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|  | **11 April 2023** | **09 May 2023****Meeting Cancelled** | **13 June 2023** | **11 July 2023** | **08 August 2023** |
| **Janene Davies Chair** | $$√$$ |  | $$√$$ | **Apologies** |  |
| **Ann Heaton** | $$√$$ |  | $$√$$ | $$√$$ |  |
| **Maggie Skilling** | $$√$$ |  | $$√$$ | **Apologies** |  |
| **Ann Lloyd** | **Apologies** |  | $$√$$ | **Apologies** |  |
| **Ernie Rothwell** | $$√$$ |  | $$√$$ | $$√$$ |  |
| **Annmarie Stone** | **Apologies** |  | **Resigned** | **Resigned** |  |
| **Malcom Coe** | **Apologies** |  | $$√$$ | $$√$$ |  |
| **Mohammed Albaadani** | $$√$$ |  | $$√$$ | $$√$$ |  |
| **Mary Hill** | **Apologies** |  | $$√$$ | $$√$$ |  |
| **Carole Jones** | $$√$$ |  | **Apologies** | $$√$$ |  |
| **Adrian D’Arcy** | **Apologies** |  | **Apologies** | **DNA** |  |
| **Adrian P Hardy** | **Apologies** |  | $$√$$ | $$√$$ |  |
| **Jean Peet** | $$√$$ |  | **Apologies** | **Apologies** |  |
| **Elaine Clayton** | $$√$$ |  | **Apologies** | $$√$$ |  |
| **Debbie Szwandt** |  |  |  | **Apologies** |  |
| **In attendance** |  |  |  |  |  |
| **Karen Parker, Chief Officer HWWL** | $$√$$ |  |  | $$√$$ |  |
| **Andrea Arkwright,****Involvement & Engagement Officer HWWL** | $$√$$ |  |  | $$√$$ |  |
| **George Sharp****Engagement Officer HWWL** |  |  |  | $$√$$ |  |
| **Lacey Briscoe****Administration Officer****(Minutes)** |  |  |  | $$√$$ |  |
| **Doris Moreton (BSL Sign Language Interpreter)** | Appointment Cancelled  |  |  |  |  |
| **Gemma Mazza****(BSL Sign Language Interpreter)** | Appointment Cancelled |  |  |  |  |

**NOTES OF A MEETING OF THE HEALTHWATCH ADVISORY COMMITTEE MEETING HELD TUESDAY, 10am 11 July 2023**

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| **1.** | **WELCOME AND INTRODUCTIONS**APH was appointed the stand in chair and welcomed everyone to the meeting.  |  |
| **2.** | **Apologies**Apologies were received and noted |  |
| **3.** | **Notes of the Advisory Committee 11 April 2023**The notes were received as a true record |  |
| **4.** | **Action log 13th June 2023**Both action plans were presented. **Action Log – Outstanding Actions:**Item 5: Identify a sponsor – KP gave an overview to the committee on the role of a sponsor and advised that a role outline will be created and provided to the committee for role clarity. APH explained how the sponsor role does not take responsibility for a project but instead acts as a sounding board. The sponsor would ask questions about where the project is up to, what is working well and how it can be improved.An overview was given on the social care project by AA, who explained how there will be 12 in depth one to one interviews with adults and carers around the provisions of adult social care.AH put forward that she is happy to be the sponsor for the social care project.Following on from the above agenda item it was agreed that the next Social Care update will be presented at the October Advisory Committee meeting.Sexual Health Update:APH provided an update on the sexual health project. APH informed the committee that he has met with Paul Jamieson - Programme Manager – Health Protection and Sexual Health and Amy Dunn - Enhanced Service Manager Public Health and Health Protection who are taking on board the consultations. APH expressed to the group that obligations are needed for weekend access to SH services and for this is to be specified as a key performance indicator. There is a meeting the following Friday which APH will be attending with JD and GS. APH advised that due to the tender process around the project, the contract documentation from these meetings have not yet been published due to confidentiality so he is therefore unable to share the information with the group. Once the final consultation has been released then an update will be shared in due course.Following on from sexual health amongst young people, KP explained to the group that she has spoken with the Director of Public Health for Wigan about doing a more concentrated piece of work around middle-aged people and the access to sexual health services. This will be looked at after the above mentioned tender process.A discussion entailed around sexual health amongst middle aged persons. APH advised that liaising with the client group to detail the service should be carried out by the council to ensure needs are met.Following on from the above agenda item it was agreed that the next Sexual Health update will be presented at the September Advisory Committee meeting.Recruitment:The recruitment for the Advisory Committee is ongoing and a recruitment drive is required. It was discussed that the current members of the committee are to look to recruit new members. KP discussed the requirement to primarily focus on the protected characteristics of the borough or if we can, alongside the protected characteristics, look at other avenues to capture people of the borough who have a keen interest in volunteering.Discussion about active groups in the community, who have connections with different sectors of the borough, which we could approach for volunteering. KP said