Healthwatch Brighton and Hove Board approved public meeting minutes 13.04.2026

Board Attendees

Geoffrey Bowden (Chair)	Chair
Chris Morey (CM)	Finance Director
Vanessa Hollingworth (VH)	Vice-Chair & HR Director
Vahsti Hale (VHale)	Board member
Khalid Ali (KA)	Board member (online)
Angelika Wydra (AW)	Board member (online)

In attendance

Alan Boyd (CEO)	HWBH CEO
Lester Coleman (LC)	HWBH Head of Research
Jo Dorey (JD)	HWBH Project Support Officer
Will Anjos (WA)	HWBH Project Coordinator (online)

Apologies

Kate Jones (KJ)	HWBH Project Coordinator
Gillian Connor (GC)	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 (12th January 2026) and Matters Arising (paper) - Chair

1. **Minutes of the previous Board meeting (12th January 2026) discussed.**
   a. VHale comments – CM previously asked what defines a 'child' and LC confirms 18 – 24 years. VHale questions whether this means young person as opposed to child. CM and LC agree with this correction.
   b. Chair asks about VH reviewing certain policies. CEO discusses sexual harassment change in legislation, for which HWBH have created an amended policy which VH is reviewing. HWBH are taking measures and waiting for guidance on reasonable actions from Government. VH confirms that everything that needs to be done thus far has been done. October deadline work – until specific legislation has passed, we cannot complete this.

      Chair asks if there has ever been a harassment issue – CEO says no, but states that a new way to provide feedback anonymously has been introduced based on this new legislation, so HWBH is prepared if this does happen. These

practices will be integrated into our helpline and other areas of work and will cover all types of harassment. VH confirms.

Minutes approved.

Item 3 - Public questions – Chair

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

Item 4 – Discussion: HWBH projects update (verbal) - Head of Research & staff team

1. **Completed projects.**
   a. Completed annual performance report. With commissioner and now waiting for feedback. Headlines include: HWBH heard from 3,384 people via helpline and projects. This includes approx. 140 at in-person events like the pop-up at Jubilee Library in Brighton. HWBH conducted two Enter and Views this year. LC also shares that unique users to the website have near doubled in second half of the year. CM and VHale ask why – JD suggests national coverage of HW closure, and LC references more social media and events shared.

   b. New Online NHS Trust consultation. HWBH responded to a government consultation and complemented this with a survey with 153 respondents.

   c. Non-Emergency Patient Transport (NEPTS). A survey about the change to a new provider, EMED. HWBH received public feedback detailing some severe concerns with the service, and lower levels of satisfaction. NHS Sussex and EMED are putting together an action plan with HWBH recommendations (they accepted all recommendations). East Sussex Health and Wellbeing Board and Brighton and Hove City Council (BHCC) have expressed support and interest in the report. CM asks if there is a timeline for this action plan. CEO responds not yet, and that this is being impacted by given current redundancies at our Integrated Care Board (ICB) etc.

   d. Homecare Check project. First ever annual report published this year. This featured 211 people interviewed across nine different providers. HWBH found that satisfaction is generally high but there are some concerns about care packages. Chair asks if this project is commissioned by BHCC - LC confirms. CEO adds that providers must respond to HWBH findings, so BHCC really value this work. Funding for next year is also confirmed.

   e. Healthwatch in Sussex (HWiS) polls. Previous poll addressing pharmacy first. This was first the subject of a poll in 2024 and not a lot has changed; low levels

of awareness persist and people will go to A&E or call NHS 111 rather than engage with a pharmacy. The current HWiS poll addresses weight loss injections and findings suggest that most service users are accessing treatment privately. A percentage of people were turned down by the NHS, which directly matches the percentage of those going private. Findings also highlight that a high number of people aren't accessing wraparound care for weight management which is concerning.

VHale references recent research into weight loss injections which includes public awareness of this treatment. CEO notes that findings reveal some people have accessed the drug via dubious routes. CEO adds that this was a hard poll to build but very valuable; 109 responses in total with approx. 30 from Brighton and Hove. Chair questions these numbers as a small sample; LC responds that this is a 'temperature check' rather than a larger piece of work like, for example, our work with Woodingdean Medical Centre with over 1,200 responses.

2. **Future projects.**
   a. Currently finalising the draft workplan.

   b. Merger between Links Road & Wish Park Surgery. HWBH were approached by surgeries to conduct patient engagement following the approved merger. We will develop a survey to be texted out and shared with service users. This is in early stages. The Hangleton and Knoll Project are partners and will conduct follow-up interviews based on survey findings. This is a valuable addition to our project work in primary care and can be conducted swiftly.

   CM notes that, considering this is a merger, these surgeries are far away from one another. CEO adds that three GP mergers have been proposed in the last seven months, with none the previous year, so this suggests that there is a push for GPS to merge. Links Road & Wish Park hasn't been controversial, unlike another suggested merger which affects five surgeries/branches merging to a new location at Preston Barracks.

   Chair was at the community meeting about this Preston Barracks merger, which was well attended, and found there to be a very poor feeling overall with service users. Chair adds that NHS staff attended and not a single person supported this change, and that the demand for older adults to climb a hill to the new location is a notable challenge. Chair adds that basing this decision to merge on a survey with a very low response rate is questionable. NHS Sussex is signing off decisions to merge surgeries with mitigating actions still needing to be completed, which leaves lots of outstanding issues to be addressed. This is why primary care is in the HWBH workplan and LC is developing surveys based

on these concerns (CEO).

