Healthwatch Brighton and Hove Board approved meeting minutes 14.04.2025

Board Attendees

Geoffrey Bowden (Chair)	Chair
Chris Morey (CM)	Board Finance Director
Vanessa Hollingworth (VH)	Board member
Gillian Connor (GC)	Board member
Howard Lewis (HL)	Board member
Salma Ahmed (SA)	Board member (online)
Angelika Wydra (AW)	Board member (online)

In attendance

Alan Boyd (CEO)	HWBH CEO
Jo Dorey (JD)	HWBH Project Support Officer
Katy Francis (KF)	HWBH Project Coordinator
Brigid Day (BD)	HWBH Safeguarding Advisor (online)
Chris McCann (CMC)	Deputy CEO, Healthwatch England (online)
Louise Knight (LK)	BHCC Public Health team (online)
Vahsti Hale (VH)	Member of the public
Lucy Beaumont (LB)	Sussex Community NHS Foundation Trust, Senior Partnerships & Engagement Officer (online)

Apologies

Kate Jones (KJ)	HWBH Project Coordinator
Will Anjos (WA)	HWBH Project Coordinator
Lester Coleman (LC)	HWBH Head of Research
Khalid Ali (KA)	Board member

Item 1 - Welcome + declarations of interest (verbal update) – Chair

1. Declarations of interest.
    a. No declarations of interest.

Item 2 - Minutes from Healthwatch Board meeting (13th January 2025) and Matters Arising (paper) - Chair

1. Minutes of the 13th January meeting were approved.

2. The CEO confirmed that Brighton & Hove City Council (BHCC) has reappointed HWBH to deliver the local Healthwatch contract for the city. Chair congratulates CEO and team on the successful bid.
    a. Chair notes that the contract budget is less than previous and asks for HWBH to deliver more across our core work and projects.

Item 3 - Public questions – Chair

1. Public questions (dropped if no questions received).

    a. No public questions received.

Item 4 – Health Counts (presentation) - LK

1. LK leads, providing an overview of the Health Counts survey. The full report will be published later this month.

    a. The survey is run every 10 years and engages different communities and equality groups across the city. Led by the University of Brighton, with support from HWBH and LC with survey development and the mobile first approach. Participants were engaged through GPs, community groups and elsewhere. These were weighted by factors including gender and multiple deprivation. This amount of data reveals city demographics, as well as an increase in engagement from certain groups including ethnic minorities, LGBTQ and TNBI.

    b. HL asks if data showing a decline in general population health is due to the ageing population, however, LK states that this cannot be confirmed at this time and requires further investigation. The data also suggests that the equality gap has increased between areas of high and low deprivation in the city. Certain groups are much less likely to report health concerns, with overlapping vulnerability identified across these groups.

    c. Data indicates a high proportion of people experiencing anxiety and low mood (low levels of happiness). This is purely descriptive feedback for the moment, but certain groups are more likely to experience this e.g. young people. This reported experience has been highlighted in equality-driven areas.

    d. One in five respondents to the survey has reported taking recreational drugs in the last 12 months. This is a new question so cannot be compared to previous data. This does correspond with overall trends of higher rates of

drug use and drug related deaths.

2. Board feedback.

    a. SA asks what link is being made between this data and public/health services going through a period of austerity. Further to this, SA notes the economic backdrop and that many city residents are experiencing housing insecurity. LK responds stating that at this time, BHCC is just presenting the information and that trends will be analysed in next steps. The survey did request economic information which will be reviewed.

    b. LK discusses next steps; there will be an initial report which explores each topic and associated trends across equality groups. This information will be illustrated with a city map. Additional funding has been provided by the University of Brighton for an upcoming stakeholder event, which the Head of Research will attend. How we respond to learnings from this survey will be determined by partners and community groups working together to identify actions. A shared consensus statement will come out of this event to determine next steps, and these will be implemented with ICTs.

    c. Chair asks whether a communications plan has been designed. LK confirms that this is being developed with the University of Brighton and that the stakeholder event is a key part of this plan. LC and Community Works are involved in this process. A community event is also taking place on the 8th of May and is an opportunity to have local people input into how survey data is shared. Chair expresses interest in supporting this process.

    d. SA notes that the pandemic (in addition to the economic crisis) must also inform the data, especially mental health. Can the public health team compare current findings to what might have otherwise been the case? LK responds stating that we must consider qualitive data as well as quantitative and consider how this compares to national levels of anxiety or low mood. Community access, or lack of, during the pandemic could inform mental health data. This topic is of interest to Health Forums in Brighton and they will be essential in responding to the needs of their communities.

