

Committee minutes – Public

3rd March 2026 – 2 pm to 3:30pm

Hybrid: in person at Citizens Advice Gateshead and online via Zoom

Committee members present.

Michael Brown	(MB)	(in person)
Gordon Wallace	(GW)	(in person)
Lyn Boyle	(LB)	(in person)
Bob Gaffney	(BG)	(In person)
Semande Ayihonbe	(SA)	Online (via zoom)

In attendance

Yvonne Probert	(YP)	CEO (in person)
Courtney Peel	(CP)	Chief Operating Officer (in person)
Avish Johnson	(AJ)	Business Manager (in person)

1. Welcome and introductions.

- 1.1. MB welcomed everyone to the meeting.

2. Apologies for absence.

Apologies were received from Privilege Garaba (PG) Peter Wilson (PW), Alan Guest (AG), Gillian Hindson (GH), Shamshad Shah (SS), Mairi Cox (MC), and Jack Tinkler (JT).

3. Minutes of previous meeting/matters arising.

- 3.1. The analysis of the Youthwatch workshops will be presented at the next meeting.
- 3.2. Healthwatch England and DHSC meeting details are part of the agenda.
- 3.3. Committee member availability to be confirmed for future meetings.

The minutes from the committee meeting held on 6th January 2026 were approved as a true and accurate record.

4. Electronic Decisions

- 4.1. Endorsed Gateshead health and wellbeing strategy.

5. Chair – written and verbal update

5.1. Healthwatch England and Department of Health & Social Care meeting:

- 5.1.1. A new health reform bill is to replace the existing Care Act as expected, with new legislation anticipated by April 2027.
- 5.1.2. A Department of Patient Experience is expected to be established to replace some functions of Healthwatch.
- 5.1.3. The Healthwatch brand is expected to end, with functions likely to transfer to Local Authorities and Integrated Care Boards (ICBs).
- 5.1.4. There will be a transition period following the abolishment of Healthwatch, expected to last for six months.
- 5.1.5. Advocacy services are expected to continue, potentially delivered by Local Authorities or ICBs.
- 5.1.6. An Equality Impact Assessment will be undertaken.
- 5.1.7. The independence of the system and potential impacts under the new model were discussed.
- 5.1.8. There was no mention of Enter and View, and this will need to be monitored.
- 5.1.9. There will not be a central decision on the commissioning of Healthwatch activities; responsibility will lie with ICBs and Local Authorities.
- 5.1.10. A Department of Patient Experience is expected to be established to replace some functions of Healthwatch.
- 5.1.1.1. Funding for 2026–2027 has been confirmed, with verbal confirmation received from Local Authorities regarding the extension of Healthwatch contracts; formal written confirmation is awaited.

A discussion took place regarding the current Healthwatch contract and the extension period.

2:14 – SA joined the meeting

There will not be central decision on the commissioning of Healthwatch activities responsibility will lie with ICBs and Local Authorities, and this will need to be monitored.

A discussion took place regarding the archiving of Healthwatch records and the potential process for transfer or disposal.

The independence of the system and potential impacts under the new model were discussed.

The committee discussed Dr Penny Dash's review on areas of duplication, which led to the proposed abolition of Healthwatch organisations.

5.2. NENC Healthwatch Regional Network: Feedback from meeting on 29th January 2026.

- 5.2.1. Healthwatch England attended the meeting, and there was discussion around the timeframe for new legislation and the six-month transition period.
- 5.2.2. Healthwatch England staff capacity has been reduced; however, they will continue to support local Healthwatch as usual with learning, training and digital platforms.
- 5.2.3. The NENC Healthwatch Regional Network has a fund of £200,000, which will be used for future projects.
- 5.2.4. The Committee discussed the need to be more involved in regional network work and administrative support.
- 5.2.5. Details of new ICB projects are yet to be published.
- 5.2.6. A dentistry report was published and recognised for its quality.

5.3. Healthwatch England bid Opportunity:

A regional bid led by Healthwatch Gateshead to undertake a national study on Healthwatch organisations was submitted but has been unsuccessful.

5.4. Annual Survey 2026 Report:

The report was presented to the committee, outlining public views on health and care services in and around Gateshead. A total of 237 responses were received, with experiences ranging from excellent to very poor. Frequently used services included GP, hospital, ambulance, and pharmacy services, which were generally rated positively. Mixed feedback was received for dentistry, mental health, social care, and physiotherapy services. Additional topics included COVID-19 clinics, autism, sexual health, and social prescribing.

