

**Board meeting minutes.**  
**Monday 21<sup>st</sup> October 2024**  
**10am – 1pm**  
**Healthwatch office & online (Teams)**

**Present:**

Pat Southgate (PS)	Acting Chairperson
Alan Cram (AC)	Treasurer
John Cunningham (JC)	Trustee
Laura Parker (LP)	Trustee
Alan Cunningham (AC*)	Trustee
Alison Wood (AW)	Trustee
Ashley Green (AG)	CEO

**Apologies:**

Kacie Hodgson (KH)	Trustee
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**1. Welcome & apologies.**

PS welcomed everyone to the meeting & said that apologies had been received from Kacie.

PS said that Rose Havelock had stood down as a trustee as she had started a new role with Tees Esk Wear Valleys NHS Trust.

There were no confidential matters arising or declaration of interests.

**2. Minutes & Action log – July Board meeting**

PS and all those present agreed with and accepted the minutes from the Board meeting in July.

AG said that all the actions had been completed from the action log and briefly went over them. Trustees and AG discussed a number of options for how we might bring in additional external income. AW suggested that we could consider volunteers who have a background in fundraising, to help us identify and bring in income. LP suggested a number of options including funding opportunities with the Levelling up fund from the York/NY combined authority along with a number of other sources including the National Lottery Reaching Communities Fund and Charity Works. LP said that she would share contact details with AG.

It was agreed that 'income generation' would be revisited as part of our planning process in January, for agreeing our work and priorities for 2025-26.

Trustees discussed the North Yorkshire NHS structural diagram which AG had previously shared. There was a general feeling that the NHS structures are overly complicated, and it's difficult to sometimes ascertain where authority lies in decision making and governance. PS, AW and AC\*

shared their experiences of being on their respective Local Care Partnerships, and the opportunities that their attendance presented in being able to highlight the 'public/patient' voice.

### **3. Healthwatch – Fit for the future**

Gavin McGregor from Healthwatch England joined the meeting to discuss the issues facing the local Healthwatch network and said that funding to local Healthwatch had fallen by £8 million since 2014, where it was £33m compared to a figure of £25m today. Gavin explained that discussions had been taking place over the last year with local Healthwatch, local authorities, and that Healthwatch England had commissioned an external review (Kaleidoscope) to look into options for local Healthwatch funding.

Gavin said that a number of options for funding had been identified [included in the Fit for the future paper], and that their preferred option was for Healthwatch England to become the national commissioner for all local Healthwatch. Gavin acknowledged the really positive work that we [Healthwatch North Yorkshire] had undertaken, and that we were recognised as one of the better Healthwatch across the county.

AG and the trustees raised a number of issues, including the importance of remaining 'local' and connected to the community, and that 'one system' doesn't always meet everyone's needs. There was a concern/question around our relationship with ICS's (as we cover 3), and particularly that our main ICS (Humber & North Yorkshire) isn't proactive around the public voice and doesn't work well with its local Healthwatch. AG asked if there was an intention to still have 153 individual Healthwatch if this funding option was to happen.

Trustees agreed that they would send AG any feedback and thoughts from these discussions, for AG to go back to Gavin for a response.

### **4. Update on current work and business plan**

AG briefly went over the Quarterly Board summary and highlighted some of the areas of work.

He said that he was pleased to report that Holly Joyce, the new Business & Projects Support Officer had started at the beginning of Sept, as there had been a gap of almost 5 months where the team had been operating with only four members of staff. AG said that Ken Ellwood had also joined the team at the end of September as our Digital Communications Assistant (2 days per week), and that Dawn Tesseyman will be joining us at the beginning of November as our Volunteer Network Coordinator (2 days per week). AG confirmed that Ken and Dawn's roles and funding are part of the eighteen-month North Yorkshire Council development funding that we were successful with (£50,000).

AG said that a number of new reports had been produced including our insight report (April – July), a report on the impact we had delivered around accessibility, and our care home enter and view report. AG said that we had delivered our AGM webinar in the previous week, which 49 people

had attended which focused on the impact we had made in our GP website work and our most recent community postnatal report. PS said that the webinar had been successful and was a good opportunity for us to showcase our work and particularly the impact that our work is making.

