

Healthwatch Sunderland (HWS) Executive Board
Minutes of the meeting held Thursday, 25 July 2024
Millfield Medical Practice, Sunderland

Attendance – Executive Board members

Debbie Burnicle	DB	Chair
Paul Weddle	PW	Vice Chair (Paul was not present for all meeting)
Gavin Barr	GB	
Chris Colley	CC	
Pauline Scott	PS	
Joanne White	JW	Co-optee
Julie Parker-Walton	JPW	Co-optee

Attendance – Healthwatch Sunderland staff

Anna Gillingham	AG	Project Lead
Wendy Hadlington	WH	Engagement Officer
Clare Render	CR	Administrator (Minute Taker)

	Action
<p>1 Apologies & introductions</p> <p>Apologies were received from Emma Anderson and Ismaaeel Rashid. DB introduced Julie Parker-Walton, Consultant in Public Health, at Sunderland City Council, a new co-opted member of the Board.</p>	
<p>2 Our Future Health – new mobile clinic</p> <p>Our Future Health sent Healthwatch Sunderland details of a health research programme opening in Sunderland (a copy was sent to the Board before the meeting). They have opened a mobile clinic outside Asda, Leechmere Road, Sunderland. They aim to build a community of volunteers that reflects the UK's population to identify differences in how diseases begin and progress in people from different backgrounds.</p> <p>We invited the manager to our meeting to brief the Board on this new clinic however due to technical difficulties she was not able to attend.</p>	

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After a discussion, several questions were raised by the Board regarding the new clinic. These will be sent to the Board for confirmation and then to Our Future Health for their attention. We agreed we would want answers to these questions before actively promoting the research to the public and specific user groups.	CR
3 Declarations of interest/quoracy There were no declarations of interest, and the Chair noted the meeting was quorate.	
4 Minutes of the previous meeting The minutes were agreed as a true record. 4.1 Rent – the lease for the office is tied in with the commissioning contract up to 2027. 4.2 Youthwatch, Vape Awareness Sessions – JPW reported that her team is doing a lot of work through the schools around young people and vaping. AG noted the Youthwatch volunteers were working in partnership with this team. 4.3 New model for Healthwatch – Following the webinars held in May a list of Q&As has been produced. This document was circulated to the Board for their information. The national team aims to have a robust and detailed proposal for September 2024 developed by a working group of representatives from local Healthwatch across the country. This detailed proposal will be shared across the network when it is finalised.	
5 Finance AG went through the quarter 1 finance figures (April 24 – June 24) for HWS. The quarter 1 finance update paper was circulated to the Board before the meeting. The following was discussed: <ul style="list-style-type: none"> Rent – appears to have doubled in May. This is because it was billed twice in May and will adjust throughout the year. We only make 12 payments a year. 	

	Action
<ul style="list-style-type: none"> Contact funding – DB asked about the surplus money. AG reported that this has been forecasted for the next 2/3 years with the staffing costs included, however, due to the current staff vacancies we have a surplus. This will balance out when the staff vacancies have been filled. 	
<p>6 Safeguarding</p> <p>AG reported that no safeguarding issues were raised in the last few months.</p>	
<p>7 Stats update</p> <p>The Board discussed the trends data summary for Quarter 1. A copy of which was sent to the group before the meeting.</p> <ul style="list-style-type: none"> GP, e-consult systems – DB asked if there was a further update on what the requirement was for GPs' use of this system. PW replied that there is no contractual standard for the use of this system. Each GP is required to have it but how it's used is up to each GP practice to work out its solution. AG reported we are looking at this and how the GPs are advertising it. Following our GP website research work, all GP practices have e-consult on their websites. However, they are not using all the options available and are not informing the public what they can and can't use it for. AG intends to feedback on the need for this to the General Practice Alliance. Maternity services – WH reported that this feedback was picked up following an engagement event with Maternity Voices organised by the Trust so the Trust does have the feedback. 	
<p>8 Team/work plan update</p> <p>The team update/work plan paper was circulated to the Board before the meeting. The Board was given the opportunity to ask questions relating to the update.</p>	

