

**NOTES OF A MEETING OF THE HEALTHWATCH ADVISORY COMMITTEE MEETING
HELD TUESDAY, 10am 14 March 2023**

	08.11.2022.	13.12.2022	10.01.2023	14.02.2023	14.03.2022
Janene Davies Chair	√	√	√	√	√
Ann Heaton	√	√	√	√	Apologies
Maggie Skilling	√	√	√	√	√
Ann Lloyd	√	√	Apologies	√	√
Ernie Rothwell	√	√	√	Apologies	√
Annmari Stone	√	Apologies	Apologies	√	Apologies
Malcom Coe	√	√	√	Apologies	Apologies
Mohammed Albaadani	√	√	√	√	√
Mary Hill	√	√	√	√	√
Carole Jones	√	√	√	√	√
Adrian D’Arcy	√	√	√	√	√
Adrian Hardy	Apologies	√	√	√	√
Wendy Moss	Apologies	Apologies	Apologies	Apologies	Apologies
Jean Peet	Apologies	√	√	Apologies	√
Dave Brown	Apologies	Apologies	Apologies	Apologies	Apologies
Elaine Clayton					√
In attendance					
Karen Parker, Chief Officer HWL	√	Apologies	√	√	√
Andrea Arkwright, Involvement & Engagement Officer HWL	√	√	√	√	√
Elaine Clayton HWL Volunteer (WBSG Committee)				√	
Kathryn Drury Chair HWL				√	-
Dave Suddell, Director HWL				√	-
Linda Sykes, Director HWL				√	-
Pauline Gregory Director HWL				Apologies	-
Doris Moreton (BSL Sign Language Interpreter)	√	Apologies	Apologies	√	Apologies
PA	√	Apologies	Apologies	-	-

Rachel Richardson	√	-		-	-
Emmanuel Ndambala, Youth Worker	√	-		-	-

1.	WELCOME AND INTRODUCTIONS JD welcomed everyone to the meeting.	
2.	Apologies Apologies were received and noted	
3.	Notes of the Advisory Committee 14 February 2023 The notes were received as a true record	
4.	<p>Action log 13 February 2023 There were two actions remaining open and they were around the organisation of the Away day and the development of the workshop action plan at the away day. Day. The rest of the actions had been closed.</p> <p>APH commented that Barry Kinshuk wants to come and talk to the Committee about Dentistry. Also that the recommissioning of sexual health services was taking place and it might be useful for Amy Dunn to come and present to the committee.</p> <p>KP commented can I just run by the committee what is the benefit of bringing presenters to the committee. Also should we be thinking more widely and opening a forum where presenters with their subject matter more widely to the public. JD opened this request up to the group members.</p> <p>A discussion took place and it was agreed to have the presenter and presentation at the last hour of the meeting. This could be an open meeting for anyone to attend.</p> <p>The presenter will send their presentations in a timely manner which will be shared with the Advisory Committee who will then send questions into the presenter prior to the meeting so they have time to prepare the answers to the questions.</p> <p>APH commented for example if Barry Kinshuck or Amy Dunn come to present we will receive their presentation before hand submit questions then they can prepare in advance.</p> <p>APH wanted to report that Spectrum Sexual Health Services are moving back into Wigan and will be working out of 61a Standishgate. We as an Advisory Committee need to make sure that the recommissioning of sexual health services has good</p>	

