

Healthwatch Brighton and Hove Board APPROVED meeting minutes 12.01.2026

Board Attendees

| | |
|-------------------------|------------------------|
| Geoffrey Bowden (Chair) | Chair |
| Chris Morey (CM) | Board Finance Director |
| Gillian Connor (GC) | Board member |
| Vahsti Hale (VHale) | Board member |

In attendance

| | |
|---------------------|------------------------------|
| Alan Boyd (CEO) | HWBH CEO |
| Lester Coleman (LC) | HWBH Head of Research |
| Jo Dorey (JD) | HWBH Project Support Officer |

Apologies

| | |
|---------------------------|--------------------------|
| Will Anjos (WA) | HWBH Project Coordinator |
| Kate Jones (KJ) | HWBH Project Coordinator |
| Vanessa Hollingworth (VH) | Vice-Chair & HR Director |
| Angelika Wydra (AW) | Board member |
| Khalid Ali (KA) | Board member |

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

1. The Chair confirmed we are quorate.
2. Declarations of interest.
 - a. No declarations of interest.

Item 2 - Minutes from Healthwatch Board meeting (20th October 2025) and Matters Arising (paper) – Chair

1. Minutes of the 20th of October (which was a closed Board) meeting were approved.

Item 3 - Public questions – Chair

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

Item 4 – Discussion: Employment Rights Act 2025 – implications for Healthwatch– CEO in lieu of VH (Vice-Chair & HR Director)

1. Vanessa was not able to attend due to sickness, but had prepared a paper in advance which explained the main implications for HWBH:
 - Fairly new changes but don't largely affect us. Changes will come in over the next two years and the ones currently in effect are about trade union activity and strikes, so not immediately relevant.
 - Statutory sick pay will affect us – HWBH pay above this rate currently and this currently kicks in at day 4. From April, it will now be from day 1.
 - Parental leave can apply to anyone with children. VH is examining the changes affecting paternal and maternal leave.
 - Gender pay gap and menopause changes will come into effect next year, so we have time to develop this policy. The gender pay gap shouldn't affect us as we have an equal pay policy, regardless of gender.
 - From Oct 2026, it will no longer be possible to dismiss and then rehire someone, but this doesn't apply to us as we do not operate such a policy.
 - Harassment of staff by third parties – going forward HWBH may be liable e.g. if a third party has harassed a volunteer of staff member. We await more details of what this means in practice. The Chair asks if this could involve service users complaining about an Enter and View and the CEO confirms that we could potentially be liable in this instance.
 - Employment tribunals – the change means that someone can bring a claim after 3 months (a change from 6 months).
 - Bereavement leave will also change, and we were already developing our special leave policy so can reflect this.
 - Flexible working – we offer flexible employment terms but going forward, a refusal for any reason will now need to be formally explained
 - Pregnant workers will have more rights. VH says there will be steps detailed for this, including sexual harassment. Waiting for Gov advice for further updates.
 - Various HWBH policies will be updated including the Whistleblowing, sick pay and maternity.

Chair and CEO confirm that policy changes need to be drafted by April 1st – CEO and VH to begin working on this.

Item 5 – Discussion: HWBH projects update (verbal) – Head of Research & staff team

1. **Completed:**
 - Vaping project**
 - Children and Young People are a target engagement group for HWBH.
 - Since the last Board, our vaping report has been published. Findings included that 70% of children and young people say that vaping helps with

their mental health and coping with stress. There was an interesting gap between parents and children and their experiences. CM asks what defines a child and LC confirms this is up to 18, but it extends to 18 – 24 for children and young people with SEND.

- The Chair questions what is meant by mental health in this context and CEO confirms that vaping releases dopamine, the 'feel good' hormone. The Chair adds that at present, a lot is unknown about the nature of the chemicals contained in vapes.
- The Chair asks if we promoted this report and LC confirms we discussed findings with the public health team. LC also confirms that we worked with other local VCSEs on this project.
- The Chair asks whether this has been published via a press process. KJ did share it with some press who reached out. CEO confirms it will be referenced in the city-wide JSNA.
- The Chair questions whether there were recommendations in the report, and CEO says yes. This included the need for better communications around vaping and the risks involved.

