

**Healthwatch Sunderland (HWS) Advisory Board**  
**Minutes of the meeting held Thursday, 22 January 2026**  
**Millfield Medical Practice, Sunderland**

**Attendance – Advisory Board members**

Debbie Burnicle	DB	Chair
Paul Weddle	PW	Vice Chair
Gavin Barr	GB	
Chris Colley	CC	
Pauline Scott	PS	
Philip Foster	PF	
Joanne White	JW	
Julie Parker-Walton	JPW	
Angela Laybourne	AL	

**Attendance – Healthwatch Sunderland staff**

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

**Attendance – other attendees**

Neil Roseberry	NR	Care Co-ordinator for Sunderland Care & Support (support for Gavin Barr)
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<b>1</b>	<b>Welcome and apologies</b>  Apologies were received from Emma Anderson. We welcomed Neil Roseberry, who attended the meeting as a support worker for Gavin Barr, and made introductions.	
<b>2</b>	<b>Declarations of interest/quoracy</b>  There were no declarations of interest, and the Chair noted the meeting was quorate.	
<b>3</b>	<b>Minutes of the previous meeting</b>  The minutes were agreed upon as a true record.	

	Action
<p>3.1 <b>Meeting with Pioneering Care Partnership (PCP) – Ongoing maintenance of the Business Continuity Plan (BCP) and Risk Register.</b> DB advised that this meeting with PCP has not yet taken place, but intends to raise this matter once the meeting is scheduled.</p> <p>3.3 <b>North East and North Cumbria (NENC) strapline</b> –AG updated on the PCP view and, on reflection, the group formally agreed to adopt the NENC strapline only on those pieces of work produced in partnership with the network.</p> <p>3.4 <b>Family Hubs – Related activity undertaken by the local authority</b> – AG reported that she had reviewed Together for Children’s most recent Care Quality Commission (CQC) report.</p>	<p><b>DB</b></p>
<p><b>4 NHS online consultation</b></p> <p>The Department of Health and Social Care (DHSC) and NHS England are consulting local Healthwatch organisations on the creation of a national digital-first NHS trust called the Online NHS Trust. This trust will deliver elective care services virtually, accessed via the NHS App, as part of the government’s 10-Year Health Plan to expand digital healthcare.</p> <p>We have been provided with a set of questions on which our insight and feedback have been requested, with a submission deadline of <b>9 March 2026</b>. A copy of the consultation briefing, including an overview of the key objectives, delivery model, anticipated benefits, risks and concerns, together with the consultation questions, was circulated to the group in advance of the meeting</p> <p>Following a detailed discussion, the group made the following comments:</p> <ul style="list-style-type: none"> <li>• Overall, the proposal was received positively and was supported by all the Board as the way forward for the NHS; however, it was noted that implementation would require additional resources rather than a reallocation of existing ones, including increased workforce capacity, support for digital health hub-type facilities and people advisors accessible via the App as opposed to AI/robots.</li> </ul>	

	Action
<ul style="list-style-type: none"> <li>• It was noted that the NHS App has limitations in terms of accessibility and inclusivity. The App is currently available in English only and requires access to a smartphone and the internet, which may exclude many individuals, including those with language barriers, limited digital skills, or restricted access to digital technology, etc.</li> <li>• There was a lack of consistency with the NHS App, and the need for a robust failsafe system was highlighted. It was felt that the system is not sufficiently digitally integrated, and clarification should be sought regarding ownership and accountability before launching this service.</li> <li>• Clear, accessible language should be used to ensure information is easily understood by the public. The short video included in the consultation was not a good example of appropriate public information due to the language used.</li> <li>• Increased choice may risk exacerbating health inequalities, highlighting the need to prioritise access for local populations to local services, particularly for those who could not access the online trust and the need for government investment in local support is required.</li> <li>• How would this align with any reasonable adjustments already identified for patients? This needs to be factored in.</li> <li>• If the primary aim of this initiative is to reduce waiting lists, there is a potential risk that individuals who are more digitally confident may be prioritised over those with limited digital skills and longer waiting times. Consideration should therefore be given to prioritising this new service for people currently on the waiting list, rather than new patients, until a significant impact has been made for those who have been waiting a while.</li> <li>• It needs to be borne in mind that the closure of Healthwatch could have an impact on how individuals can give their feedback on local services/national services at the very time this new online service is coming into operation.</li> <li>• Sunderland, with its network of Digital Health Hubs, could provide a test bed for the service in the testing phase.</li> </ul>	

	Action
<p><b>5 2025-26 work plan priorities</b></p> <p>A copy of the 2025-26 work plan priorities was circulated ahead of the meeting.</p> <ul style="list-style-type: none"> <li>• <b>Safeguarding Adults</b> – AG confirmed that we are still awaiting the start date for this piece of work.</li> <li>• <b>End-of-life care</b> – The North East and North Cumbria (NENC) Healthwatch Network are supporting the NHS Integrated Care Board (ICB) across the region to gather views on how people feel about discussing death, dying, and the care they would want for themselves or their loved ones. An online survey has been developed to support this engagement.</li> <li>• <b>Emergency and urgent care awareness</b> – AG advised that several actions have taken place as a result of this work. Including the team further promoting the differences between the departments and when it is appropriate to access them whilst out in the community. The Trust has also agreed to implement awareness-raising initiatives within the hospital; progress on this has been requested, and a response is pending.</li> <li>• <b>Youthwatch</b> – JW reported that the Trust’s Young Persons Group will be holding a Youth Day in August, and there may be an opportunity for Healthwatch Youthwatch to be involved. All Youthwatch members are welcome to participate in the Trust’s Young Persons Group.</li> <li>• <b>Health and social care awareness campaigns</b> – Work is ongoing to identify a suitable campaign for February. AL advised that ‘Dying Matters’ is scheduled to take place in May, should HWS wish to consider this as a campaign focus for that month.</li> </ul>	

