Healthwatch Sunderland (HWS) Advisory Board
Minutes of the meeting held Thursday, 23 April 2026
Millfield Medical Practice, Sunderland

Attendance – Advisory Board members

Debbie Burnicle	DB	Chair
Paul Weddle	PW	Vice Chair
Gavin Barr	GB	
Pauline Scott	PS	
Philip Foster	PF	
Joanne White	JW	

Attendance – Healthwatch Sunderland staff

Anna Gillingham	AG	Project Lead
Natalie Goodwin	NG	Engagement Officer
Favour Afegbua	FA	Engagement Officer
Clare Render	CR	Administrator (Minute Taker)

Attendance – other attendees

Julie Clarkson	JC	Support Worker for Sunderland Care & Support (support for Gavin Barr)

		Action
1	**Welcome and apologies** Apologies were received from Emma Anderson and Julie Parker-Walton. Introductions were made for Julie Clarkson, who attended the meeting as a support worker for Gavin Barr, and Favour Afegbua, the new Healthwatch Sunderland Engagement Officer. DB confirmed that both Chris Colley and Angela Laybourne have stepped down from the Advisory Board. The Advisory Board wished to record its thanks to both Chris and Angela for their contributions.	
2	**Declarations of interest/quoracy** PW advised that he is an ambassador for Game of Two Halves. DB confirmed that this did not constitute a conflict of interest regarding today's agenda; however, it should be formally recorded on the Register of Interests. There were no other declarations of interest, and the Chair noted the meeting was quorate.	**CR / PW**

		Action
3	**Minutes of the previous meeting**	
	The minutes were agreed upon as a true record.	
	3.1 Meeting with Pioneering Care Partnership (PCP) – Ongoing maintenance of the Business Continuity Plan (BCP) and Risk Register	
	DB reported that she has met with PCP. BCP - PCP has a BCP at the organisational level, covering the charity.	
	Risk Register - Helen Dent, PCP's Project Manager, is required to produce a quarterly report for the senior leadership team, which is RAG-rated. The Healthwatch project is currently rated amber due to potential issues around future funding. This rating is included in the quarterly report that is presented to the Trustees of PCP and subsequently feeds into the organisational risk register. At present, Healthwatch has not been added to the organisational risk register, as the charity does not consider it poses a significant risk to the sustainability of the charity.	
	3.2 Safeguarding - AG reported that the lady has informed HWS that she has removed her husband from the care home where he had been residing and is currently seeking an alternative placement. We have not received any further updates from her since then.	
	3.3 Stats update - PF reported that HWS feedback has been shared with South Tyneside & Sunderland NHS Foundation Trust (STSFT) and will be considered at the next Patient Engagement Group meeting to determine if it was beneficial.	
	3.4 Family Hub Survey – AG reported that she has followed this up again with Together for Children (TFC); however, she has not received a formal response regarding how the information has been shared to support service improvement.	**AG**
	A discussion took place around how the Family Hubs are being promoted. A couple of attendees had noticed adverts at bus stops. JW advised that she would speak to the STSFT Maternity Unit about how these are being advertised.	**JW**

		Action
	3.5 NHS App – DB advised that she has escalated the concerns to the Primary Care team at the Integrated Care Board (ICB), highlighting that HWS were not aware of the NHS App drop-in awareness sessions held at the Beacon of Light, which were intended to support access to the NHS App. The Head of Commissioning for Primary Care had also not been aware of the sessions and investigated further, and fed back to the ICB communications team and to us. AG reported that she identified NHS North East and North Cumbria Commissioning Support (NECS), digital team, as the team responsible for delivering the awareness sessions. She was advised that the first session was poorly attended and, as a result, the second session was cancelled.	
4	**Healthwatch Sunderland Board Governance Review** Emma Anderson's initial three-year term is due to end this year. AG will contact Emma to confirm whether she wishes to continue as a co-opted member of the NHS Advisory Board as a valued member. The Board agreed in principle to Emma remaining on the Board. Any concerns should be raised outside the meeting with the Chair or Manager; subject to no concerns being received, the terms would continue in line with the governance policy. DB reported that several HWS policies are due for formal approval. The following policies are up for renewal: • Code of Conduct policy • Register of Interest policy AG reported that the Expenses and Finance Policy is also due for renewal in the coming months; however, she will need to confirm with PCP whether their existing policy should be adopted rather than developing an HWS-specific one. DB reported that she and PW had reviewed the policies and found no differences. Following a discussion, the Board agreed that, where a policy is presented for formal approval and no changes have been identified, it may be approved outside the Board meeting. The policies will continue to be circulated to the Board for information.	**AG** **AG**

