

Board meeting minutes
Monday 21st July 2025
10am – 12.30pm
Healthwatch office & online (Teams)

Present:

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

Apologies:

John Cunningham (JC)	Trustee
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1. Welcome & apologies.

AG welcomed everyone to the meeting & said that apologies had been received from John.

SH said that he had taken on two roles within NICE committees.

Item 6. Would be discussed in confidence.

2. Vice chair nomination and election

AG informed those present that Laura Parker (Vice Chair) and Kacie Hodgson (trustee) had decided to step down from their role as a trustee of Healthwatch North Yorkshire. All trustees present agreed with the appointment of Alison Wood as the new Vice Chair for Healthwatch North Yorkshire and she was formally nominated by JW and seconded by PS and duly elected.

3. Minutes & Action log – April 2025 Board meeting

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

AG went over the action log with those present. AG said that he would forward the LinkedIn guidance that Craig had put together for trustees. There was general consensus that LinkedIn was a good way to communicate with our peers and stakeholders, particularly at the current time with the Healthwatch news. AG said that there is a Healthwatch North Yorkshire LinkedIn site, but that the focus should be on individuals promoting Healthwatch North Yorkshire work, reports etc. AG agreed to share the Healthwatch North Yorkshire LinkedIn page with trustees.

AG asked if trustees had completed their induction training – and some had, and others hadn't. It was raised that using the Volunteero system wasn't easy and AG offered to see if he could share the online training via a different means. SE said that she had completed the training but it was still showing as uncompleted on her Volunteero page. AG said he would look into this. AW asked how the roll-out of Volunteero was going with the team and volunteers. AG said that the team found it beneficial, but there was still a challenge for all volunteers to use it.

SE and JW confirmed that they were attending the enter & view training next week. HD said that she would also like to attend, and AG confirmed that he would send her the online invitation.

AG said that he and the team had reviewed the scope for the reasonable adjustments project in line with previous discussions with trustees, and agreed not to focus this work on 'enter & view' style building inspections but to instead undertake a more targeted survey (& focus groups) to hear directly from people with a disability. SH said that he was concerned by the digital first approach as a way for people to access their GP practice, especially for those people with additional access needs. CO highlighted that digital first would be particularly difficult for people with sight loss and wondered how voice activated technology could help? CO also said that she was concerned about people with neurodiversity needs and how they were being supported to access their GP.

SH said that within his PCN they had a Learning Disability Coordinator who includes personal information in patients personal records, to help staff understand if any reasonable adjustments are required and how best to communicate with the person. AG said that he would feed all this back to the team, to see how it can be incorporated into the survey questions.

4. Update on current work and business plan

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

AG said that they had just produced their Annual report for 2024-25 which summarised our work, activities, reports, volunteer activities and engagement and media reach over the last year. AG said that over the twelve months we had published 12 individual reports about the improvements people would like to see in areas like accessible information, care homes, mental health and farmers.

AG said that they will be organising an online AGM / webinar for September which will highlight the impact featured in our Annual report.

AG said that we completed an enter & view visit in May to Hillcrest Care home and there were a number of concerns raised by the volunteers that were fed back to the care home, and the CQC and the council. PS said that it was important that we continue to undertake enter & view visits, particularly when we are identifying concerns from residents. AG said that PS and AW were due to undertake another enter & view tomorrow in Northallerton.

AG said that they had just completed their Ethnic minority report which had been commissioned by North Yorkshire Council. The report looked at the views and experiences of different ethnic communities when accessing adult social care. The two main aims were to:

- Understand whether there are any perceived or experienced barriers to accessing adult social care (such as socio-cultural, practical, perceptions, and level of awareness of social care and what it offers, financial etc.)
- Identify positive experiences and examples of good practice, including community assets, as well as areas to develop.

AG said that they used the COM-B model to understand the barriers faced by people (capability, opportunity and motivation) in using and accessing adult social care.

AG said that following the success of the Rural Health & Care Summit with Community First Yorkshire in March, we presented at May's North Yorkshire Health & Wellbeing Board about the themes that emerged from the summit and facilitated a discussion about how we might continue the momentum created from the summit and tackle some of the issues that were raised in the day. AG said that it was agreed by the North Yorkshire Health & Wellbeing Board that a rural taskforce would be established to be led by Healthwatch North Yorkshire and Community First Yorkshire, and that he and Dena Dalton, from Community First Yorkshire were now taking this forward, but that it was slow progress due to all the current changes across the NHS/system in general following the Government's 10 year plan and 50% running cost cuts that were taking place across all ICSs.

AG said that they would be producing an impact report/infographic in September to highlight what actions had been taken across the NHS/council on response to our recommendations for our postnatal report. PS said that the report had not been received well and identified were mothers wanted to see improvements such as more face to face health visitor appointments and baby clinics. It was discussed that the development of integrated neighbourhood health could be an opportunity for health visitors to be located within this 'new style' neighbourhood teams/hubs, as well as facilitating baby clinics, and that AG would raise this with the public health team.

Finally, AG said that they would be launching their alcohol project next month that will look at what matters most to women in midlife when accessing support for alcohol-related concerns, and identifying barriers that may prevent them seeking help and explore key influences on drinking habits. AG said that they had spoken with the public health team about this work, as well as the ICS and NY New Horizons. SH said that alcohol health concerns were on the increase and that he was seeing this in his practice.

5. Included papers

AG said that he and AC had discussed the risk register and that this has now been updated.

AG went over the Q1 budget and reported that we were on track with our income and expenditure as per our forecasting. AC said that a future concern could be if the council decided to withhold or

reduce our future payments due to the news about Healthwatch. Equally, AC highlighted that we had previously brought in around £20-25,000 each year as additional income, which now may not be possible and that we should be looking to reduce our expenditure.

SH asked what our contract was for our office lease and what other major contracts we had currently. AG said that our office lease expired in April 2026, and required us to give 3 months notice to stay or go, and the other major contract was for our HR function (Peninsula) which expired in March 2029 and if we wanted to leave we would be required to pay 80% of any remaining amount (approx. £4-5,000).

6. Discussion on the Government's decision to abolish Healthwatch

Following the trustees and CEO discussions it was agreed to establish three working groups to take forward our discussions and actions to support the team and charity to ensure we will be in the best position to manage whatever eventuality arises in response to the Government's decision to abolish Healthwatch. These working groups will focus on:

1. Short-medium term work

- How & where we prioritise our work
- Promote our impact, work & staff
- Public communications
- Prioritise the welfare of our staff (& volunteers)

2. Opportunities for Healthwatch

- How we can work with the HW network to challenge the Gov decision
- How locally we can challenge the Gov decision
- Explore alternate models for an 'independent' voice organisation & agree how we take this forward & with whom

3. Contingency planning

- Undertake review of existing contracts
- Budget planning (redundancy, running costs, ownership of the funds etc.)
- Trustee liabilities & charity commission guidance
- Staff departures
- Legacy

It was proposed that interested trustees would join one of these groups to support the CEO in taking these work streams forward. Once trustees have put themselves forward these groups would meet to begin this work immediately.

Close

Next Board meeting will be on Thursday 23rd October 2025.