (Sam)
- Address data sharing barriers facing pharmacies – in progress (Brijesh)
- Explore how to establish escalation framework for patients seen at health hubs – outstanding, with Chas

- Talk to BHCC community engagement team about coming to health hubs to provide info/advice, eg re housing – done (TDC)
- Contact relevant housing associations and extend invitation to attend health hubs – done
- Share contact details of relevant BHCC housing leads – in progress (Andy)

3. System Update and Data – Kaye Duerdoth, TDC

B&H Delivery Plan

In CW's absence, KD present the headlines from the update that had been circulated in advance.

Neighbourhood Health Alliance. Work to finalise contract between the Alliance and ICB is ongoing. Contract will determine level of neighbourhood health transformation funding, which in turn will determine recruitment of Integrator roles and funding for individual ICTs. Meeting noted that this is useful information with views to funding bids.

New Sussex ICT Programme Delivery Board. Being set up to support system governance of ICTs. Chairs of each of current ICTs are being invited to support the Board. Aim to provide clear governance pathway from neighbourhood to systems.

Brighton & Hove Health & Wellbeing Partnership. Local delivery plans will go to Health & Wellbeing Board at end July; local plans will then feed into a citywide plan. Possibility that there will be funding that flows down from this.

City's Health & Care Partnership. As part of it review of its place-based governance, partners have agreed to merge the Mental Health Oversight Board and place-based delivery group into a single Neighbourhood Health Place Delivery Board. Meeting noted that this merger may have implications for the way ICTs work.

Neighbourhood Health Hubs. Part of NHS long-term plan to create 250 new neighbourhood health centres. There will be a pilot phase and ICBs are asked to consider 1 pilot site per system. An initial long-list has been developed by the ICB and sent to ICT leadership groups for comment – see p3 of CW's slides for Brighton & Hove list. Meeting noted the list is still open.

Brighton Central Delivery Plan 26-27

KD took the meeting through the draft plan that had been circulated ahead of the meeting.

Key points and actions to note:

- Under 'Introduction' we will add our values.
- Under insights and priorities section, additional themes to be added
- Under 'Our Approach', need to ensure importance of community voice is explicit
- Under Membership, remove 'Health' from Health and Adult Social Care

- Under Community Support Hubs in Deliver Plan section, include reference to Carelink and Adult Social Care, and also add Employment & Health and Smoking Cessation to list of projects/interventions.
- Spotlight section will feature a case study, potentially from Hollingdean Community Support Hub, highlighting an individual's journey.
- Reference that under each area/issue, there will be a detailed action plan

Action 1 KD to support the leadership group to refine delivery plan over the next two months.

Meeting agreed plan is good. It could be strengthened by making it a call to action, and adding in our asks.

Action 2 KD to create at additional page(s) so that 'call to action/asks' info can be included and enough space to highlight human story.

Question raised about 'student population' and who is meant by this – just university students?

Action 3 BT to share Pharmacy First leaflet on contraception as an example to information resource aimed at young people.

4. Vaccination Workshop – Anna Kirk, Public Health

AK shared key points from the workshop that took place last month at Hove Town Hall:

- Flu vax uptake in B&H is lower than average, and is going down. A concerning picture.
- The plan is to work with ICTs and other parts of the system to understand barriers and identify opportunities.
- Barriers identified at the workshop: financial pressures of GP surgeries, financial support to help with attendance has been withdrawn, can't share orders/supplies of vaccines between surgeries.
- Have produced a risk register to support escalation of issues, and a local action plan for each ICT

Meeting noted this is an exciting initiative, bringing together people who represent a range of experiences and perspectives. This is the first such workshop; anticipated that there will be others looking at different themes.

5. Central B&H ICT PCN Update – Sam Lade and Neil Raymond for Preston Park and North & Central Brighton PCNs

Highest and Ongoing Needs – Sam Lade

SL reported that the MDT meetings set up to prioritise discussion of patients with highest ongoing needs are now well established. Key points for partners to note:

- MDT coordinator monitors attendance at meetings and ensures that all relevant people are looped in.
- GPs and other services, including community support hubs, can refer patients to MDT via the coordinator

Action 4 SL to check that BT and MH of Community Pharmacy are involved

Quality Improvement Programme – Neil Raymond

NR shared one example: collaboration between Community Pharmacy and GPs to shift provision of oral contraceptives out of GP surgeries to community pharmacies – ie removing need for patient to make an appointment with GP to get prescription.

Future QIP initiatives could focus on cardiovascular disease, respiratory disease or diabetes.

6. Central ICT Values

With reference to earlier discussion of the draft Central ICT Delivery Plan, NR highlighted the benefits of being clear on our purpose and values: they will help us keep on track and maintain our focus.

Everyone was asked to have a think during the break and write down their suggestions for KD to collate/review

Ideas captured included – mental health and well-being focus, community access and equality, prevention, improve everyone's health, 'a shared ambition to reduce health inequalities and improve health outcomes for communities', reduce-delay-prevent escalations in care, keeping community safe, well and connected (and away from A&E!), improving health outcomes, aligning services with community needs, collaboration – the system working together, common purpose. In addition to referencing 'inequality', we will specify 'those with greatest need'

Action 7 KD to review suggestions for values and add to draft plan

7. Mental Health - Southdown

Brooke Joyce from Southdown was unwell and unable to attend so slides were shared instead.