		Action
5	**2026-27 work plan priorities** A copy of the 2025-26 work plan priorities was circulated ahead of the meeting. Following a discussion, the following was agreed for 2026/2027. • Guiding you home, predominantly around hospital discharge. • Neighbourhood Health. • Digital tools in health, e.g., NHS App. • North East Ambulance Service (NEAS) – patient transport. This will be in conjunction with other local Healthwatch. Public feedback obtained through engagement activities will be taken into account and incorporated into the work plan where appropriate. Adult Safeguarding may also need to be included in the work plan; however, no updates have been received to date regarding our involvement. AG to produce a work plan for 2026/2027 and send it to the Board.	**AG**
6	**Healthwatch – national/local update** DB reported that the Health Bill is expected to be laid before Parliament on 17 May 2026. Subject to Parliamentary approval, the Bill will then require Royal Assent, with the changes anticipated to come into force in April 2027. There will be a transitional period for local Healthwatch organisations ahead of April 2027, particularly those operating as community interest companies. Statutory duties will be transferred from local Healthwatch, including the function of gathering and representing the patient voice. The ICB and the local authority will be held accountable for the delivery of this function; however, no decision has yet been made regarding the means by which it will be delivered – the current message being that this will not be prescribed, leaving the potential for the local authority and ICB to commission a body to deliver this for them. Advocacy and signposting will remain the responsibility of the ICB and the local authority to commission, as is currently the case. At present, no confirmation has been given regarding the future of the Enter and View function.	

		Action
	This reflects the current position, though it remains subject to change. The key message is that there is no intention to diminish the powers currently held by Healthwatch; rather, these powers will be transferred on a like-for-like basis. However, the Healthwatch brand itself will come to an end. DB updated the group on the meeting she and AG attended with PCP. PCP are currently seeking to position themselves appropriately with the various groups and organisations across Sunderland, with a view to influencing any potential changes arising from the proposed closure of the local Healthwatch and to place themselves in a position where they may have the option to deliver those functions. PCP, along with HWS, have expressed the view that there remains a clear need for an independent patient voice mechanism. The Board agreed to support this PCP positioning and the increasing use of the PCP brand for the remaining HWS work. Discussion about staffing also took place, and PCP were clear they would support ongoing recruitment to current vacancies as well as protect any underspend to enable longer-term employment of existing staff past March 2027, where possible. Following a discussion, the Advisory Board felt that it may be beneficial for a member of the PCP Senior Team to join the Board as a co-opted member. AG to take this up with PCP.	**AG**
7	**Team and work plan update** The team update/work plan paper was circulated to the Advisory Board before the meeting. The Advisory Board was given the opportunity to ask questions relating to the update.	

		Action
7.1	**NHS App** - Discussions took place regarding the support that may be available to the public in relation to difficulties accessing the NHS App. AG reported that this issue is being investigated with system partners to identify the support they may be able to offer. Following her discussions with NECS, it was suggested that opportunities to work collaboratively with them on this issue could be explored. DB reported that this will need to be a priority over the coming year. A problem has been identified, and continued engagement with key partners will be required to secure a clear plan to address it. JW reported that STSFT has an Accessible Information Standards Group and advised that anyone interested in becoming involved should let her know.	
7.2	**Guiding You Home Phase II** – AG reported that no progress has been made to date. PF advised that they are currently waiting to determine the next area of focus.	
7.3	**Extra Care** – AG reported that we have visited two extra care facilities. The report has been produced and submitted to the Council, although no feedback has been received to date. Overall feedback was largely positive; however, a potential issue was identified in relation to staff capacity. As DB and PW were meeting with the local authority today, they would seek any feedback if available.	**DB / PW**
7.4	**Youthwatch** – AG reported that we have recruited three new Youthwatch volunteers.	
7.5	**GP practice reception survey** – AG reported that feedback was largely positive. A report has been produced and shared with the GP practice. An issue regarding consistency in patient interaction was identified and known to the Practice.	
7.6	**Primary Care Access Recovery Plan** – AG reported that the findings report has been produced and that permission has been sought to share it. The report has been circulated to the Board for information; however, it cannot be published on the website at this time due to purdah.	

