

Minutes of the Board Meeting

- Date / time:** 17th December 2025, 5.00pm
- Venue:** Via Zoom
- Present:** Chair: Jonathan Jelley (JJ)
Non-Executive Directors: Frances Dewhurst (FD), Ann Green (AG), Saqib Rehman (SR), Jess Slater (JS), Chris Palmer (CP)
Laura Beer (LB), Chelsia Lake (CL)
- Apologies:** Philippa Brice (PB), Jonny Hebron (JH), Carole Rose (CR)
- In Attendance:** Sue Allan (SA), Ildiko Docsova (ID), Caroline Tyrrell-Jones (CTJ)

Introduction and apologies

1. JJ welcomed all Directors and staff to the meeting. He also welcomed Carol Williams (CW), the Monitoring Contract Manager at Cambridgeshire County Council. He thanked her for her time.
2. He said that this year has seen one of the most significant changes to health and social care in a generation through the NHS 10 year plan. Many across the healthcare system share the view that the decision to abolish Healthwatch, the only independent patient representation body, was at the very least, deeply unhelpful. Against that background, the board and executive team have been intensively focused on understanding and responding to the implication of these changes - some of which are unknown. He expressed his sincere thanks for the extraordinary level of support received across the system, from partners, stakeholders and other colleagues. It has been both reassuring and energising for all involved in Healthwatch.

Declarations of interest

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

Minutes of the previous meeting

3. The minutes of the meeting 1st October 2025 (attached) were agreed as accurate.

Matters Arising

4. On the last matters arising it stated that the Citizen Advice Bureau's Health and social care queries will be put onto the agenda for the next meeting. This was put on the action log but JS proposed that it is removed or put on hold due to other priorities.

Action Log

5. The Youthwatch report is not due until March 2026.
6. Information and signposting – it was agreed that this would be removed from the action log as it is on hold.

Engagement Team Report

7. The report provides assurance of the scale and impact of engagement and activity over the last year. Between January and November, the team engaged with over 5,500 people across 195 events, capturing 1358 feedback stories and sharing these with health and care partners.
8. This demonstrates the continuous success in meeting communities who are less likely to be heard. It also shows the growing impact of Youthwatch with co-produced research making improvements in primary care and demonstrates the breath of reach, and clear routes for the influence that Healthwatch has.
9. FD said that the report mentions that all Chairs of Health & Care Forums are external but she is a Chair and is not external. SA clarified that she meant external in terms of not a member of Healthwatch staff.
10. The autism survey mentions recommendations, SA advised that a report is being drafted to include the actions. All the recommendations have come from people with lived experience. It is hoped that GP practices will take on some of the recommendations and grow to be examples for others to follow. Healthwatch is to arrange a workshop for medical professionals to attend and listen to young people.

Chair's report

11. The Chair's activity levels have reduced compared with the period prior to the NHS 10 year plan announcement, which reflects a reduction in external meetings – which have been paused or reshaped as the system works through the implications of the changes
12. JJ remains in close and regular contact with JS and he endeavours to provide advice, challenge and support as necessary, often behind the scenes. Although the role has become less about formal representation at meetings and more about judgement council and readiness.
13. JJ does not believe there is a need to provide a report in the way the Chair has previously done. He believes it is possible that the Chair's role may become more intensive again as reforms mature and decisions are crystalised. JJ is fully prepared to step up again if and when required.
14. He remains committed to continuing to serve, to represent and to provide leadership for the independent patient voice at a time of such profound change.
15. FD said that it took a long time to establish relationships with the CCG; building routines and pathways, and a lot of work to re-establish connections with the ICB when things changed. In such a complicated situation the organisation needs to be aware that we should be alert to new contacts and people we can talk to. We need to be visible and right at the start rather than trying to catch up afterwards.

16. JS and JJ, along with all other 6 local Healthwatch, are meeting with the ICB CEO and their Chair in mid-January. JS meets with the Executive Director of Peterborough City Council every month and Cambridgeshire City Council as and when needed.
17. CP sat on a sub group with the ICB that looked at governance issues around innovation and contracts that were being awarded. There were long papers over 200+ pages and were preparatory work ahead of formal board meetings. However Healthwatch is no longer included and CP commented that if/when we re-engage, we need to make sure we are reimbursed appropriately for the amount of input required.
18. JS is still part of scrutiny meetings with the council and she will ask the ICB what they are doing without Healthwatch's input.