- 5.4.1. YP mentioned that it is business as usual for 2026–2027 and that priority topics will need to be set for future projects.
- 5.4.2. General communication – the expectations of the public versus the services received were discussed, including the impact of technology barriers and equality. The availability of public information and knowledge gaps were also discussed, with examples such as different GP appointment durations (10-minute and 20-minute appointments), how to

access longer appointments, and miscommunication in the health sector, which was generally identified as a scope for a project.

- 5.4.3. Impact of long COVID clinic closures – gaps in the system were identified as another priority topic.
- 5.4.4. Mental health – gaps in accessing primary care due to mental health issues and challenges in mobility were identified as the third priority topic.
- 5.4.5. Chiropody – access to foot care and the affects that had on people’s mobility as well as an increased risk of falling was discussed and identified as another priority.
- 5.4.6. The Committee agreed to set the following as the priorities for the following year:
 - Communications – do people understand the healthcare system and how to use it?
 - Closure of Covid 19 clinics – what are the affects of this closure has on attendees?
 - Mental Health – is there a gap between mental health services and primary care services?
 - Chiropody – This is an essential for services for people's mobility and to prevent falls, is there good access to this service?

5.5. Closure of Ward 31A (eating disorders) at RVI:

- 5.5.1. The Committee discussed issues such as the difficulties people might face in travelling for treatment and the geographical impact due to a 25% reduction of beds across the region.
- 5.5.2. The Committee also noted that public consultation had not been undertaken prior to the decision, which is of concern.
- 5.5.3. Healthwatch has raised concerns with the relevant organisations.

6. Project updates and research priorities – Written update

CP presented on behalf of JT

- 6.1. Dementia Care: A response has been received from Gateshead Council; changes have been implemented. The report is planned to be published in the week commencing 2 March 2026.
- 6.2. Autism & ADHD: The first draft of the report, including findings and recommendations, will be reviewed and circulated to the committee as well as partners for comments and feedback in early March 2026.
- 6.3. Physiotherapy: The project scope was shared previously with the committee on 22 January, and amendments have been made. The plan is to start

engagement in the new financial year. BG has been allocated as project sponsor.

- 6.4. Enter & View: Residential Care: The Sister Winifred Laver Centre follow-up report was published on 8 January 2026. The Appletree Care Home report was also published on 8 January, with follow-up discussions to take place in March 2026. St Marks Court: The draft report has been shared with the committee and returned to the provider, with a deadline for feedback by 9 March 2026. The report is set to be published by mid-March 2026.
- 6.5. Youthwatch: Two workshops were conducted, which were very well received, and Healthwatch has been welcomed back. There are also potential options for future workshops at Emmanuel College and Dryden School.
- 6.6. ICB project update: Reports for recently completed projects are awaited, and there are currently no new live projects.
- 6.7. New – Project Tracker – YP presented the new project tracker, which outlines project timelines and changes over time to provide an up-to-date status of each project for the year.

7. Locality working update – Written update

CP presented on behalf of JT

- 7.1. Locality work is continuing as usual, with multiple drop-ins across Gateshead.
- 7.2. The NENC Regional Healthwatch PCARP project was also carried out simultaneously at drop-in events.
- 7.3. Topics such as GP services, dentistry and mental health have been major areas of discussion.
- 7.4. The committee appreciated the efforts of JT in identifying appropriate localities and in continuously improving the level of public engagement.
- 7.5. YP discussed the importance of data collection and the need to share it with the public, and made two proposals:
 - instead of sharing the full report with partners, the report should be narrowed down to share only relevant data with respective partners (e.g. Adult Social Care, hospitals, or pharmacies).
 - Data shared with the public should be presented as a summary of the full dataset.
- 7.6. The committee agreed on the proposals.

8. Update from Gateshead Autism Strategy Partnership

- 8.1. Nothing to report

9. Finance Verbal Update

9.1. There was nothing to report. Expenses and income are as expected.

10. Standing Items

10.1. Nothing to report regarding Safeguarding, Health and Safety, or Equality, Diversity and Inclusion.

10.2. There is no freedom of information requests.

11. Any other business

11.1. None.

12. Date and time of next meeting.

12.1. To be confirmed.

Action – AJ to check availability with all committee members to schedule the May meeting.