	<p>engagement with the clients that use those services. APH was meeting with Amy Dumm and would like JD and GS as a young person to attend the meeting with him.</p> <p>KP commented that this is a good example of the tangible things around the purpose of the Advisory Committee. A member has observed the recommissioning of a service and going into a process system to account for engagement and patient participation feedback. Its Healthwatch remit to ask for information about the engagement and enter a discussion around this.</p> <p>How much time do they have to do the engagement work around the recommissioning.</p> <p>AA commented that in her previous role she had had experience of undertaking the engagement work around recommissioning of sexual health services and to do it properly and get the experience of those attending all services involved it can take many months.</p> <p>The committee asked as an outcome from the Advisory Committee could we have performance indicator on a quarterly basis on the number of workshops, meetings, projects that has taken place. Something quantitatively rather than qualitatively.</p> <p>KP commented that we could take this to the Away Day. ER commented that we could do something around “ You said We heard about it” The Board and Advisory can work together to improve the situation.</p> <p>MS commented that the WBEG feel that they do all these consultations surveys etc. but we don’t tell the people what happens next</p> <p>JD commented so there are two points out of this whole discussion</p> <ul style="list-style-type: none"> • Committee members receive the presentations/reports then send in questions. • Have an open meeting so members of the public can attend to listen to the speakers. 	<p>Action: Provide a performance indicator of meetings workshops taken place</p>
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<p>5.</p>	<p>Reports from HWWL Representatives on other Committees</p> <p>Carers Network Meeting CJ gave a verbal report as the meeting had only been held the previous day. The reports will be available tomorrow. (Reports sent to the AC 15/03/23). CD reported on</p> <p>Mental Health Support there are two websites called Kooth for young people and Kwell for adults 26years and over. Mytime which connects carers who could benefit from a break from their demanding roles with businesses and organisations offering complimentary leisure, cultural and educational activities. Jointly Is an app developed by Care UK it is designed by carers for those that coordinate car.</p> <p>Carer Voice Forum The forum is for the purpose of what challenges carers experience and how they can be helped. A carers survey was sent out with 650 responses. Issues raised were Social Carer pertinent and fed back to Billy Finch. 151 people did say that they would take part in the Carers Voice Forum. Carole Jones had asked if the Carers Forum was a regular commitment each month given the responsibility that carers have. Mary Davies from the Carers network responded that carers can dip in and out of the Forum as they wish to there is no commitment.</p> <p>Carers Week Initial proposal was between 5-11 June but consideration is being given to hold events the week before when it is half term. This will enable more young Carers to attend the events. Wigan and Leigh Carers will be issuing a survey to see what dates work best.</p> <p>WBEG JP and MS gave an overview of the meeting about SEND, Diabetes and GM Elective Care. A diabetes Survey will be sent out across Wigan Borough. A lot of people do not know anything about diabetes. There is going to be a deep dive into the Diabetes Service</p> <p>GM Elective Care: People across the Borough also do not know how/where to get on touch with anyone about waiting lists. ICS: Jonathan Kery had attended the meeting to talk about the system and that there is a lot of confusion and issues ER commented whether PCN Managers are being informed in their particular areas of what is going on within the ICS. Certainly, within Leigh no one knows what is going on. We need to corelate what is happening with the PCNs.</p>	
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	<p>KP reported that she is working with the PCN Managers to look at engagement and diabetes featured heavily within the conversations.</p> <p>Overview and Scrutiny Committee(OSC) APH had attended the OSC meeting the night before. It was useful but not many probing questions from the council. APH asked CJ to look at the Adult Social Care Services and if she had any questions to contact APH.£13 million support for adult social care getting them back into their homes quickly and retaining their independence was very positive.</p> <p>Presenting Rep Reports MH commented that we bring all the reports back to the Advisory Committee and we read the reports and ask questions at the meeting. It would be better to use our time more wisely and report the reports submit the questions to the author then they have time to prepare and respond to the questions at the meeting. This was agreed by the committee.</p> <p>At this point KP poised a question to the committee. What was the purpose of bringing the reports to the committee. It was obvious to KP that they were to showcase what people are doing. Why are we not bringing all reports from committees here. I probably attend about 120 meetings should I bring all my meeting reports to the committee so that you get a bigger picture of what is going on in health and Social Care.</p> <p>MH commented that it was a big ask for the feedback from the reports. Personally, it would be good to see the bigger picture.</p> <p>MS commented that it is important to see the bigger picture.</p> <p>CJ asked what you do now. KP commented that she produces an overall report.</p> <p>AA questioned if KP would have time to write all those reports.</p> <p>AL reported that KP could scribble notes and then give to the new administrator to type up.KP agreed that she could do this</p>	<p>Agreed to report HWWL representative reports them submit questions to the author in preparation for the meeting.</p> <p>KP agreed to write her meeting reports up using the meeting template.</p>
<p>6.</p>	<p>Care Home Project. AL hoped everyone had already read the report that was attached with the agenda. 14 visits had already been completed that was a mixture of Nursing Homes, Care Homes, and Residential Homes across the Borough. We still need to look at a few more homes in the Tyldesley and Atherton area. AL had met an area manager from the Minister Group regarding the Tyldesley and Atheron Area but was waiting for her to get back to her.</p>	<p>Approved To close the Care Home Project</p>

