

Healthwatch Brighton and Hove (HWBH) Board approved meeting minutes – 13.01.2025

Board Attendees

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

In attendance

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

Apologies

Angelika Wydra (AW)	Board member
Katy Francis (KF)	HWBH Project Coordinator
Kate Jones (KJ)	HWBH Project Coordinator
Will Anjos (WA)	HWBH Project Coordinator

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

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

Item 2 – Minutes from Healthwatch Board meeting (21st October 2024) and Matters Arising (paper) – Chair

1. Minutes and paper reviewed.
 - a. New Director (VH) confirmed.

Item 3 – Public questions – Chair/CEO/LC

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

2. Chair asks for projects update.

- a. Experiences of vaping amongst young people with Special Educational Needs and Disabilities – KJ leading project. CEO states the project is ongoing and gives overview. KJ is scheduling participant focus groups. CEO notes that this is well timed to correspond with new Brighton and Hove City Council (BHCC) role focused on smoking cessation. There is a question of whether vaping or smoking is more damaging, and this project will hopefully reveal public opinion on this issue. Results will be more qualitative than quantitative.
- b. Experiences of dementia as a hospital inpatient or outpatient – LC leads. The project was initially scheduled for October but has required more time to establish connections with service users (we are speaking with carers and those with a diagnosis). Potential support coming from Ageing Well, but we may have to reduce the anticipated number of participants.

Chair questions if we have utilised our volunteer network for this project, which LC confirms will be the next step. JD notes a particular volunteer with lived experience suitable for this project. SA also suggests collaborating with Care for Carers.

CEO says that UHSx have offered assistance in recruiting participants from specific groups, but this hasn't yet gleaned results. KA notes that he is working with a PhD student in a related field of research, and that he can connect LC with them to share relevant contacts.

- c. Experiences of Hypertension – KF leading on project. LC says that Trust for Developing Communities (TDC) is the partner for this project and are running health forums across Brighton with the intention of recruiting participants from a wide range of experience e.g. those who aren't aware of their high blood pressure, those that are already receiving treatment etc. Intention to interview 20 participants and recruiting them via a very simple monitoring form which invites them to a phone interview. Engagement is low thus far, but TDC are optimistic about us reaching this target. KF is attending engagement events and Chair suggests that we utilise our volunteer network.
- d. Experiences of treatment for earwax – KJ leading on project. LC explains that partners across East and West Sussex explored this subject, so HWBH wanted to understand local experience. We found that the main challenge faced (based on feedback from approx. 60 participants) is that many people cannot access treatment via their GP and are having to resort to

paid services. At the same time, other people are receiving free care via their GP and so there is a care disparity depending on local availability. This finding confirms what we suspected, and HWBH will publish its project report in the next few weeks.

- e. Current Healthwatch (HW) in Sussex poll: Experiences of NHS Dental services in Sussex. CEO leads and notes that this is a subject we have previously explored, and that we're now asking whether experience has changed. HWBH previously received lots of questions relating to dentistry via the Helpline, but this is no longer the case. HWBH want to understand if the same issues are still true.

The purpose of these polls is to efficiently temperature check the general public's experiences of health and care, and to get basic demographic data. NHS Sussex is keen to receive these sorts of insights, and the ICT Board agrees that this kind of feedback is an essential tool for future development.

Board feedback: Chair asks whether HWBH has engaged our new MPs – CEO confirms we have with no response. Chair suggests that they request a meeting with Siân Berry. VH and Chair state that their dentists have stopped providing NHS care, and there is discussion of news that some dentists have requested payment on booking an appointment. All feedback suggests that available NHS dentistry is a current concern.

- f. Homecare Check project, led by WA – CEO states that there are no updates other than the project is going well.
- g. Trans, non-binary and gender-diverse people's experiences of GP services – Chair requests update in advance of Health Overview and Scrutiny Committee (HOSC). JD confirms that Healthwatch England (HWE) have stated that their report will be available in May. Chair asks if we can share our local findings before their full report is published – JD to investigate.
- h. Performance review – CEO confirms we received feedback from Commissioner.

Item 4 – Award of Healthwatch contract (verbal update) – CEO

- 1. Following an open procurement exercise, BHCC has reappointed HWBH to deliver the local Healthwatch contract for the city. This contract is secured for three years, with two additional to be reviewed after three years.