Item 5 – DASH Review – CMC

1. CMC leads and states that the publication of this report is still uncertain but currently expected after spring recess.
    a. Representing Healthwatch England (HWE), CMC states uncertainty about what will be included in the report due to the many changes currently taking place in government e.g. NHS England being abolished. HWE CEO,

Louise Ansari has been requested to join the recruitment panel for the new body Chair. HWE CEO has met with Wes Streeting, CMC with Keir Starmer, in an effort to stress the value of HW.

b. Current discussion of abolishing Arm's Length Bodies (ALB) - CMC did not currently believe this would be the case for HW but there is the potential for restructuring HWE and its local branches. ICB funding is being cut so we must consider how their duties (communication or administrative functions) will be delivered, and whether this will be asked of HW. Chair questions whether funding will be available to support these functions; CMC thinks not.

c. CMC states that information from the DASH report will probably be very topline given that it covers six organisations, including HW. CMC predicts broad recommendations and states that HWE will work closely with local branches to support any changes. Clarity has been requested on how information will be disseminated from local government to HW branches. CMC continues saying that HW access to local communities is what gives us traction, and that Ministers and clinician groups recognise this value.

2. Board feedback.

a. Chair comments that Brighton & Hove won't have local elections due to devolution in Sussex. This means potential uncertainty in our relationship with local government, as well as possibly being distanced from the communities we serve. CMC responds, noting the NHS 10-Year Health Plan will need qualitive and experiential data gleaned from local communities going forward. Given the cuts being experienced by ICBs, HW branches will most likely be asked to source this data. There will be an emphasis on working together to achieve success.

b. Chair reiterates question of funding and that our new contract is asking that we do more with less money. Chair references the upcoming HWBH Workplan meeting taking place on 28/04 where we will be required to make careful project choices in line with our budget. If money is being cut from ICBs to deliver work, where does this funding get reallocated? If HW is called upon to source data and address inequalities identified in the Health Counts survey, Commissioners must be aware that engagement requires resources i.e. funding. CMC stresses that HWE has been advocating for recognition and funding for local branches. CMC also notes that HWE funding is 50% of what it was five years ago.

c. SA asks whether HWE can ensure transparency and that funding for HW branches doesn't get top sliced when passing through local government. CMC agrees that this must be monitored, and that through the DASH report process there has been discussion of funds being distributed via HWE rather than local government. CMC hopes HWE feedback will be reflected in the report's ultimate recommendations.

d. Further questions for CMC to be sent via CEO post-meeting.

Item 6 – Safeguarding update – BD & CEO

1. BD introduces herself, in her role as the HWBH volunteer Safeguarding Lead Advisor and outlines her role.

    a. Among other things, BD chairs the Adult Safeguarding Review (SAR) Board. Under the Care Act, the Board's remit is to look at safeguarding incidents (sometimes where there has been a death) and determine what learning can be found and utilised going forward. Often incidents occur when organisations and other bodies aren't working together correctly. The examined cases are self-referred with approximately five being reviewed this year. Importantly, there is no judgement brought in this process, instead a focus on learning.

    b. BD and CEO confirm that BD will attend future staff meetings on a regular basis. This is a welcome chance to get feedback from staff and for them to ask questions. Safeguarding referrals are infrequent for HWBH.

2. CEO states that mental health has been identified as a key safeguarding issue.

    a. Recent statistics have revealed that young people transitioning between stages (for example, out of care) are at risk. BD confirms that the SAR Board has seen cases of individuals taking their own lives, and this has been attributed to this transitional challenge. BD adds that a new plan has been created for individuals transitioning between child and adult safeguarding bodies with an emphasis on communication and collaboration. A SAR report titled, Oliver, examines one such case from 2023.

3. CEO confirms that there was a recent strategy away day to set priorities for the next three years.

    a. The group agreed that there isn't enough emphasis on service user feedback, especially in Brighton and Hove. The potential of HWBH undertaking service user interviews was raised. These interviews would

prioritise personal experiences of navigating safeguarding and support services. (CEO)

b. The SAB is producing its annual report, to which HWBH will contribute an introduction.

c. The SAB will introduce a Multi-Agency Risk Management (MARM) Framework. This will be chaired by the local authority.

d. BD notes that Brighton and Hove statistics, compared to national data, are positive and suggest strong local support networks. Chair questions whether these statistics are only representative of service users rather than the population as a whole. BD says that HWBH conducting service user interviews would be a useful action to explore this question.

4. CEO notes that raising a safeguarding can be difficult without an individual's DOB or email address, which aren't always available through certain reporting channels.