	Action
<p>8.1 Engagement between a surgery in Sunderland and The POSH Group – PW reported that national GP surveys of patients over the years have highlighted that this surgery has consistently been struggling. Anna reported that following our engagement a regular coffee morning is being set up in the surgery for patients. Natalie will be attending these sessions in the short-term, and we will continue to monitor the practice. It was noted that the Healthwatch support was very positive, whilst equally useful was the wider context about the Practice and this may be an opportunity for Healthwatch to encourage wider patient engagement, e.g. online panel etc.</p>	
<p>8.2 Hospital care – DB reported that she had attended a meeting in May 2024 and requested an update from the Trust following the hospital discharge report we did – this was agreed by senior staff, along with an apology for missing previous deadlines. We were given assurances that the July Healthwatch Board meeting was a reasonable timeframe to receive the update, however, nothing has been received.</p> <p>After a discussion, it was agreed that a formal request should be sent to Liz Davies, Executive Director of Communications from the Chair on behalf of the Board requesting the update and noting our concerns at the repeated delays.</p>	DB
<p>8.3 Priority Poll Data – DB asked what the next steps are with the additional areas members of the public felt were important following our priority poll.</p> <p>AG reported that two of those areas we are already involved with, ie dementia and community and preventative health. GWR will be keeping an eye on the other areas as well as the regular organic/non-organic data that we receive. The team looks at this data monthly.</p>	
<p>8.4 Patient Participation Group (PPG) support – DB asked if a copy of the new PPG guide could be shared with the Board.</p>	WH

	Action
<p>9 Water fluoridation consultation</p> <p>We have emailed our support for this consultation however due to Purdah and the local elections we asked for an extension to the timeline of this consultation to enable it to be advertised. The timeline is now the end of July.</p> <p>A schedule of social media posts has been drawn up to advertise this consultation.</p>	
<p>10 Recruitment update</p> <p>AG briefed the group on the current staff vacancy. Our Engagement Lead role is currently being advertised. The closing date is 4th August.</p> <p>We are publicising this as much as we can and the support from colleagues was noted and appreciated.</p>	
<p>11 Work plan request – dementia support booklet</p> <p>WH briefed the group on this work plan request. The work plan request detailing the proposal was sent to the group before the meeting.</p> <p>Feedback has highlighted the lack of a guide containing all the local information needed for individuals/family members/carers who are going through the stages of dementia (both pre-diagnosis and post-diagnosis). The current waiting time of one year for an assessment/dementia diagnosis was also noted and the impact of this on families.</p> <p>Regarding the resourcing. The lead staff member will be Wendy Hadlington and the lead board member will be Pauline Scott.</p> <p>DB asked for assurance that if the Board agreed to this new work plan item, it would be manageable, not impacting our already agreed work plan, and there would be a clear understanding of the timeframe and the cost. AG reported that there is capacity within the team to undertake this work and keep the document updated. AG did note as this is a big piece of work it may not be finished within this financial year. PDFs of the guide will be produced and circulated, so printing costs for Healthwatch will be minimal.</p> <p>After a discussion, the Board agreed to this work plan request.</p>	

	Action
<p>12 Emergency and urgent care – work plan item</p> <p>AG briefed the group on this work plan item. WH is doing a piece of work with the Sunderland Royal Hospital regarding a men's carer group's experiences of supporting their wives to the emergency department and what improvements could be made. JW also noted the current work with Kinship carers and the Emergency Department.</p> <p>One thing the Team thought we could do is to raise awareness of the differences between the Emergency and the Urgent Care departments. AG asked the Board for their views. The following was suggested:</p> <ul style="list-style-type: none"> • Ask people who have experienced it about their understanding and experiences. • A video showing the differences between the two departments. • Leaflets giving more details. • Using the TV screen monitors to show information. <p>However, it was noted the purpose of the discussion was to consider if the proposal to help people better navigate Urgent and Emergency Care was an appropriate focus for the team, rather than to come up with the best way to help people navigate the two services today. The Board agreed that this was an appropriate focus and these initial ideas for improving the navigation could go into the mix as the team take forward the work.</p>	
<p>13 Any other business</p> <p>13.1 Access to Primary Care – patient perspective – AG reported that we still haven't received a response to our report from Public Health and the Integrated Care Board (ICB). We are unable to send out our report until we have received this.</p> <p>JPW reported that she will take this up with her team. DB replied that she would also take this up with Scott Watson.</p> <p>DB noted that the Health & Wellbeing Board had also requested that all non-responses to reports be highlighted at their meetings.</p>	<p>JPW DB</p> <p>PW</p>

	Action
<p>13.2 Healthwatch England (HWE), Chairs and Board membership – meeting with local MPs – DB reported that HWE has produced a template letter that local Healthwatch could use.</p> <p>DB suggested that we should contact the new Sunderland MP, Lewis Atkinson. Lewis has worked in the NHS for 20 years.</p> <p>This will be discussed at the next 1-1 DB has with AG.</p> <p>13.3 Join the BIG Conversation: Let's talk about women's health – AG briefed the group on this piece of work. This is a commissioned piece of work from the ICB for regional local Healthwatch to advertise their survey. Local targets have not been set, unlike the dentist survey.</p> <p>The ICB has launched this survey to find out what matters most to women and girls when it comes to their health.</p>	
<p>14 Date and time of next meeting</p> <p>The next meeting will be held Thursday, 24th October 2024, 10am-12 noon, Millfield Medical Centre, 63-83 Hylton Road, Sunderland, SR4 7AF.</p>	