that she would speak with Liz Ramsden from Wigan Council to discuss this further.A discussion entailed around ensuring we continue to capture representation from the deaf community. It was discussed within the group if persons who work within the deaf community may know of anyone who would like to join the A/C. KP added that we do have a pool of interpreters who we work with who can assist with interpreting services as and when required.Quarterly Reports:KP highlighted that the quarterly reports will have a spotlight on volunteers to give an overview of completed and ongoing projects, hours provided by volunteers and the associated costs. The next quarterly report will include a write-up on the Care Home Project.Projects – Young People:An action taken from the completed Away Day workshop was for the young people projects to be reviewed but these cannot mix with current processes due to a lack of resources. KP advised that there is a lack of resources to carry out young people’s projects effectively.It was highlighted that working collaboratively with others has worked well and a discussion entailed around the possibilities of going out into the community to liaise with young people directly to find out what services they are interested in. KP advised that this piece of work has been carried out previously by current and previous members of staff which brought about the Addiction project, derived from the 3 priorities highlighted from the piece of work.KP stated to the group that HWWL is meeting its statutory functions around engagement with young people but governance is lacking as we do not have the voice of the young people. KP highlighted that previous issues have been finding suitable places to meet with young people.KP and GS highlighted how youth parliament and youth cabinet groups currently exist, and HWWL have worked with steering group “Youth Café” in the past but there is a need to look at capturing “out of hours” groups. Discussion point around peripatetic youth workers entailed and how this service is not currently active; it was further discussed that for HWWL to be able to fully and effectively action these projects a specific person would be required for the role who can interact effectively with young persons.MB suggested that the sexual health model could be used for the projects. ER stated that he was happy to be involved in the young person’s projects along with members of the HW team.KP stated that if we want to progress with young people’s projects as a long- term activity a bid would be put to the Board of Directors to look at resources to carry out this piece of work.ICS – Reports from System and Delivery BoardsHealthy Wigan Partnership BoardKP gave an overview of the 4 priorities:1. Diabetes – Program board to oversee, two meetings have taken place and due to staff changes there have been no further meetings to date.
2. Home First – Service to try to keep people at home instead of hospital, virtual wards.
3. Children and Young People – Family Hub Model
4. Neighbourhood Working – Meetings are currently ongoing

An overview was provided on Healthwatch in Greater Manchester by KP. Recruitment of a Chair and Chief officer is underway to fulfill the roles as the point of access for ICS and there are two priorities which are Mental Health and Childrens services.Integrated Care System (ICS) - APH advised that he will discuss the ICS system at the next Overview and Scrutiny meeting. | Action: KP to provide a Sponsor role outline.Action: AH to be the sponsor for the SC Project.Action: Update Oct 2023 A/C meeting Action: APH/GS to liaise with JD when an update can be provided at A/CAction: Update Sept 2023 A/C meetingAction: Recruitment Drive – A/C to look at recruiting members and KP to liaise with contacts at Wigan CouncilAction: ER – Young person projects. |
| **5.** | **Approve Operational Priorities and project planning.**Nothing to report. |  |
| **6.**  | **Five Minute Break** |  |
| **7.** | **Agree whether to request specific information around health and social care.**Nothing to report.APH will report from the next Overview and Scrutiny meeting, at the August A/C meeting. |  |
| **8.**  | **Receive regular updates of ongoing projects and work programmes.****Mental Health**AA provided an update to the group on the ongoing Mental Health project which is being led by AA with support from GS. A list was provided of the staff, teams and organisations which AA and GS have engaged with over the course of the project to date and the areas in which engagement sessions have taken place. To date four focus groups have been undertaken with a further five hoping to be planned in during the project.AA provided a list of services in which planned engagement sessions have been arranged with patients, carers and relatives. One of the services which was touched upon during the meeting was the Streaming Areas, in which clarification was asked to be provided within the group discussion. AA advised that this service relates to an area, situated in the A&E department, which is an area for mental health patients separate from the main A&E