



## HWS Advisory Board Meeting Minutes

**Date: 19<sup>th</sup> February 2026**

**Time: 5.30-7pm**

**Venue: Microsoft teams**

**In Attendance:** Graham Head (GJH), Rhyana Ebanks-Babb (REB), Natasha Wright (NW), Cedric Whilby (CW).

**HWS Advisory Board Members:** Graham Head, Natasha Wright, Cedric Whilby.

**HWS/ CS Staff:** Rhyana Ebanks-Babb.

**Apologies/Absent:** Hyacinth Chapman (HC), Sheona St Hilaire (SH) Charlene Young (CY), Mannah Kargbo (MK), Carol Vincent (CV), Anood Al-Samerai (AAS).

	<b>Agenda Items</b>
1.	<b>Introductions and apologies</b>  The Board acknowledged member apologies and attendance.
2.	<b>Conflicts of Interest</b>  The Board provided conflict of interest updates. REB will update and recirculate the document
3.	<b>Confirm minutes, review of actions</b>  Minutes reviewed and confirmed, action log reviewed Action log from Board meeting on 20 <sup>th</sup> November 2025: <b>no outstanding actions</b>
4.	<b>Board ratification of new deputy Chair</b>  NW was ratified as Deputy Chair. A decision made quorate by SH's prior email of consent. The Board congratulated NW on her appointment.

**5. Q3 monitoring**

REB provided a summary of HWS activities in Q3, including attending 21 events, collecting 39 pieces of feedback, and collaborating with Public health colleagues and ambassadors including Una Marson library. Feedback continues to be raised to system partners.

REB provided updates on part time Ambassadors-led projects - healthier food project and tenants and residents' space optimisation project - linking into the Community Southwark strategy and workstreams. Wider engagement strategy and forward plan is underway.

REB provided an update on the exit of volunteer, Sen, who had supported our project work and campaign.

Evidence has continued to be presented in different spaces, such as the interview with Southwark News and the piece being featured in South East London Listens, derived from the health and social care scrutiny commission tabling the HWS annual report.

The team continued work on priority projects like temporary accommodation and enter and view preparation, and raised concerns/community voice/awareness through stakeholder meetings.

NW noted low representation from the Latin American community. REB confirmed ongoing targeted engagement and continued efforts to them to share demographic data.

CW cautioned against treating the community as a monolith, stressing the need to understand specific subgroups and their challenges. Also noting the work the HW team goes above and beyond meeting targets, ensuring wellness is managed appropriately.

The Board expressed their gratitude despite the challenges faced and asked for REB to thank staff for their hard work over the last quarter

**6. Project updates**

- Learning Disabilities & Autism Project:

System partners (ICB) are slow to provide progress updates, citing focus on neighbourhood health work and system reduction. Rebecca Jarvis (Partnership Southwark) is now leading the effort to consolidate responses to finalise the overdue 1 year update on actions taken forward.

- Black Mental Health Project:

Partners (Partnership Southwark, ICB, SLAM) have been unresponsive to requests for a 12-month review of the report's 8 recommendations. Two key outcomes that relate to recommendations were rescinded due to Public Health budget cuts:

- Suicide awareness campaign for men.
- Peer support service for Global Majority Men.

HW will explore other KPI's to measure impact such as the number of directories and report summary sheets issued.

The Board suggested to link the actions to the recent SLaM CQC report to press for partner engagement and support from Healthwatch England.

Further discussion included attendance at the Black Mental Health Community Action Workshop on 12<sup>th</sup> March, with children and adolescent mental health services and key individuals in SLAM involved in VCS engagement (e.g for funding, relationships etc.) - ensuring there is follow up/through and long term relationships are built that is an alternative to the typical bureaucratic system thinking/approaches.

- Refugees & Asylum Seekers Project:

Provided engagement updates for the projects. Shared some concerns with some health services that refused staff to engage with interviews, citing a lack of research ethics approval but we are still managing relationship. Workaround: Staff participated anonymously in personal time.

Some interest has been gained from a university in Cumbria where we provided good practice engagement. In addition to attending various Board such as the Borough of Sanctuary and Health and Housing inclusion Board to raise the profile of the work.

Draft report is ready to be circulated for review and publication is planned for end of March/early April.

HWS have submitted a [response](#) to the Governments Earned Settlement consultation.

- Enter & View Programme:

Black Thrive has joined the steering group to increase VCS representation. Steering group meets next week to finalise key documents (surveys, authorisation letters) and discuss engagement strategy. All volunteers have been listed on the website, had DBS checks and training completed. On track for visits this quarter. NW asked about the visit 'scope shift' that was discussed at the last meeting, REB stated that plans are still going ahead with a view to expand beyond the hubs for Enter and View activity in line with the steering group members' suggestions.

General project update: GJH suggested an update to the HWS research framework (specifically on ethics) needs revision, potential for this in the future to ensure alignment with Healthwatch England.

