

## Minutes of the Board Meeting

**Date / time:** 25th June 2025, 5.00pm  
**Venue:** Via Zoom  
**Present:** Chair: Jonathan Jelley (JJ)  
Non-Executive Directors: Frances Dewhurst (FD), Ann Green (AG), Philippa Brice (PB) Saqib Rehman (SR ), and Jess Slater (JS)  
**Apologies:** Stewart Francis (SF), Johnny Hebron (JH), Chelsia Lake (CL), Chris Palmer (CP) and Laura Beer (LB)  
**In Attendance:** Carole Rose (CR), Graham Lewis (GL), Ildiko Docsova (ID) Caroline Tyrrell-Jones (CTJ), Heather Lord (HL) and Kate Tarrant (KT)

### Introduction and apologies

1. JJ welcomed all Directors and staff to the meeting, there were four apologies so JJ confirmed that the meeting was quorate before commencing. He gave an update on SFs medical situation and planned operation in the near future which will necessitate a longer recovery.

### Declarations of interest

There were no declarations of interest in regards to this meeting agenda.

### Minutes of the previous meeting

2. The minutes of meeting on 26<sup>th</sup> March 2025 (attached) were agreed as accurate.
3. JJ asked for any matters arising from the minutes and commented that he had committed to send ICB summary or highlights to NEDs and this is contained in the Chairs report.

### Action log

4. JJ introduced the action log which has only three items. JS updated that the Information and Signposting action that CP had requested can be actioned now since we have full staffing although she will check regards staff training needed before we take on Citizen Advice Bureau's Health and social care queries.

### Communications Project Plan 2025 – 2030

5. JJ introduced the Communications project plan for the next five years. KT presented the strategy building on previous work and aligning with the 2025-2030 objectives.
6. The plan focuses on maximizing engagement, gathering feedback, and producing actionable insights and data for NHS partners.

7. Key tactics include highlighting case studies through various media channels, optimizing social media presence, and collaborating with Youthwatch and partnership teams. The team is currently focussing on mental health case studies but already identifying further stories for next year.
8. The strategy emphasizes transparency about impact, with plans to regularly showcase how public feedback leads to change. A new impact page on the website was demonstrated and will display real-time information about engagement events, reports we have published, and service satisfaction scores. The page will highlight the information and impact we are receiving weekly via a link from the websites to a report for our IMP system.
9. The team is also considering ways to improve the search engine optimization for both the Cambridgeshire and Peterborough websites while maintaining their separate identities as required by Healthwatch England.
10. The plan includes targeted projects and surveys along with the use of parish magazines and localised media as well as the wider use of radio adverts which will be regularly reviewed.
11. JS explained the ethos is to display to our partners and the public what we do to build recognition of Healthwatch through the reports which are sent out each month and our reports are followed up with the organisations.
12. PB commented that the plan looks deceptively simple as there has been a great deal of work and thought behind this and the introduction of the Impact page which is exactly what has been needed for some time. PB asked if it is possible to have two front pages for the separate websites but they link to a combined site to minimise the work involved in maintaining them. KT responded that our new Data Impact officer has a strong background in Web design so this is something that they are looking into but must have Healthwatch England's backing for this to happen.
13. JJ thanked KT for the plan and presentation, emphasizing the importance of communicating our impact effectively with the right evidence.

The Board approved the new 5-year communications plan.

### **Chair's report**

14. JJ introduced his report (attached) which is routed around all the things he has heard and discussions within the system. He provided confirmation of the update regarding the ICP changes, outlining the proposals for larger geographic areas and merged counties which have been submitted to the Department of Health.
15. Once the 10 year plan is published at the end of July he hopes there will be some clarity about the Healthwatch situation as well. The Board discussed concerns about maintaining the patient voice amidst these system changes. Both AG and FD highlighted the need for Healthwatch to remain visible and engaged with a strong emphasis remaining on the importance of the patient voice.
16. FD asked how we will work with the other Heathwatches as the ICB area becomes bigger. JJ responded that the emphasis is now on Place and Integrated

Neighbourhoods and it is unclear how it will all work in the future as this concept is very new.

17. JS advised the Board about upcoming introductory meetings with other Healthwatch CEOs in the proposed new areas and reassured that Healthwatch is automatically included in new program boards, she emphasized their efforts to ensure patient voices are not tokenistic.

The Board noted the Chair's report.

### **Chief Executive's report**

18. JJ introduced the CEO report (attached) and JS took the report as read and highlighted that the paper is in a slightly different format now that the strategy is in place. The table format allows you to easily see how our activity relates to the strategy and any impacts from that.
19. JS highlighted that out of 36 formal recommendations made in meetings, 8 changes have occurred so far, noting that some changes may take up to 12 months to implement. This is a good indicator of whether they are listening to us and have they made changes. JS will highlight the larger changes as they happen and as we make the biggest impact, these will also be on our website.
20. AG expressed concern about the timeline for addressing joined-up care, which is scheduled for 2028, and suggests that Healthwatch should champion this issue sooner given its fundamental importance to the public. JS explained that the joined-up care summit is scheduled for 2028 but we will be working on all the priorities throughout.
21. The table allows us a way to measure the priorities and gives us a focus although joined-up care along with children and young people, cuts across all areas. There is a new feedback form on the website which is just for joined up care and getting experiences about referral to treatment times and we have already had 10 responses for this. JS provides a monthly report to the ICB board regarding this as well.
22. AG asked if they could have a report about Youthwatch and their activity as an agenda item. JS agreed this would be a good idea and commented that our Youth Engagement officer could come to a Board meeting for this.
23. PB advised that she had received some feedback about Youthwatch when one of her colleagues children had attended a meeting or activity with them and she was really impressed with how they had the opportunity to get involved and engaged in making meaningful change.

No further questions were raised in relation to the CEOs report.

**Action:** JS to schedule in a report from Youthwatch

The Board noted the report and thanked JS.

**General Purposes Group (GPG) report**

24. JJ introduced the report from GPG held on 11<sup>th</sup> June. AG advised that we had received a positive report from the senior statutory auditor, Mark Jackson. He noted a smooth audit process with no major issues. The financial accounts showed an operating surplus of £30,000, with an overall surplus of £43,000 including bank interest and corporation tax.
25. The Healthwatch reserves now total £272,000, which indicates a significantly improved financial position compared to previous years. AG expressed her gratitude to Jess for her work in achieving this financial stability.
26. The Board discussed the recent audit, which went smoothly and quickly, indicating improved financial management. JS reported that the monthly accounts show a surplus of £9,821, with the organisation being within budget despite some larger expenses, such as the accessible Easy Read mental health survey being produced.
27. The Board acknowledged the importance of maintaining a strong financial position in the face of upcoming uncertainties.
28. AG expressed concern about the changes upcoming within the ICB and the Dash report which is expected soon. PB emphasised the potential role of Healthwatch in community engagement as the ICBs develop as this is in their emerging blueprint.

The Board noted the report with thanks.

**Any other business**

29. No AOBs were raised for this meeting.

No questions had been submitted by the public in advance of the meeting.

JJ thanked everyone for attending and commented that we were heading into this period of change in the strongest possible position so he thanked the team for that. He reminded the Board that the next Board meeting will be on 24<sup>th</sup> September after the summer break.

Meeting closed at 18:10 hrs.