- a. Feedback from BHCC confirmed we received a mark of 70/90. Question marks were weighted, with promotion identified as an area which requires improvement – something we predicted. We received full marks for our budget. Once the contract is signed, we will share the news publicly.
2. Board feedback.
 - a. Chair congratulates CEO and LC for completing the application process. CM asks what the process will be after three years. CEO states that BHCC will review funding based on our performance. If HWBH doesn't deliver on key areas, the contract can go to open procurement again.
 - b. SA questions what will happen to remainder of contract funds given that the HWBH budget fell below their total estimate. CEO confirms that this money will go back to BHCC rather than other projects or grants. Chair notes that the fund has remained the same for five years and therefore doesn't reflect inflation. In response, CEO states that part of the application process required a budget plan which informed our overall score. Therefore, we had to be measured in our financial planning.
 - c. Chair states that we will be required to seek out new funding and project partners in response to these financial constraints. At the same time, we must consider the balance of funding and team capacity. SA comments, stating that HWE reported a 43% funding decrease over a year period which is a trend throughout the sector. SA adds that we're subsidising social care and other BHCC projects. If this continues to be true, can we raise concerns with HWE?

Item 5 – Contract renewal: social value commitments (paper) – CEO

1. CEO provides an overview of social value duties HWBH has committed to for our contract delivery. CEO notes that BHCC's model of social value doesn't match the national model which typically attributes a cost to activities. The BHCC model instead focuses on benefit to the community.

NB. In the contract renewal process, we were awarded four out of five for this question, which is good.

2. An essential requirement is delivering more than the core value of our service, which is something HWBH already does with our volunteer network, student placements, flexible working patterns etc. All these elements have social value. (CEO)

- a. We have identified 25 targets, many of which we already deliver on, with nine targets highlighted as areas where we can improve.
 - b. We have committed to supporting staff who are carers and will do more to highlight this during the recruitment process. We will update our annual leave policy to support carers.
 - c. We have committed to supporting staff who are victims of domestic and social violence. CEO states that support could include, for example, changing building access codes. CEO also suggests that a Board member be the main contact for staff with lived experience of domestic violence. We also need to identify further affordable training in this area.
 - d. We need to engage and support final year students and ex-service personnel.
 - e. We offer a free employee assistance programme which provides resources including counselling and financial advice. We are currently reviewing if this programme is the best value offer. HL enquires after cost, which CEO confirms currently stands at £900 per annum, and that all those using the service remain anonymous. Volunteers are given an annual reminder of this offer, but we can do more to promote the service. VH states that, as a volunteer, she hasn't previously heard mention of this offer.
 - f. We already offer part-time roles and flexible hours but will look at the possibility of job sharing.
3. Board feedback.
- a. HL questions whether universities provide comparative support for final year students. CEO says they do, and that we would like to further develop our relationship with student volunteers and are well placed to support existing university programmes.
 - b. Armed forces community covenant – what impact does this have on us? (CEO) This covenant is comparative to being a dementia-friendly organisation in demonstrating our commitment to ex-service personnel. This group has been documented to struggle with finding work after service. CEO details the structure of the covenant – levels bronze, silver and gold – and notes that we could seek support from Public Health to deliver the silver level and feature the logo on our website, reports etc. This would also be a good opportunity to create new connections with different organisations.

VH notes that it would be beneficial to have two ticks of accreditation.

- c. Chair asks if ex-service personnel would be invited to interview regardless of minimum application criteria. VH states that a minimum criteria would be implemented for candidates to be brought to interview. GC asks if this is true for candidates with a disability, which VH confirms. SA questions minimum criteria. VH states that it would be based on the role, essential experience etc.
- d. Chair talked about offering support for university students. Can we offer this for college students entering work experience too? (KA) CEO states that there is an age barrier (under 18) and that we would only offer professional support to students with whom we have an existing relationship. Chair asks whether we attend job fairs, and CEO states we have previously attended University Freshers Fairs.
- e. Chair asks whether job shares put undue pressure on upper management. CEO does not feel this is a concern, and VH can explain more outside of this meeting.

Item 6 – Contract renewal: Net Zero commitments (paper) – CEO

- 1. BHCC plan to be net zero by 2030. Contract application process involved HWBH demonstrating how we would achieve this over five years. (CEO)
 - a. HWBH will share information about saving money and green practices with the general public via our audience newsletter and on the website.
 - b. In the future, HWBH will be required to demonstrate a carbon reduction plan which involves our supply chain. We will also undertake a financial review with an emphasis on more environmentally conscious choices e.g. recycled office supplies.
 - c. HWBH will create an environmental champion subgroup which will include a board member, staff member and volunteer. HL states he would like to take part in this subgroup.
 - d. We are partnering with TDC to deliver a Lottery funded project which will evaluate how green lifestyle choices can benefit community health and wellbeing.
- 2. HL asks what happens if we can't hit these targets. CEO states that some are out of our control, for example the landlord's choices for our rented office space. CEO

states that he is designing our approach including only controlled elements, such as staff journeys into work, using recycled paper etc. We will gauge success by comparing our results to previous records rather than setting a specific target.

Item 7 and 8 – Minutes of the agenda items discussed under the CLOSED AGENDA are not published.

Meeting closed

End of minutes