VH asks if there was an alternative action for the Preston Barracks merger – Chair says no, as far as is evident. VH notes how there is no disabled parking. Chair suspects that the plan won't go through in current format. VHale asks if BHCC pays for this work – LC says no, it's part of our core contract work. Patient Participation Groups (PPGs) were invited to apply for £1,000 funding to deliver this work, but not HWBH. Primary care is a key part of our workplan.

c. Small grant for NHS funded project focusing on men's health. LC discusses how men are less likely to engage with their GPs and other health professionals etc. Therefore, we're hoping to investigate why, and offer options for seeking care. This is a long-term project concluding in December. User testing of the survey has just finished (first stage) and next we're engaging with men's groups and delivering the survey. This includes an intention to speak with those people that we don't usually engage e.g. LC attending Age UK WSBH men's group in pub.

   CEO adds that the survey is open to all (not just men) so we can compare results with other demographics. Our engagement plan and analysis of equalities data shows that men have been identified as a group HWBH doesn't hear enough from, and this inspired the project. LC adds that this is illustrated by GP data. LC agrees that the gender comparison will be very valuable. HWBH plans to go back to engaged groups following findings to coproduce further plans.

d. Review of safeguarding practices. This project has just started, funded by BHCC. HWBH will design the survey and topic guides and is drafting reports for the Board. CEO shares that HWBH chairs the safeguarding subgroup; in this role, CEO stated that we need to hear more from the service user and the Council agreed. Therefore, they accepted a funding pitch to deliver this work. The survey was distributed in March with just five respondents thus far, but CEO asserts that this is still good as they are five new voices that wouldn't have otherwise been heard. Four of these have stated they are open to interview which safeguarding lead, Brigid Day will conduct.

e. Neighbourhood Mental Health Team project – delayed. Started work in April 2025 so we now need to reassess how much we can deliver in limited time. LC adds that this might be our last confirmed project if the proposed closure of Healthwatch (HW) by government proceeds.

f. Enter and View of Sussex Eye Hospital. This visit is triggered by a proposed move of services into community settings. HWBH has fed back on the Trust's patient survey about the change, and our interviews will compliment this and

feed into next steps. CEO notes that the hospital is one of the few in-patient facilities in England. Chair asks if this is funded work; CEO says no, it's part of our core work. CEO adds that we've drawn £30,000 in extra funding this year.

g. Compiling helpline data – this is an analysis of all helpline data , including demographic information etc.

h. Equalities data report. This report will summarise our engagement and how our demographic findings compare and correlate with census data.

3. **Board discussion.**
   a. Chair asks for update on annual report. CEO confirms this needs to be published by June 30th every year. VHale asks for clarity on the nature of the report – CEO states the annual report is a statutory requirement for all HW bodies, as opposed to the annual performance report for our commissioner.

   b. HWBH is receiving requests for further work. CEO shares that we're unsure whether to accept additional projects due to current capacity. E.g. Mental health for refugees with Sanctuary in Sea, but current capacity might be prohibitive. If HWBH future becomes clear re. the potential closure, we would accept. Chair adds there is currently a delay in the associated health bill.

   c. Chair asks for update on Climate for Communities project. CEO confirms we received our first year of funding before leaving the project due to the loss of the relevant staff member.

Item 5 - Discussion: Draft workplan for 2026/2027 (paper) – CEO

1. **Draft workplan.**
   The workplan provides project plans for 2026/27 as well as routine functions e.g. newsletters, social media, media interviews, events, work with volunteers and recruitment etc. We have identified our key projects and refer to a possible wish list (dependent on capacity) which includes women's health, AI, care homes and possible Enter and Views with an emphasis on communities with learning disabilities, for which we are in discussion with BHCC and Speak Out. CM asks whether these Enter and Views would focus on older adults with learning disabilities; CEO cannot confirm at this stage NB. the workplan isn't static and can be updated depending on capacity, funding etc.

   VH asks about the inclusion of maternity services in our workplan, given that these are already under great scrutiny. CEO states it's an area of interest, same as our inclusion of musculoskeletal (MSK) services, and we wouldn't necessarily launch our own project but might feed into a national review. CM questions inclusion of

MSK – CEO discusses new initiative in Sussex which hasn't had positive feedback from community thus far, so a valuable area to monitor.

VHale questions whether AI is a national or local concern. CEO discusses HWBH's work on the new online trust, the NHS app etc. and how many had never heard of it, while others are resistant. Digital exclusion and access are areas of concern, and this corresponds with a future focus on AI and community feedback.

Workplan signed off by Board.

Item 6- Discussion: NHS Sussex (ICB) changes (paper) – CEO

1. **From April 1st, NHS Sussex and NHS Surrey Integrated Care Boards (ICB) merged.** Government stated that a certain cost per head was required (now £18 approx.) so ICBs had to cut funding by 53%. The only way to manage this cut was to merge the Sussex and Surrey ICBs. The organisations are still going through staff changes and redundancies, taking place until July, with staff going from 1,200 to 550 approx. Chair asks if NHS England and HW England have closed. CEO says no – not until legislation passes.

   HWBH fed back on workforce changes within ICB engagement team – 11 to three staff members, which we stated wasn't enough to deliver public engagement. ICB said that change was forced by funding limitations, but this remains a concern for the prioritisation of public engagement going forward. Chair asks what the new Sussex mayor role will be regarding health and care. CEO not sure at this stage as limited information has been issued. CEO further discusses how changeable the situation remains and that engagement is being attributed to everyone's role within the ICB, which is questionable. CEO refers to the delayed Neighbourhood Mental Health Team project as an example.

   VHale asks about HW coverage across Sussex and Surrey – CEO confirms four HW branches in total (three in Sussex, one team in Surrey). CEO discusses a request recently made by the ICB which offered the Sussex HW teams £45K funding to do a large engagement project, however, we have pushed back citing capacity constraints and an unclear project outline.

CLOSED AGENDA ITEMS

(Not open to members of the public)

Item 10 – AOB - Chair

1. None

Meeting closed

End of minutes