	Action
<p><b>6 Healthwatch -national/local update</b></p> <p>DB reported that we have received formal confirmation that funding has been approved for the local authority to continue commissioning the local Healthwatch service for 2026/2027 at a similar funding level to the current year. Another meeting with the Department of Health &amp; Social Care is taking place on February 4<sup>th</sup>, and Debbie and Anna will be attending. It is anticipated that a further meeting will be arranged with the local authority and other key partners across the Sunderland health and care system, to discuss the transition process and the future arrangements for the functions currently carried out by local Healthwatch.</p>	
<p><b>7 Finance update</b></p> <p>The quarter 3 finance update paper was circulated to the Board before the meeting. Everything is on target with the forecast, and no questions were raised.</p>	
<p><b>8 Safeguarding</b></p> <p>AG reported that a further concern has been received from a woman regarding the care her husband is receiving at the care home where he currently resides. She has indicated her intention to move her husband back home. She is pursuing her concerns formally with the care home and intends to escalate the matter to the Local Government and Social Care Ombudsman once a formal response has been received.</p> <p>She is currently in contact with the Sunderland Carers Centre for support and has advised that she will keep us updated on any progress.</p>	
<p><b>9 Stats update</b></p> <p>The Board discussed the Quarter 3 trends data summary, which had been circulated to the group before the meeting.</p> <p>The data in this document reflects only individual feedback from members of the public recorded in our system and does not include insights gathered through specific pieces of work. A statement will be added to future data feedback reports to make this distinction clear.</p>	<b>CR</b>

	Action
<p>PF asked whether the HWS feedback data recorded for the South Tyneside &amp; Sunderland NHS Foundation Trust is shared with the Trust. AG &amp; JW confirmed that the process for doing so will be explored, recognising the complexities involved due to the way each partner has to record their data on their systems.</p>	<p><b>AG / JW</b></p>
<p><b>10 Team and work plan update</b></p> <p>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.</p> <p>10.1 <b>Family Hub Survey</b> – DB asked for any feedback on the first survey recently undertaken for Together for Children (TFC). AG reported that, to date, a mixed response has been received. Respondents who are aware of Family Hubs are not familiar with the full range of activities available, and individuals who are new to Sunderland had not previously heard of them. Information gathered to date has been submitted to TFC, and any further information will continue to be shared on a periodic basis. A follow-up with TFC will be undertaken to understand how the information shared is being used to improve services.</p> <p>10.2 <b>Dementia diagnosis information booklet</b> – PS asked now that nearly all printed copies have been distributed, are there plans to pay for additional printed copies?</p> <p>AG responded that the professional printing of this document is costly. Before committing to producing additional copies, it will be necessary to assess the level of demand. If required, individual copies can be printed in-house on an ad-hoc basis.</p> <p>It was also noted that the HWS booklet has now been included in the welcome packs given to refugees and asylum seekers who are new to the city.</p> <p>10.3 <b>Deerness Park reception survey</b> – PS asked for an update on this work.</p> <p>NG reported that planning is underway for a final visit. As the reception team comprises different members of staff, observation feedback will need to be gathered for all team members.</p>	<p><b>AG</b></p>

	Action
<p>10.4 <b>Foetal Alcohol Spectrum Disorder (FASD)</b> – JWP noted that this topic is included on the agenda for the forthcoming drug and alcohol meeting. Anna explained this was a result of the work she and Wendy had been doing with colleagues in public health to raise the issues faced by local families of those undiagnosed/diagnosed with FASD.</p>	
<p><b>11 Any other business</b></p> <p>11.1 <b>GP-led weight-loss medications</b> – DB reported that Healthwatch England has published a report highlighting difficulties people across the country face in accessing weight-loss medications through the NHS. A discussion was held regarding GP-led prescribing of weight-loss medications and the current position in Sunderland.</p> <p>PW advised that the decision to prescribe these drugs rests with individual GP practices, provided patients meet the relevant eligibility criteria. DB also noted she was expecting an update from the Integrated Care Board (ICB) on how they were adopting the national guidance on this issue, e.g. what policy has the ICB put in place.</p> <p>DB reported that two drop-in awareness sessions held at the Beacon of Light had been arranged, to support people with accessing the NHS App. This information was circulated in the Health Ambassadors newsletter, and DB asked if HWS were involved. AG commented that HWS were unaware, and DB agreed to follow up with the Primary Care ICB team.</p>	<p><b>DB</b></p> <p><b>DB</b></p>

	<b>Action</b>
<p>11.2 <b>Informal Advisory Board meeting</b> – Our next Informal Advisory Board meeting will take place on Monday, 16<sup>th</sup> March 2026, from 09:30 am to 10:30 am via Teams.</p> <p>11.3 <b>HWS Engagement Officer</b> – AG reported that an appointment has been made to the Engagement Officer vacancy. It is anticipated that the new postholder will be able to start in February/March</p>	
<p><b>12 Date and time of next meeting</b></p> <p>The next Advisory Board meeting will be held on Thursday, 23<sup>rd</sup> April 2026, from 10:00 am to noon, Millfield Medical Group, 63-83 Hylton Road, Sunderland, SR4 7AF.</p>	