department. This area is not yet open and HWWL are hoping to go in during the start of this service to capture people’s views. AA advised that they have been very welcomed by all staff and teams during the project. Common themes noted from the patients, carers and relatives are around lack of involvement with care plans and discharge, and the patients not being asked to provide feedback on experiences. AA noted that any issues raised with the senior team have been actioned immediately and there is now in place Senior Leadership Team (SLT) engagement at ward level with an allocated SLT member for each ward. Monthly meetings are being carried out between AA and management at Atherleigh and these are highlighting that changes are being made.Overall AA and GS noted they are enjoying the project. Going forward as part of the project legacy, they would like to recruit volunteers, who have the relevant training and checks, to carry on the work and presence at Atherleigh and the associated venues to the project. These volunteers would take on a “Healthwatch Mental Health Champion” role and HWWL would carry out the required training.Following on from the above agenda item it was agreed that the next Mental Health update will be presented at the September Advisory Committee meeting.Addiction ProjectGS provided an update on the Addiction project which was highlighted as a priority derived from the work around gambling in Wigan. The project was based around understanding what awareness the Wigan community has about addiction, the services surrounding addiction and how these services can be improved. The A/C expressed that they thought the report was excellently written and put together. Questions were raised asking what happens now following the project, KP advised the report is going to the board for approval, addiction videos have been added onto the HWWL YouTube channel and social media is being worked on to reflect on the addiction project.KP updated the group on a piece of work on Vaping which has come from the addiction project. This piece of work derived from a person’s story who spoke to HWWL to explain that they had gone through the drug and alcohol service for a vaping addiction. Interventions were provided, despite there being no commission for this, however the person highlighted to HWWL that no interventions were carried out following the service. HWWL contacted Public Health to discuss the lack of vaping and follow up services. The charity “We Are With You” have recently recommissioned Vaping and HWWL have been invited back to work on this. GS is in conversations with public health around the work of Vaping and how this work can be used within the service specification. KP noted that HWWL have been added to the “Tobacco and Vaping consultation group”.A discussion evolved around the subject of vaping amongst young people and in schools. GS discussed how Healthwatch Blackpool have recently carried out an extremely successful vaping project and GS will contact HW Blackpool to discuss their model.KP provided an overview on integration and collaborative working with public health and advised that this is going well and that approximately 6/7 public health meetings are attended by KP and AA which HWWL feed into.Care Home ProjectThe Care Home project report was provided to the group, AL is the sponsor for the project. KP advised that the report is not in its final format, the content is final but the format may be amended. This has been provided to enable the Advisory Committee to have sight of this to then advise if they are happy for this to be presented to the Board for approval and then onto publishing.KP informed the group that she will be approaching the Director of Health and Social care to provide a response to go into the report. KP advised once approved the report will be presented to Safeguarding, Healthy Wigan Partnership, Care Home Providers and the Quality Board – KP advised that she will ask AL and JD if they would like to present the report.A discussion entailed around what time frame should be set in place as to when the project/report should be revisited.MA highlighted the acronyms within the report and how acronyms should be avoided to ensure clarity when reading the report.APH discussed presenting the report to the Overview and Scrutiny meeting as a totality. A discussion followed on the direct services included within the report and if these services will be approached for a response with a hope to set commitments. The group discussed how the report should be presented to the places/services where the improvements need to happen. KP responded to these points and advised that the report will go to the organisations within the report and a top level response will be provided via Wrightington Wigan and Leigh and not via the individual services directly. KP advised that the Care Homes involved in the project will receive a copy of the report.A question was asked if there are any dates set for responses – KP advised that there are no dates yet due to the report having only just been finalised.MC noted that within the care home report, under recommendations and next steps, a separate section/column would be useful which would detail who is responsible for the recommendations listed. KP responded to this point and advised that an Action plan would be a separate output following the publication of the report. The Action plan would be reported back to AL, as the project sponsor, to then feed back to the Advisory Committee meetings.Following on from the above agenda item it was agreed that the next Care Home project update will be presented at the January 2024 Advisory Committee meeting. | Action: Update at Sept 2023 A/C meetingAction: GS to contact HW Blackpool - VapingAction: Update Jan 2024 A/C meeting |