Health inequalities project, working with Sanctuary on Sea (SoS)

- Refugees and migrants are a target engagement group for HWBH.
- The project was funded by NHS Sussex, and SoS were the grant holder. HWBH offered expertise in engagement and were paid for this.
- We engaged with 49 people. Insight was obtained about GP access and quality of care received. There was a feeling that GPs over prescribed antibiotics, and there was a degree of distrust towards some services, with people turning to family members and online sources for advice, and GPs as 'last resort'. This flagged an issue with over reliance on family members translating info when not they are not medically trained.
- The Chair asks if service users are aware of the language services available and refers to the Sussex Interpreting Services and LC says yes, largely, but there were also issues with people not being able to bring a relative in with them into appointments.
- LC explains that SoS have reached out to work with us to implement the recommendations, e.g. ongoing focus groups. LC will discuss with them.
- The Chair mentions his previous experience of 60 languages being spoken in one part of the city. Chair also asks where this anxiety and distrust is coming from? LC says it is based on prior experiences but is a cumulative and a serious issue.
- This is a good example of a project where HWBH can help with designing it. It also highlights some of the unique skills HWBH possesses e.g. research and analysis.
- The Chair references that SoS runners attend his local parkrun and LC and CEO agree this is really useful to know for possible outreach opportunity.

Also, people with SEND use this running opportunity, and there are connections with prisons etc. It's a community hub so a good resource.

Sussex wide polling about NHS support for learning needs.

- This is one of our regular (bi-monthly) polls, run in conjunction with HW East and HW West Sussex.
- 104 people responded from across Sussex. Issues raised included barriers for children and young people with additional learning needs, with many reporting a largely negative experience.
- At the moment, we are running a pharmacy poll.
- VHale asks how the polls are shared? JD confirms the different avenues of promotion, and CEO confirms that there is a wide reach.
- CEO confirms that our next subject will focus on weight loss injections. HW East and West have been receiving feedback about this. We will be looking into whether people access other resources and support aside from just medications.
- VHale asks if this goes out across Sussex? JD confirms yes.

Performance report – LC speak to the stats. The Chair asks how we share, and can we see how many people hit individual reports? JD expands on this and explains that we record this data.

You and your GP – This was a Sussex-wide review of recent changes affecting GP access. LC gives an overview and notes that the main concern identified is the ability to contact GPs by phone.

- You and Your GP is a landing page on the NHS web with info for patients, and all GP surgeries should have this info, but it's often buried, so is not of much use for patients. We found that only a few practices in Brighton & Hove actively promote this. Findings also included that many GPs don't have clear info about when they can be contacted, or that this was contradictory. It was also noted that some practices are using its receptionist team to triage requests and the CEO has escalated this to the necessary NHS body as it raises many concerns.
- CM notes that his wife was told by GP that her issue had to be submitted online – CEO notes how this illustrates the difference between GPs.
- The Chair suggests there should be a set template for websites, but the CEO explains that they are business and there is no common template.
- The Chair also highlights A.I. answer machines and the risks these pose. He has spoken to older adults and how challenging it is for them, even those who are digitally savvy.

Non-Emergency Patient Transport (NEPTS) – the report is close to being finished. 151 responses with less positive feedback about the service than last time we reviewed it, in 2020.

Homecare report – an annual report has been produced for the first time describing the work, our findings and responses from providers.

Men's health project – a survey is available but has not yet been widely promoted. We are considering applying for funding from NHS Sussex to support this work. Men are another priority engagement group for us.

CEO confirmed that we have withdrawn from the Lottery-funded Climate Change for Communities project, due to uncertainty regarding our future.

Future projects

1. **A review of safeguarding practices** – we are being funded by the council to deliver this work. We have helped to design the survey and will interview people as well as analyse data and draft reports for the Safeguarding Adults Board. We have codesigned the survey with two local lived experience groups. The survey will go live in Quarter 4.
2. **Evaluation of neighbourhood mental health teams (NMHTS)** – this is a new approach to providing a more joined up package of mental health support. We have helped to design a survey which NHS Sussex will distribute survey. We will interview people about their experiences, analyse the data and prepare reports. A year has been spent in planning, with numerous delays affecting delivery (from the NHS Sussex side). The Chair asks if this is something outside our core contract and CEO says it is not, however, NHS Sussex have provided funding for incentives e.g. vouchers.
3. A HWBH volunteer satisfaction experience survey is going out soon and is an opportunity for them to share their views about the support and opportunities we provide.

Item 6 – Discussion: Quarterly finance reports and budgets (papers) – CEO / Finance Director

1. The CEO explains that the data is now estimating a £13K year-end surplus, which is a better position than the start of the year, where a £21K deficit had been projected. Final year-end figures will be known in April.
2. Since the original budget was set, we have attracted £16K worth of additional income e.g. funding secured to deliver the safeguarding project and staff costs are also lower following the departure of Katy Francis.
3. Partnership costs are recorded as zero as we have not identified an additional children and young person's project to commission.

4. Overall project costs are also lower than expected.

Chair acknowledged the work of the team to overturn an estimated deficit

Chair asks for questions – none offered.

CLOSED AGENDA ITEMS

(Not open to members of the public)

Item 9 – AOB – Chair

1. **None**

Meeting closed

End of minutes