PS asked what progress had been made on organisations coming back to us on our postnatal report, for which AG said that all organisations had now come back, but there was still further information that was needed, that he would be following this up in the coming weeks.

AG said that farming project was going well with over 100 survey responses received so far. Staff and volunteers, including AW, had been attending auction marts and agricultural shows across North Yorkshire to gather more in-depth feedback. Alongside this, to ensure we have some rich qualitative data AG said that we will be funding two organisations (Farming Community Network and Skillz Selby) to conduct 1-2-1 interviews with members of the farming community. AG said that the survey closes at the end of the month, after which we will be analysing the data and writing the report which we aim to launch in April 2025.

AG said that our volunteers had taken part in a 'Mystery Shopping' piece of engagement to test how the public experience accessing their adult social care services, by viewing information online (NYC website), by phoning the council, and by publicly visiting council offices/sites during August. This work had been funded by ADASS Yorkshire and Humber and there is a further opportunity for the council to fund us to do a similar piece of work with people already using adult social care.

#### **5. Chair & Vice Chair roles**

PS who had been 'acting up' as our Chair since the beginning of June, was formally nominated as the Healthwatch North Yorkshire Chair by AW and JC. All present unanimously agreed with this appointment.

LP was formally nominated as the Healthwatch North Yorkshire Vice Chair by AC and JC. All present unanimously agreed with this appointment.

There was a recognition that we needed to recruit additional trustees to our Board, and AG asked all trustees to have a think if they knew of anyone who may be interested, and he said that he would go out to public advert in the new year. PS suggested that we could advertise these roles via the Community First Yorkshire newsletter. LP and AW said that we should identify which skill set and experience we needed as a trustee Board, before we went out to advertise. AG agreed that he would review this.

#### **6. Impact reports & future plans**

AG said that good progress was being made on organisations coming back to us on our report recommendations, and the only major exception to this was for our rurality report which he said had been escalated the Humber & NY ICS to see if they could liaise with the appropriate

people/organisation to ensure we received a prompt response. AG shared with the trustees the report and infographic they had produced to highlight the impact that their accessible information report had made on improvements to information provision from different NHS Hospital Trusts. AG said that he intended to produce similar reports and infographics to showcase and demonstrate how our work/engagement had made an impact for our other reports.

LP commented that whilst it was important for people to receive information in accessible formats, for many people, including those with a learning disability or autism, their access to services was often impeded by the environment and clinical settings of many health services, such as waiting rooms being too noisy or busy. LP asked if this was something that we were going to look into. AG said that we could add this to our work plan discussions in the new year.

### **7. DBS checks**

AG presented the DBS review paper to trustees which he said had been undertaken to ensure that all staff, volunteers and trustees were being appropriately DBS checked, as there was inconsistency in what Healthwatch England, Disability North Yorkshire (who manage our DBS checks) and what the DBS authority recommended. The paper set out a number of changes to some volunteers and reconfirmed that trustees should have an enhanced DBS check. All trustees agreed with the paper and proposals.

### **8. Finance**

AG briefly went over the Q2 (July – Sept) summary of accounts and said that there was an underspend in the staffing costs as there had been a delay in recruiting Holly (Business & Project Support Officer) and he expected that across the year there would be a saving of approx. £15k on salaries.

Alongside this, AG said that there had been an underspend in IT costs and our volunteering budget, but that this was due to this expenditure now coming out of the additional £50k we have received from NYC development fund. AG said that he was expecting approx. £20k to come in for income generation for the two new projects, cancer awareness and ethnic minority project.

AC said that our accountant had completed our 2023-24 annual accounts and that he was happy with these. AC and PS signed the accounts and AC confirmed that he would upload these onto our Charity Commission website.

### **Close**

Next Board meeting: Monday 20<sup>th</sup> January 2025 (short board meeting & planning session)