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8	**Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) – Service Change Plan 2026/2027** A copy of the CNTW Service Change Plan 2026/2027 was circulated to the Board before the meeting. The document sets out the strategic ambitions aimed at delivering high-quality care daily and improving CNTW inpatient and community services. It also highlights the areas for improvement identified following the Care Quality Commission (CQC)'s most recent inspection, which moved the Trust from Outstanding to Requires Improvement. AG reported that the local Healthwatch areas where CNTW operates are proposing a piece of work focused on patient feedback. Following a discussion, the Board agreed that this represented the most appropriate way forward in response to the letter we received from the Chief Executive about the inspection outcome and next steps.	
9	**The King's Fund report – The future of patient voice** The King's Fund report on the future of patient voice was circulated to the Board before the meeting. This report focuses on the learning from the Healthwatch model and includes clear recommendations to future bodies about the need for an independent patient voice in health and care and the need to connect with communities, especially those often referred to as 'harder to reach', noting that Healthwatch was very successful in accessing these groups.	
10	**Healthwatch England – State of Care Report** The Healthwatch England State of Care report was circulated to the Board in advance of the meeting. The report sets out the public's experiences of health and social care over the last 2 years, aiming to illustrate what care feels like for those using services and to make recommendations where improvements are needed. In the context of the proposed closure of Healthwatch, it emphasises the importance of any successor arrangements continuing to value and act upon the public voice.	

		Action
11	**Finance update** The quarter 4 finance update paper was circulated to the Board before the meeting. Everything is on target with the forecast. AG reported that a new HWS Engagement Officer post has been advertised in light of the current engagement officer moving into a post in an NHS Trust in the near future. Should the position be successfully filled, this is expected to result in a slight change to the figures.	
12	**Safeguarding** AG reported that no safeguarding issues were raised in the last few months.	
13	**Stats update** The Board discussed the Quarter 4 trends data summary, which had been circulated to the group before the meeting. An annual stats report covering April 2025-March 2026 was also circulated to the group and found to be a helpful overview, e.g., noting the various ways feedback is received. The third-party feedback is mainly feedback received from Healthwatch England.	
14	**Sunderland Digital Strategy** A copy of the Sunderland Council's Digital Inclusion Strategy 2026-2035 was circulated before the meeting. The strategy sets out plans to enable all residents to thrive in an increasingly digital environment by 2035, with a focus on reducing digital exclusion, building trust, and sharing the benefits of a connected city. It was shared at the meeting, both because of our concerns re the lack of a system approach to helping local people understand and get the best use out of the NHS App. Also, because of the HWS contribution for AG to the working group and recommendations.	

		Action
15	**Any other business**	
	15.1 North East & Yorkshire/North West Regional Learning Session 2 for the National Neighbourhood Health Implementation Programme DB briefed the group on the feedback from the meeting that Emma Anderson attended on behalf of HWS. Sunderland is one of 43 authorities involved in the first phase of the programme. The event provided an opportunity to share learning between authorities and hear reflections from Dr Minal Bakhai following her recent visits, including one to Sunderland. Discussions focused on developing the local infrastructure needed to bring health services closer to communities. While no firm decisions were made, the event offered valuable insight into how other authorities are progressing and provided a useful foundation for shaping Sunderland's future vision. EA advised we keep this item on our agenda as the work develops.	
16	**Date and time of next meeting** The next Advisory Board meeting will be held on Thursday, 23 July 2026, from 10:00 am to noon, Millfield Medical Group, 63-83 Hylton Road, Sunderland, SR4 7AF.	