| **9.** | **Agree which premises to Enter and View and when these premises are visited.**Nothing to report.KP provided an overview of Enter and View and explained that this power is not currently utilised.KP advised that conversations will go to the Board around if Enter and View is to be utilised and discussions around recruiting specialist volunteers for this role. KP advised there is a process to follow with Enter and View and rationale is to be provided before utilizing this power. |  |
| **10** | **10 Minute Break** |  |
| **11.** | **Provide representation to specific committees and Boards as determined by Wigan Borough CIC**The Patient Engagement & Experience Group meeting report, attended by LS as a HWWL representative, was presented to the group. KP and LS are having regular meetings with the Associate Chief Nurse at Wrightington Wigan and Leigh (WWL) to discuss areas of engagement which HWWL and WWL could work together on to improve patient engagement within WWL. The report highlighted that HWWL will be involved in the advertisement of WWL’s recruitment process to recruit a “Lived Experience” panel to explore possible solutions to Noise and Night issues. The report discussed the new ideas and standard operating procedures which has been developed and introduced by the Admiral nurse at WWL, and the report noted that the Advisory Committee might appreciate a presentation from the Admiral nurse on this topic. A discussion followed on this point – if speakers are suggested for the Advisory Committee meetings we would need to ensure there is a beneficial outcome towards our priorities. This is particularly important due to the meetings now being in the public domain so there would be a need to weigh up the benefits to the members of the public for the extra information provided by the speakers. KP provided an overview on Equality Delivery Systems within WWL and advised that KP will be meeting with WWL and would be looking to ask volunteers within HWWL if anyone would consider working on these systems.Following on from the discussions around engagement within WWL, KP advised that she will be discussing with the Board the process of engagement between HWWL and WWL and how much support can be provided from HWWL. This action will be taken to the next Board meeting and no further requests from WWL will be considered until after the Board discussions.Due to the board meetings now being carried out in the public domain, members of the A/C have requested a list of the Board meetings to be sent to them.KP provided an overview to the group on Healthy Wigan partnership and Integrated Delivery Board meetings and informed the group that meetings are attended by KP and KD – Chair of the Board of Directors. The functions of the meeting were discussed and explained how the Integrated Systems Board meeting was for the Wigan Locality which links in with Greater Manchester. Relevant feedback from these meetings will be brought back to the A/C meetings for discussion. | Action: KP to discuss engagement with WWL at the next Board meetingAction: LB to distribute the meeting dates |
| **12.** | **Agree whether to refer a matter to the Overview and Scrutiny Committee.**It was agreed that APH will take the Care Home Project and ICS to the next meeting. |  |
| **13.** | **Monitor activity and receive reports against statutory functions.**The Annual report was provided to the group which has now been published, and an operational report from the Chief Officer was provided – the group advised they were happy with both reports and had no further questions or discussion points on these items. |  |
| **14.** | **Board Updates**Nothing to report. |  |
| **15.** | **5 Minute Break** |  |
| **16.** | **Decisions made at today’s meetings*** AH appointed sponsor for the Social Care Project
* Recruitment Drive – A/C to look at recruiting members and KP to liaise with contacts at Wigan Council
* ER appointed to assist with the young people projects alongside a staff member at HWWL.
* Project updates at the following A/C meetings:
* Sexual Health Update – Sept 2023
* Mental Health update – Sept 2023
* Social Care update – October 2023
* Care Home project update – January 2024
 |  |
| **17.** | **Any other business (AOB)**Nothing to report. |  |
| **18.** | **Date and time of next meetings** **Tuesday 08 August 2023****10am-12.30 Sunshine House** |  |
| **19.** | **Items for Information**Decision log was received. |  |