The Board noted the Chair's report.

Chief Executive's report

19. JJ introduced the CEO report and invited JS to go through any points.
20. The Department of Health and Social Care has given an informal timeline of March 2027 and said they will try to align funding against that timeline, although funding will be available if it goes over this date.
21. CW said at last month's Grant Monitoring meeting, really positive feedback was given about work done by Lucy Kennedy (LK) for the Partnership Boards, in terms of recruitment and restructuring of some of the meetings. Progress was acknowledged.

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

The Board noted the report and thanked JS.

General Purposes Group (GPG) report

22. JJ introduced the report from the GPG meeting held on 9th December 2025.
23. JS shared the Management Accounts sheet which shows that the financial position is good. A £36,500 loss was forecast but the Summit didn't cost as much as first thought, and therefore there is a potential surplus of £16,787 at the end of the year. Money received from the Local Authorities does not cover all costs and additional money is secured through project work with the ICB and research work (external funding). £35,000 was budgeted but £27,000 is forecast. Assets are £288,000.
24. To date profit is £15,435. The organisation is in a good position towards year end and being at least in break-even position.
25. Included in figures is a proportion of proposed funding for staff development.

The Board noted the report with thanks.

Board Proposal – Direction of Travel for Healthwatch Cambridgeshire & Peterborough (for decision)

26. In light of national uncertainty about the future of Healthwatch, the proposal is to adopt an organisational name separate from the Healthwatch brand, whilst continuing to deliver all commissioned activity as Healthwatch Cambridgeshire & Peterborough.
27. This will futureproof the organisation, preserve independence and reduce risk should commissioning or funding arrangements change. It is a low risk and low cost proposal, with no impact on current contracts, delivery, staff or reputation.
28. The board is being asked to agree on the principle of this approach, with detailed options and a transition plan to be developed and agreed at the January development board session.
29. This proposal has been recommended by Healthwatch England and a few local Healthwatch are known to have decided to go down this route.
30. It is possible with a name change that contracts may be novated? JS will check this.
31. There have been questions to the Department of Health and Social Care from other local Healthwatch to keep the brand, as it is seen as a trusted brand. JS does not want to do that because we receive less feedback about social care because the name is suggestive of health only.
32. JS proposes a name change with a strategy session at the development board in January.
33. The other option would be to set up a whole new organisation.
34. CW echoed that the Healthwatch branding attracts people to give feedback extensively about primary and secondary healthcare but not so much about social care.
35. JJ agreed that this is a valid consideration.

The board agreed the proposal and approved the paper.

Board Proposal - Staff Development (for decision)

36. The board was asked to approve a time limited strategic investment in staff development to strengthen organisational capability during the period of significant system change.
37. The proposal is to allocate £5,000 per FTE, funded from unrestricted reserves, with no risk to contracted delivery. This would futureproof the organisation by building up specialist skills, retaining talent and ensuring we remain credible, competitive and resilient as commissioning and public voice models evolve.
38. The development proposal aligns with the previous paper and with local authority and ICB priorities around co-production, engagement and workforce capability. It appears to be a sound, risk managed, time-bound proposal which will have clear governance and oversight by the board.
39. The board is being asked to approve the investment as suggested and delegate implementation to JS with regular reporting back.
40. How is the £5000 calculated? JS responded that she had done some benchmarking. Most full time staff are in leadership, management or intensive engagement positions and relevant courses are around £3000-£5000.

41. AG previously raised concerns regarding the figures used to substantiate the original proposal which was subsequently revised. She stated that it is important that the staff know that their organisation values them and gives universal support to their development moving forwards.

The board agreed and approved the paper.

Any Other Business and Public Questions

JJ thanked everyone for attending. He also thanked everyone for their timeless dedication to Healthwatch and to what we represent, with professionalism and unwavering commitment. Work continues to ensure the voices of people across Cambridgeshire and Peterborough are heard and respected, and more often than not, acted upon in some way. Whatever the future holds, we can be immensely proud of what has been achieved and what continues to be achieved. We will keep doing our vital work as long as we are able to and we are committed to ensuring that there are options in place to allow the continuation of this essential role in some form. Healthwatch Cambridgeshire and Peterborough have made a real difference and it is entirely down to people in this meeting and others who we all represent.

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

The meeting closed at 18:07.