	<p>AL commented that it had been a real struggle getting the homes to take part in the project. AL add tried to get another slot on the Care Home Meeting via Ray Deakin, but he had not come back to here. How long do we continue with this project. We said right from the beginning this is not an Enter and View Project it is an Engagement Project, and we don't feel that we can say that we are coming in if they haven't got back to us.</p> <p>We have also had issues with volunteers' availability which isn't a criticism. We also said that we wouldn't relay on Healthwatch staff as it is unfair on the staff to pick up the slack.</p> <p>How long do we wait the information will get less relevant to the homes that we have already been into. We know most of the concerns are speech and language and communication within the hospital. Do we bring this project to a close.</p> <p>MS thanked AL for a good report. I agree that six months is long enough for the project. You have completed 14 and you said that you might be able to a few others in Tyldesley and Atherton all being well. It will be nearly a third of all the homes in the Borough.</p> <p>MH reported that the information is relevant to the services, and we need to feed this back</p> <p>KP commented that if she can offer some help as Chief Officer by making a formal request to the nursing home forum then she would do. The Healthwatch staff/students that have been involved has given them some experience and they have been comfortable doing this. So please don't worry about this. KP commented so enter and view is not on the table</p> <p>AL commented that we are not going to use it. We didn't mention enter and view when we presented the to the care home forum. Enter and View should be used under a different remit.</p> <p>KP commented if you have done enough then that's ok. AL commented that we are never going to get into every home. We have given a lot of time to this project and to be fair we need to give the feedback to everyone sooner rather than later. Also, the Care Home Forum keeps getting cancelled. I don't think It has met since November. KP commented consider the geographical spread and the representation in SDF.</p>	
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AL commented that it had been soul destroying the amount of time we had made phone calls, emails, requests on letterheaded paper. I feel strongly that we should end the project.

JD who is also a part of the project team was in total agreement with AL.

CJ commented considering what you have told us I feel it is draw a line under the project. You have all put a lot of time and effort into this. The resources could be put to use in another project.

JD commented that we will wind the project up by Easter.

AL commented that we will give the Area Manager from the Minister group a few more days.

KP commented can you close it by the end of this financial year and have the report ready.

AL commented that the report won't be ready for the end of this financial year as there is a lot of qualitative feedback to go through.

I would like to make a comment on how isolated the staff and residents feel.

KP commented that that is strong and collective reflective piece of information and that would mean something to the council.

Cultural values and feelings from members of the public hold more than anything else.

AL also commented around Physical Health and that the Activity Coordinators cannot get anyone to go into the homes.

There are inequalities between the nursing and residential homes. They feel isolated from the NHS.

- They have medication changes, and they are not told why.
- They don't see them as next of kin.
- If the home raises a safeguarding issue against the hospital they don't hear anything. But if the hospital raises a safeguarding issue against the home they are all over them

JD also commented that during covid the staff had to certify residents deaths via the phone to the GP

Tissue viability nurses asked staff to send photos in of pressure sores using their own cameras. You should use a medical camera to take these photos also you cannot smell or track the pressure sore if you don't physically see the pressure sore.

KP commended and thanked AL and the rest of the team for this fantastic piece of work that had been undertaken.

The report will come back to the Advisory Committee and Healthwatch Wigan and Leigh Borad for sign off.

MH also thank AL for the work given to the project.

EC asked if they would like her to mention the work at the next Wigan Borough Adult Safeguarding meeting.