7. **Future Healthwatch updates** - REB shared the updates on behalf of AAS.

i. CS strategy

There is a strong focus on health inequalities and how the transition of the health team can support VCS members of Community Southwark via:

1. HWS teams attendance at the annual networks review on 26<sup>th</sup> February
2. Insights gathered from the annual members survey (with health related support questions)
3. Community Hustings event in March focused on holding elective parties to account

CW raised concerns about the impact of the networks but praised the infrastructure support provided by Community Southwark for the HWS teams plans.

ii. Proposals update

The three funding proposals have been unproductive. Noting success with the Healthwatch Southwark Grant confirmed for 2026/27, but subsidised by Community Southwark due to no uplift in last 5 years to account for inflation and pay increases.

REB detailed issues that have arisen about the VCS and patient involvement in the neighbourhood health development, the Board noting concerns about this exclusion and referenced strategically utilising Section 75 of the NHS Act 2006.

The Community Health Ambassadors contract is up for tender which Community Southwark will bid for as all three contracts (programme, coordinator and 2x Part time workers) are coming to an end in May 2026.

iii. Updates on 3 shifts

Analogue to Digital - GJH sent the paper on the digital shift - less concrete evidence on this shift. No project is getting through London assessment group unless it has strong patient and resident engagement embedded - suggested this should be applied locally as well via neighbourhood teams. Decision was made against an independent HWS submission about the NHS online consultation due to team capacity, specific insights gathered may not be robust and existing insights shared at consultation webinar. REB stated other local HW have shared insights on this topic with HW England and the Department of Health and Social care. REB noted that HWS community engagement officer will be exploring digital engagement workshops as part of upcoming engagement/feedback plans and shared exploration of partnering with organisations for the Healthier You programme.

Hospital to community/sickness to prevention - there is a hyper-focus on neighbourhood health development plans at present. NW highlighted there is a lot of disconnect/separate conversations regarding neighbourhood plans regionally and nationally. Southwark Neighbourhood Transformation board has been formed and invitations have been sent to key people, REB and AAS will share representation on this Board - additionally funded. Both will retain independent positions on Partnership Southwark Strategic Board and the Health and Wellbeing Board.

iv. Healthwatch England consultations - **GJH noted that other agenda items covered the majority of this update.**

- *Healthwatch: Working in partnership to deliver the 10 Year plan webinar (29th January 2026)* - continued engagement with HW and VCS is required to deliver the plan.
- *NHS Online Consultation webinar with Local Healthwatch organisations (Wednesday 14 January 2026)* REB stated that some local HW have coordinated responses and was informed to submit these to HW England and NHS before publication, REB can send these for information.

	<ul style="list-style-type: none"> <li>- <i>Update on the on local Healthwatch arrangements post Dash Review (Wednesday 4 February)</i> - The Health bill to create a new patient experience body is moving forward, with a target completion of April 2027. The King's Fund/Healthwatch England report informing this new body will be published around 16<sup>th</sup> March 2026, webinar will be hosted to share findings. Possibility of removal of HW abolishment in new bill is unclear.</li> </ul> <p>v. <u>Campaigning sub-group updates</u>  Subgroup has been stood down, communications of changes are now considered business as usual, summary of working group minutes will be circulated.</p>
8.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>- NHS London-wide meetings have raised concerns about conduct.</li> <li>- Minimal discussion about social care reform amidst NHS shifts (particularly hospital to community)</li> <li>- HWS mini away day reviewed the current strategy and identified KPIs for the transition. REB will do a write up, schedule appraisals and staff to review intelligence gathered to set future priorities.</li> <li>- 2026/27 Advisory Board meetings need to be set. GJH requested at least one in-person meeting. REB stated that she can suggest the 3<sup>rd</sup> or 4<sup>th</sup> meeting to be in-person to support planning HWS legacy project for the transition.</li> </ul>

**Action Log:**

Action	Owner	Status/update
Email Rhyana missing key information/conflicts of interest	All Board members	
Email SLAM/ICB/Partnership Southwark re: 12-month Black Mental Health update	REB	Complete

Find CAMS lead contact; email Rhyana to invite for office chat	CW	
Attend SLAM strategy event Feb 27; email Rhyana notes	NW	Complete
Forward SLAM CQC report	REB	Complete  Care Quality Commission inspection: <a href="#">South London and Maudsley NHS Foundation Trust - Overview - Care Quality Commission</a>
Email Rhyana Section 75 info	CW	
Check local Healthwatch NHS Online patient engagement	REB	Complete  Variety of HW have submitted responses but no unified approach, web search found: <ul style="list-style-type: none"> <li>- <a href="#">Consultation on the creation of a new NHS Online - our response   Healthwatch Brightonandhove</a></li> <li>- <a href="#">DHSC Opens Consultation with Local Healthwatch on Creation of 'NHS Online'   Healthwatch Cambridgeshire</a></li> <li>- <a href="#">Our Response to the NHS Online Consultation   Healthwatch Richmond</a></li> </ul>
Email campaign working group minutes summary	REB	Complete

Email The King's Fund/Healthwatch England webinar links when available	REB	Complete
Email board dates for next year's meetings (Thu p.m.) with 1 in-person	REB	Complete
Email Board legacy project suggestion	REB	