

Chair's report

Purpose

1. To update the Board on recent meetings I have attended on behalf of Healthwatch (see Appendix 1). In addition, I have held numerous meetings with our CEO and NEDs via zoom/teams and by telephone.

Key Issues

2. I became acting Chair on 15th November 2024 due to the continuing unfortunate health challenges faced by our Chair. We all fervently hope that this arrangement is temporary. I wish to record my gratitude for the tremendous support I have received from all NEDs, Jess Slater our CEO and the entire team.

Through my necessary wider engagement with external stakeholders, it is also apparent how highly Healthwatch is regarded in Cambridgeshire & Peterborough. This is thanks to our collective work to ensure the patient voice is heard and the respect for and leadership of our Chair who continues to helpfully advise in the background.

3. The new Government, the first since Healthwatch's establishment, aims to reform the NHS by empowering patients. Key initiatives include a new ten-year health plan, elective care reform and a social care commission. With a review of Healthwatch England and local Healthwatch already underway, this is an opportune time to reassess Healthwatch's role and strengthen its position to support these efforts effectively.

4. On 8th January, Healthwatch England published their Annual report 2023-24 titled 'Front and Centre' which not only reported on the national impact, but also made recommendations to government:

https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20240107%20Final%20designed%20report%20for%20website_0.pdf

Among the recommendations were to reform Healthwatch funding and commissioning and enhance the impact on patients and the health and care system. A proposed new model would make Healthwatch England the commissioner of local Healthwatch, with local authorities playing a key role. This approach would protect funding, ensure transparency and improve consistency and quality across the network while reducing administrative costs.

The model would align Healthwatch structures with Integrated Care Systems, providing effective partnerships to inform decisions and ensure accountability. It would also enable national infrastructure and real-time data sharing, maximizing the value of local insights. Crucially, this proposal preserves the benefits of localism while unlocking new opportunities for Healthwatch to better serve communities.

5. In December 2024, the Secretary of State published a white paper outlining the proposals to restructure local government. While we anticipate no significant changes to our Healthwatch, given that we are funded by both councils, it is important to monitor these developments closely.

In Cambridgeshire & Peterborough, the likely outcome is the dissolution of the five district councils, with the area potentially transitioning into either a single council or two unitary councils. The Combined Authority is expected to remain in place.

The significant change for health is that locally elected Mayors may be able to sit on Integrated Care Partnerships.

CCVS have published a blog exploring the potential implications of these changes for the voluntary sector:

[What does devolution mean for the local voluntary sector? – Support Cambridgeshire](#)

Action required by the Board

The Board is asked to note the contents of this report

Author: Jonathan Jelley

29th January 2025

Appendix 1

Meetings attended by the Chair – 15th November to 29th January 2025

Meeting	Date
ICB Board Meeting and Strategy Development Session	15 th Nov
HW Board Development meeting	20 th Nov
Meeting with PCC CEO and Cabinet Member	21 st Nov
Meeting with PCC Dr Shabina Quayum	26 th Nov
Head of Communications Interviews	11 th Dec
Meeting with Stewart	20 th Dec
ICB re Draft Strategic Commissioning Plan	2 nd Jan
Meeting with GPG Chair	3 rd Jan
ICB Board Meeting	10 th Jan
GPG meeting	14 th Jan
Health and Wellbeing/ICP Board meeting	17 th Jan