	<p>KP commented that we would have to wait until the report had been signed off for the Advisory Committee and the Healthwatch Wigan and Leigh Board first.</p>	
7.	<p>Healthwatch Wigan Borough Board Away Day ER gave an update on the away day which had taken place the day before this meeting. There had been three new Directors and a new chair recently join the Wigan Borough Healthwatch (WBHW) Board. The Chair of Salford Healthwatch who has been Chair for seven years facilitated the Away Day which took place at Family Welfare in Leigh.</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Roles and responsibilities of the Board and Advisory Committee • Relationship between Advisory Committee and WBHW Board. They acknowledge that they are not well connected. Which the Advisory Committee has also said. The intent is to work in more cohesive way. • Develop a Business Plan • Key message is that they have witnessed the Advisory Committee and realised the deficiencies in communication and should do more to connect with the board <p>MH commented that it is really encouraging to hear this. JD commented that she would be attending the open part of the Healthwatch Wigan and Leigh Board meetings going forward. ER commented that there is a huge amount of good work going on within the Advisory Committee JD commented that the Advisory Committee and Healthwatch Wigan and Leigh Board need to come together and cross fertilize their ideas. JP asked if they could have the names of the board members.</p>	<p>Action: Send list of WBHW Board members to the AC</p>
8.	<p>Project Priorities</p> <p>KP asked the committee to agree the three project priorities.</p> <ul style="list-style-type: none"> • Mental Health • Social Care • Ear care <p>KP explained that the mental health project had already been agreed by the committee. A lot of preparatory work had already been started in this and feel that this is going to be one of the best projects that we have done. The Social Care Project should have been carried out last year but was being carried over to this next financial year. Also commenting that the Social Care Dept had also approached Healthwatch to ask to undertake a piece of work around social care. The project will take the same approach as the mental health project</p>	<p>Approved: Project priorities Approved</p>

	<p>The Ear Care project had been one that had been raised not only by the board but also at the Advisory Committee. We get many concerns around the provision of ear care particularly around the commissioned services around hearing aids from the providers Specsavers and Scrivens and customers not happy with the product or quality of service that they provided.</p> <p>The proposals for the latter two projects will come to the Advisory Committee for approval. The projects were approved by the committee.</p>	
<p>8A</p>	<p>Advisory Committee</p> <p>Terms of reference were approved with one amendment to say “The Chair is delegated by the Advisory Committee”</p> <p>A discussion took place around the day and time of the committee meeting. Could we ask the committee and new members which day they prefer to hold the advisory committee. If we need new members on the committee, we need to offer some different times and days. A lot of the members prefer for the committee to remain on the Tuesday morning as they have other commitments.</p> <p>MS asked if there was a Complaints Policy and if so could they have a copy.</p> <p>Role of the Chair was approved.</p> <p>Role of the Member was approved.</p> <p>Example of future agendas was presented. The idea was to present the agenda under the titles of the committees’ responsibilities. The committee approved the example and commented that they could try it. It would be better if presenters to be on the agenda a11:30 the last hour of the meeting. The agenda will be changed to reflect this.</p> <p>Statutory responsibility of the Board of Directors and Advisory Committee were approved.</p> <p>Work plan was to be presented at a future meeting</p>	<p>Action: Send a copy of the complaints policy to the group Action. AA to amend the Terms of reference. Action: AA to ask members which day and times do they prefer to meet. Action: AA to change the agenda timing for presenters to 11:30 on the agenda. Approved Terms of Reference Role of Chair Role of Member Example agenda Statutory Responsibilities of the Board and Advisory Committee</p>
<p>9.</p>	<p>Decisions agreed/approved at today’s meeting.</p> <ul style="list-style-type: none"> • To close the care home project • Project Priorities, Mental Health, Social Care and Ear Care 	

	<ul style="list-style-type: none"> • Terms of reference, role of chair, role of member, example of Advisory Committee agenda and statutory responsibilities of Healthwatch Wigan and Leigh Board and Advisory Committee • CO agreed to write reports on committees attended. 	
10.	<p>Any other Business</p> <p>CJ asked if we could ask if LA attended the Carers Strategic Board on 2 March as CJ cannot attend Thursday meetings.</p> <p>APH commented again that he is arranging to meet Amy Dunn who is leading on the Recommissioning of the Sexual Health Services. He asked if JD and GS could also attend the meeting with him. Could we also arrange for Amy Dunn to present to the Advisory Committee around the Recommissioning of Sexual Health Services He asked if we could ask Barry Kinshuck to present at the meeting around Dentistry.</p> <p>JD also commented that Mary Davies from the Carers Network agreed to come to Advisory Committee and could we invite her to attend.</p> <p>Apologies were received from APH and AL for the next meeting.</p>	<p>Action: AA to ask LA if she attend the Carers Strategic Board Meeting. AA to contact Amy Dunn, Barry Kinshuck and Mary Davies to present to the Advisory Committee</p>
11.	<p>Date and time of next meetings Tuesday 11 April 2023 10:00-12:30pm Sunshine House Annex</p>	
12.	<p>Items for Information</p> <p>Decision log was received</p>	