

Board meeting minutes  
Monday 28<sup>th</sup> April 2025  
10am – 1pm  
Healthwatch office & online (Teams)

**Present:**

Pat Southgate (PS)	Chairperson
Alan Cram (AC)	Treasurer
John Cunningham (JC)	Trustee
Alan Cunningham (AC*)	Trustee
Alison Wood (AW)	Trustee
Shona Eyre (ER)	Trustee
Stepehn Hanna (SH)	Trustee
Hannah Darton (HD)	Trustee
Janette Walker (JW)	Trustee
Caroline O'Neill (CO)	Trustee
Ashley Green (AG)	CEO

**Apologies:**

Laura Parker (LP)	Vice Chair
Kacie Hodgson (KH)	Trustee

**1. Welcome & apologies.**

AG welcomed everyone to the meeting & said that apologies had been received from Kacie. Unfortunately Laura was due to attend online but had technical difficulties.

The new trustees joining for the first time all introduced themselves – Shona, Janette, Caroline Hannah and Stephen.

There were no confidential matters arising or declaration of interests.

**2. Minutes & Action log – January 2025 Board meeting**

AG and all those present agreed with and accepted the minutes from the Board meeting in January.

AG said that all the actions had been completed from the action log and briefly went over them.

**3. Update on current work and business plan**

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

AG spoke about the mental health impact report that was produced in February which was a way of sharing with the public what their feedback and our work had achieved. AG said that we had focused on three areas of achievement which were:

1. complex emotional needs
2. mental health practitioners in GP practices
3. trauma-informed care

AG said that this work had also been recognised as we had been successful in receiving a national commended award for our mental health work, with specific focus on the recruitment of 45 mental health practitioners in GP practices across North Yorkshire. AG said that these practitioners serve as initial points of contact for adults experiencing mental health issues. This means people don't need specialist referrals and it has helped to reduce waiting times. This has meant that people have been seeing the most appropriate clinician in a timely way and have been offered support that's right for them.

AC\* asked if there will be further recruitment of more practitioners and where the money had come from to fund these. AG said that he expected more practitioners to be recruited, but didn't know exact numbers, and that the money was split between Tees Esk Wear & Valleys NHS Foundation Trust and the GP practices (Primary Care Networks). SH said that there was a mental health practitioner that covered his GP practice and they were really beneficial to patients.

CO said that the work of mental health practitioners highlighted the importance of empathy in how healthcare providers and organisations communicated and treated the people/patients they cared for. CO felt that this could be something that we could explore further.

SE said that often communication between health professionals and patients has become transactional, especially with the increase in digital health care, such as an increase in phone consultation which can often dilute relationships between staff & patients.

AG said that we undertook an enter & view visit at a care home in Harrogate, which was delivered by Pat and Alison, and other volunteers. AG said that enter and views are an important part of our work which we will continue into the forthcoming year. These are mostly led by our volunteers who are trained to undertake these for us. AG said that they do take a lot of organising. PS said that the visits are really important in hearing from people who otherwise wouldn't have a voice.

AW said that the training was helpful for enter and views, and also emphasised the importance for trustee development that they were able to access relevant training to support their ongoing development and to support their governance role. AG agreed and said he would look into any training that would support trustees.

AG said that we had organised a joint health & care summit with Community First Yorkshire [who CO had previously worked for] in March. The summit was attended by approx. 80 people from

across the NHS, ICS, council, VCSE sector, our volunteers/trustees and number of people who lived rurally. The focus of the summit was to bring strategic partners together to develop an understanding of the challenges and opportunities facing people living in rural communities when using and accessing health and care and how we can work together to shape better services for people.

AG said there were a number of keynote speakers including the York & North Yorkshire Mayor, the National Centre for Rural Health & Care, Corporate Director for Health & Adult Service and Dean of Ripon Cathedral. AG said that this was the first time such an event had take place which was an achievement in itself. JC said that this was an example of how far we [Healthwatch North Yorkshire] had come and that we were helping to shape the direction of service provision by highlighting the importance of rurality. AG said that he and Dena (from Community First Yorkshire) will be hosting a session on the rurality summit at the next North Yorkshire Health Wellbeing Board in May. He said this session would be designed to consider the next steps which may call for an official North Yorkshire rural health strategy.

Finally AG highlighted the success of our GP information guide which had now been shared with all the practices across the county. SH said that his practice has received the guide which he said has been useful in supporting people to understand that they don't need to necessarily see a GP all the time and that there are other professionals that they can see.

#### 4. New draft work plan

AG gave a summary presentation of the team's priorities for the next year which included:

- Profile & reach
- Listen to the public & projects
- Work with strategic partners
- Influence & impact
- Community engagement & volunteers
- Organisational

AG discussed our ongoing focus to increase our digital and social media reach, which was being supported by Ken's post (funding from NYC) which was doing well and that we wanted to build on this. AG said that Craig had done really well recently with the farming report in digital and print media, where we had articles in the Yorkshire Post, Farmers weekly, Northern Echo amongst others. JC said that this was very good but he emphasised the challenge we have, in that the majority of people in North Yorkshire still don't know who we are. JC said our reach was reflective of our budget on marketing which he said he would like to see increased.