Action 8 KD to share Southdown slides

8. Community Insight– Ceza da Luz, TDC

CdL shared insights from recent engagement with informal network of Lewes Road residents and businesses. In particular, their experiences of attending A&E and the discussion this generated about how the time spent in the waiting room could be put to constructive use.

Meeting agreed there is something to explore here:

- Use electronic screens at A&E to provide information on other sources of help and advice (including things that may prevent attendance at A&E for similar issues in the future)
- Community-level information about prevention (eg in community centres, in community newsletters, on buses)

Agreed that there is learning we can take from Pharmacy First leaflet.

Are there any relevant digital resources that we can share?

Action 9 LB to take back feedback from this meeting and check what resources are already available

Action 10 KD to discuss with May Sullivan at A&E

Action 11 KD to add item to next agenda on how we progress comms

9. Community Support Hubs

Hollingdean – Shirley Connor

Themed support days (eg Women's Health, Men's Health) have been successful. Increasing numbers of people coming and taking up offer of – for example – health checks. Noticing that people are now coming specifically for the health hub, rather than coming for the café and visiting health hub as an afterthought.

Hollingdean and Old Boat are coordinating – similar issues covered but on different dates, so that if people miss an event in one centre, they can access it at the other.

Next health event will focus on eye, ear and oral health. SC to liaise with CdL and other ICT contacts to secure the necessary resource people for the day.

Discussion about how/to what extent the LGBTQ+ population is being engaged with/supported by these types of events. KD shared that health hub in the east are putting on similar events specifically for TNBI community (Trans, Non-Binary and Intersex) – for citywide population, not just local.

Action 12 KD to share details of the East TNBI hub events

Old Boat – Reyna Kothari

First hub (not health specific) held in April as a pilot; went well. Next one coming up at end of month. For September and October hubs have arranged for community dental team to come, costs covered by a funder. Hoping that can develop this relationship and arrange for the team to do more outreach with other communities.

RK is putting together a three-year bid (costs for all Old Boat activities) to the Lottery. Partners' written support for this will be appreciated; RK to contact partners directly.

Exploring ways to support marginalised communities, recognising that there may be barriers to coming to the centre.

Meeting appreciated the updates from both SC and RK – 'Inspiring and impressive'.

8. Dates of next meetings

1.00 – 3.00, Wednesdays at Hollingdean Community Centre

2 September

18 November

3 March 2027

[Integrated Community Teams - TDC](#)

9. Check out

- **Katie** – very positive meeting. Re. values: ‘Prevention and improvement for all’
- **Andy** – so much to take from the meeting. Challenge of anti-social behaviour, need to understand the links with mental health
- **Neil** – so much interesting stuff shared , learning all the time particularly about all the connections
- **Ceza** – really interesting, especially hearing about the community hubs
- **Reyna** – all good, full steam ahead!
- **Brijesh** – many positives, eg vax workshop, contraception and Pharmacy First. Reyna and Shirley’s presence makes all the difference (‘it’s like fairy dust’)
- **Sam** – Yes, Reyna and Shirley really matter. ‘We’ not ‘I’ is making all the difference
- **Shirley** – we’ve come a long way. We’re giving time to people in a trusted space.
- **Susannah** – University can use its screens to promote the contraception message. Also, can offer support to Reyna with the Lottery bid.
- **Lisa** – many synergies with employment. Could I have 10 mins on next meeting’s agenda?
- **JP** – really value these meetings, great to see so much commitment. Re values – shared ambitions to reduce inequality.
- **Caroline R** – great to be here. How can I best contribute? Help spread the messages
- **Lee** – great that we’re all working towards same outcomes, why has it taken us so long?! Re. purpose – sharing learning across ICTs; values – kind and caring
- **Neil** – well done Kaye! Lots to feel positive about, and lots more to do. Positive, real, local stories
- **Caroline B** – interesting and exciting to hear with Shirley and Reyna are doing. Will share with my team and encourage them to go along to hubs. Mental health is the key.

Actions Log				
Actions from meeting held 20 May 2026				
No.	Action	Who	Set	Status
1	Support the leadership group to refine delivery plan over the next two months	KD	20.5.26	
2	Create at additional page(s) so that ‘call to action/asks’ info can be included and enough space to highlight human story.	KD	20.5.26	
3	Share Pharmacy First leaflet on contraception as an example to information resource aimed at young people.	BT	20.5.26	
4	Check that BT and MH of Community Pharmacy are on MDT circ list	SL	20.5.26	
5	Review suggestions for purpose/values and add to draft plan	KD	20.5.26	
6	Share Southdown slides	KD	20.5.26	
7	Take back feedback from this meeting re health promotion comms and check what resources are already available	LB	20.5.26	

8	Discuss use of screens at A&E for health promotion with Mae O'Sullivan	KD	20.5.26	
9	Add item to next agenda on how we progress comms	KD	20.5.26	
10	Share details of the East hub health events	KD	20.5.26	
Remaining Actions from meeting held 25 Feb 2026				
No.	Action	Who	Set	Status
4	Liaise with SPFT to discuss data sharing between MAMs and MDTs	SL	25.02.26	In progress
5	Address data sharing barriers affecting pharmacies.	BT & MH	25.02.26	In progress
6	Discuss how to establish escalation framework for patients seen at health hub	CW, SL, KD, BT & NR	25.02.26	Open
9	Share contact details of relevant BHCC housing leads.	Andy C	25.02.26	In progress
10	Mental Health focus to meeting so Southdown can update on reorganisation	KD	25.02.26	Postponed