

Healthwatch Brighton and Hove Board APPROVED meeting minutes 8.04.2024

Board Attendees

Geoffrey Bowden (Chair)	Chair
Chris Morey (CM)	Board Finance Lead
Gillian Connor (GC)	Board member
Christine D’Cruz (CDC)	Board member
Khalid Ali (KA)	Board member
Howard Lewis (HL)	Board member

In attendance

Alan Boyd (CEO)	HWBH CEO
Lester Coleman (LC)	HWBH Head of Research
Will Anjos (WA)	HWBH Project Coordinator
Clary Collicutt (CC)	Project Coordinator
Steve Inett (SI)	Healthwatch Advisor

Apologies

Alastair Hignell (AH)	Board member
Angelika Wydra (AW)	Board member
Michelle Kay (MK)	HWBH Project Coordinator
Katy Francis (KF)	HWBH Project Support Officer

Item 1 - Welcomes and declarations of interest

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

Item 2 - Minutes from Healthwatch Board 15th January 2024 and Matters Arising (paper).

- It was confirmed that:
 - Action 1: BD had shared a summary of the Safeguarding self-assessment.
 - Action 2: safeguarding training had not been shared but WA confirmed that the Council’s learning zone is now back up and running and that he had negotiated with them so that we can

access their e-learning and the full safeguarding learning (this latter training is only relevant to certain volunteers e.g. Homecare Check). Our ability to access this free training will save Healthwatch money as the external cost of this training runs to hundreds of pounds. It was confirmed that safeguarding needs to be renewed every three years for all staff and volunteers and the training links will be shared in due course.

- Action 3. data from the deliberative engagement workshop had been shared with NHS Sussex.
- Action 4: HL had sent the survey on e-patient record incidents to LC.
- Action 5: GB will connect LC with the Black and Minority Ethnic Community Partnership.
- Action 6. AB reminded the Board to watch the Homecare check video which is on our website
- AB confirmed that funding for Homecare Check will continue for next year 25/26.

Item 3 – Public Questions.

- Public questions (dropped if no questions received) – no public questions

Item 4 – Staff team projects update (verbal updates)

- LC provided an update on the key results from the Stakeholder Survey. Final analysis is awaited. Overall, we received responses from 53 partners (not members of the public) which was more than our last survey in 2020. Overall, the results were very positive but highlighted that awareness of how we share intelligence with Healthwatch England and how we influence services was lower.
- LC also provided an update on our Equalities data analysis. Quality impact assessments have been completed every year since 2019. This consistently shows that white middle-aged women make up the highest number of respondents who we hear from. The data also shows that we are successful at hearing from carers, those with disabilities and LGBTQ communities. LC confirmed that we target other communities who we hear less from through our project work e.g. our project work with ethnically racialised communities which is exploring digital use.

- GB asked if we collect demographic data from the helpline. LC explained that this has improved and over the last year we had collected demographic data from 193/365 enquiries.
- HC asked are we thinking about how we can improve our communication? AB described how we are working on a comms strategy, and HW has been reflecting on the impact we are having.
- GB asked what we are doing about young HW. LC referred to our current project being delivered by RUOK, a local drugs/alcohol organisation. He explained that we had spoken with various other children and young people groups over the last year but these conversations had not resulted in any project work. AB highlighted that capturing the voice of young people is challenging for all HWs.
- GB said we should be reaching out to Brighton Uni to make HW's presence known to them. AB described how we have direct links with these, and KF attended a recent event at the Brighton Uni.
- CM suggested that we should try and get into colleges as well as Unis. LC described how most surveys are for 18-year-plus.
- LC provided an update on our latest performance report. He noted that queries received around NHS dentists have decreased in the last 6 months and that we are hearing more about GPs. LC highlighted that we published 31 reports over the last year and engaged 1200 people.
- GB said that social care is being overlooked and asked if we have the capacity to do more in that field. AB described the impact of our Homecare check project which has improved the quality of services.
- WA provided an update on policies: we are working on 50 and 32 have been completed and approved. WA will shortly be sharing a link so people can look at the policies.
- CDC asked whether we are thinking of publishing our policies on the website? WA confirmed that 8 have been approved and are available on our website.
- GB asked if the performance report will go to the volunteers. AB confirmed that it would once it has been approved by the HW commissioner.

Item 5 - CEO update

- AB advised that the Special Finance Board which met on 25 March had approved the recommendations put to it which included a 4% pay raise to staff, a continuation of a bonus payment to staff, moving LC and KF onto permanent contracts and that HW would remain on-VAT registered.

- Team updates. AB described various changes which will impact the team's capacity over the next quarter:
 - KF had been signed off work until 23 April and he expected that she will come back on a phased return.
 - CC confirmed that she had secured a new job and is leaving HW on 26 April. She expressed that she had loved working at HW, however her new role aligns with her interest in health psychology. AB advised that a recruitment plan had already been agreed to find a replacement for CC and would be published on 9 April.
 - AB advised that the Sussex Liaison role would not be extended beyond 8 May. This is because the required funding would not be forthcoming from the Integrated Care System, despite a business case having been submitted by the three Sussex HW teams who are now determining how to use the reduced additional income. AB confirmed that Katrina Broadhill had been advised. AB acknowledged that this loss of capacity would mean that the HW teams would be reviewing the meetings Katrina had been attending to determine which ones to continue going to i.e. where we have the capacity to attend.
- HL asked how will we divide who goes to what meetings? AB it will be based on capacity. AB stressed that HW should only attend meetings that we can actively contribute to.
- AB talked to the two workplans. The final workplan for 23/24 would be published shortly and summarises the projects we had worked over the past year on as well as describing a longer list of potential projects which were not taken forward for a variety of reasons, as well as a list of internal projects. The 24/25 workplan had been opened and was supported by a longer, more detailed paper which captured various priority areas and conversations/intelligence gathering. AB gave an example of a new project which would see us working with University Hospitals Sussex on dementia services.
- AB talked to the draft Communications strategy explaining that this was the first time HWB&H had created a comms plan. AS asked that external insight on the comms plan would be helpful. GB agreed to look over it. GC had already agreed to review this
- AB talked to the draft risk register; currently, AB is the only person who has looked at it. The Board need to formally approve this and we need to create a strategy for how we formally sign off all such documents. AB stated that it would be ideal to have a sub-committee.

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