AC\* asked why the reach in social media was less this quarter [Jan-Mar 2025] than the previous quarter [Oct-Dec 2024] which AG said was due to us undertaking paid advertising to promote our GP guide in Nov/Dec, and we had decided to do less paid advertising in the last quarter as Craig had focused on media and agricultural contacts to promote the farming report.

JC and others said that LinkedIn was a good way to promote our work. AG said that we did share our work on LinkedIn but that we could do more, and that he would speak with Craig. AG also mentioned that many charities including Healthwatch York and Community First Yorkshire had left X (Twitter) for political reasons, and asked what trustees thought? AC asked what Healthwatch England (HWE) recommended and if they were still using X. AG said that HWE were still using X and hadn't advised local Healthwatch to leave the platform. There was consensus from trustees to remain on X until we heard otherwise from HWE.

AG said that we intended to work with hospital radio stations to promote our work and expand our reach, alongside working with community pharmacies to help promote us to the public.

AG said that the main projects we intended to do this year was around alcohol consumption, reasonable adjustments and to work with GP practices to support them in providing walk in clinics for farmers which was a recommendation from our farming report [and which we had put in a funding application of £10,000 to support us with]. AG said that the alcohol project was part of Helen's Equity Fellowship which had been accepted. There was a general discussion about who we might target for this and what the project might look like. AW said that she had previously completed a dissertation on alcohol consumption and offered to support this work. AG said that Helen was in the process of scoping this work so that would be really helpful.

AG said that the size of the project we undertook for reasonable adjustments would be dependent on whether we were successful with the funding application to roll out the GP walk in clinics for farmers. AG briefly highlighted that he would like to explore how health providers, such as GP practices were (or were not) making the appropriate reasonable adjustments to support people with physical and mental disabilities, neurodiversity etc. access and use services, in compliance with the Care Act and Equality Act. AC\* said that's his previous GP practice which was in an older building, and not that accessible, had joined with other practices to a new purpose built practice building, but that the costs of this was enormous. He said that there was only so much a GP practice could do if the reasons for poor access were due to the building. SH said that he felt that his GP practice was fairly pro-active in supporting people with their access needs. AW wondered if we should instead focus on hospital access, rather than GPs. AG said that he would discuss this with the team and feed this into planning process.

AG said that this year was the final year of their 3 year strategy (2023-2026) and that he wanted to review progress against this towards the end of this year, alongside developing a new strategic plan which he would involve the trustees in. Part of his objectives for this year was also to develop a fundraising plan, as whilst we were bringing in additional income (averaging approx. £25,000 per year), to enable us to be both sustainable with our current team, and meet our ambitions we needed to secure additional income streams. AG said that this was particularly needed for example to expand our reach and profile as our team was at capacity with their work. JC said that we could explore using external agencies to support our marketing if we didn't have the capacity in house.

HD said that she had used a local North Yorkshire digital agency which she could share with AG. CO said that if we were putting together funding applications we would need to be very clear of the outcomes.

AG agreed to share the presentation he gave with all trustees.

#### **5. Risk register & review**

AC summarised the risk register spreadsheet and said that he had put together a list of potential risks that could affect Healthwatch North Yorkshire and that he had spilt these into the categories of operational, financial, strategic, compliance, and reputational risks. AG said that these were really helpful, as we hadn't reviewed our risk register format for two years. AG said that he would look over the categories and begin to populate the impact, probability and action needed and liaise with AC and then share this with the trustees for their feedback.

#### **6. End of year accounts and new budget/salaries**

AG briefly went over the final year accounts for 2025-26 and said that income was £8,000 over our expected budget as we had received funding for Alicia's Equity Fellowship programme and had secured £23,000 in external funding for projects which was good.

AG said that there was an underspend in the staffing costs as there had been a delay in recruiting Holly (Business & Project Support Officer) which amounted to a saving of £12,000 across the year. Other than our staffing costs our expenditure was more or less in line with our expected spend. AG said that other than our staff/salaries our largest expenditure was our office rent at £17,000.

JC said that our % spend on marketing and coms was only just over 1% compared to other organisations who are spending 5-10% of their budgets on coms/marketing. AG said that he would look to increase our budget for 2025-26 for coms/marketing and would speak with Craig and the team about this. AG also agreed to explore funding opportunities to see how we could expand our profile and reach.

There was consensus to agree AG's budget proposals for 2025-26 and agreement for a 3.5% salary increase for staff.

#### **7. Farming report**

Alicia joined the meeting and gave a brief presentation on the farming report and shared with the trustees the progress to date on the recommendations.

Trustees were complimentary about the report and said this had been an excellent piece of work.

AG said that we would share the presentation with all trustees.

#### **Close**

Next Board meeting: date to be confirmed in July