5. BD states that HWBH did a self-assessment of its safeguarding practices.

    a. This self-assessment asked whether we report enough, and whether staff and volunteers are clear on best practice. Results were positive and policies have been updated, which is something HWBH prioritised for the contract renewal process. (BD)

    b. CEO & JD are undertaking an audit of volunteers to confirm that they have in-date safeguarding training and have read both the HWBH child and adult safeguarding policies. CEO asks that all members of the Board respond to this request after the meeting.

Item 7 – Project updates, including student work – CEO, KF & JD

1. KF leads on Hypertension project. The basis for the project stems from PCNs working to improve outcomes in Hypertension.

    a. Trust for Developing Communities (TDC) are our project partner and have been engaging members of the community, at foodbanks etc., to offer blood pressure tests. An aim for this engagement is to identify interview participants open to discussing their experiences of blood pressure and Hypertension. (KF)

b. KF has run 21 interviews and is now doing analysis. Findings will be shared at the end of April.

2. JD provides overview of student work. HWBH is supporting a group of final year students from the University of Brighton's Business School. This is a consultancy-style project where students carry out market research for local businesses, charities and organisations. HWBH submitted a brief for a Promotional Plan which the group are currently researching.

   a. The project will run until the end of May, and we have requested that the plan focus on three key areas:

   - Social media: the students are creating a content calendar for our social media channels. This content will be scheduled throughout May and is designed to boost overall engagement with HWBH.
   - Print: the students are researching what would best serve HWBH's target audiences and increase engagement, comparing traditional print to new tools like NFC (Near-Field Communication) cards. These are a type of smart card which use wireless technology to exchange data with other devices.
   - Events: the students are designing a brief for HWBH to attend Fresher's Fairs at local universities, including key messages, activities, giveaways etc.

   b. CEO notes the social value aspect of this project; students develop their employability and project management skills by gaining practical experience working on a real-life business project.

   c. Chair comments that students could be future volunteers.

   d. HL asks what we're focusing on with events like Fresher's Fairs e.g. mental health, sexual health etc. JD confirms that the students will direct the area of focus through their research.

3. Dementia project – CEO leads in place of LC.

   a. Five interviews conducted. Overarching feedback points to great care from staff but confusing communications. Final report will support UHSx to revise it's 5yr strategy.

4. ICS Neighbourhood Mental Health Teams

   a. Are a new model for Mental Health provision, providing the service user with a holistic mental health service. HWBH have proposed to NHS Sussex to

assess this new model by speaking to service users at three points over the next year. Start date is TBC.

b. Chair asks if funded – CEO says only to cover our participation costs (£1,000 for people doing interviews).

6. Homecare Check – We're currently pushing to publish more about what we do and our reports and are discussing this with the Council.

7. Non-emergency transport service (NEPTS)– Chair raises and CEO discusses. This is a vital resource for renal patients etc. HWBH has delivered projects exploring patient experiences of NEPTS since 2016 and plan to do so again now that a new provider has taken on the contract (EMEDS). We are discussing with EMEDS and commissioners to undertake this work in Q3. We are exploring funding, but it is not looking good. We will still deliver the work without funding. We helped develop the new service and select the new provider. NHS Sussex commissioner is supportive of this pan Sussex work.

8. Woodingdean GP – A previous independent patient review obtained views from 1,200 participants. The practice has acted on feedback and recommendations including keeping the eConsult on and open, as well as appointments in 2 weeks. We'll hopefully have results on the latest engagement in June. Results were shared with CQC and NHS Sussex.

9. Enter and View of Emergency Department – CEO describes a recent CQC inspection which highlighted poor corridor care. The trust asked Healthwatch to deliver an Enter & View. CEO describes details of our visit which included visiting Ward 2C which provides care for mental health patients and describes that whilst SPFT provide certain treatment and resources, this isn't the place for these users. CEO spoke to a service user and they said that they didn't know why they were there. We recorded 7 people in the corridor on our visit. CEO comments on how Monday is the busiest day of the week nationally and how ED has seen a huge increase in 17 year olds attending after taking drugs for the first time and experiencing MH challenges. HL asks about development of ED space since the new Louisa Martindale building, and CEO says this is due to commence in October.

10. Chair asks for an update about the TNBI GP project in order to update HOSC – Will Anjos will send over interim update.

11. CEO advises that we have a decision-making policy and a workplan meeting on the 28th to talk about what we work on. We have come up with a short list to be tested. HL says GP access should be included with new contracts. Workplan meeting is open to Board members and volunteers.

CLOSED AGENDA ITEMS

(Not open to members of the public)

Minutes of the agenda items discussed under the CLOSED AGENDA are not published.

Meeting closed

End of minutes