


**NOTES OF A MEETING OF THE HEALTHWATCH ADVISORY COMMITTEE MEETING
HELD TUESDAY, 14 February 2023**

	08.11.2022.	13.12.2022	10.01.2023	14.02.2023	14.03.2022
Janene Davies Chair	√	√	√	√	
Ann Heaton	√	√	√	√	
Maggie Skilling	√	√	√	√	
Ann Lloyd	√	√	Apologies	√	
Ernie Rothwell	√	√	√	Apologies	
Annmarie Stone	√	Apologies	Apologies	√	
Malcom Coe	√	√	√	Apologies	
Mohammed Albaadani	√	√	√	√	
Mary Hill	√	√	√	√	
Carole Jones	√	√	√	√	
Adrian D’Arcy	√	√	√	√	
Adrian Hardy	Apologies	√	√	√	
Wendy Moss	Apologies	Apologies	Apologies	Apologies	
Jean Peet	Apologies	√	√	Apologies	
Dave Brown	Apologies	Apologies	Apologies	Apologies	
In attendance					
Karen Parker, Chief Officer HWL	√	Apologies	√	√	
Andrea Arkwright, Involvement & Engagement Officer HWL	√	√	√	√	
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	√	
PA	√	Apologies	Apologies	-	
Rachel Richardson	√	-		-	
Emmanuel Ndambala, Youth Worker	√	-		-	

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1.	WELCOME AND INTRODUCTIONS JD welcomed everyone to the meeting.	
2.	APOLOGIES Apologies were received and noted	
3.	Presentation <ul style="list-style-type: none"> • Healthier Wigan Partnership Integrated Delivery Board • Health Champions <p>The presentations were well received by the committee. (Presentation attached)</p>	 Creating%20Health% 23Healthwatch%23Fe
4.	Break	
5	Notes of the Advisory Committee 10 January 2023 The notes were received as a true record	
6.	Action log 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. KP responded that she was on with organising the Away Day.	
7.	Reports from HWWL Representatives on other Committees Wigan Adult Safeguarding Board EC commented that the report gave a good summary of the Wigan Adult Safeguarding Board meeting that she had attended. MS asked if there were any gaps in the Safeguarding training and how effective was it to release district nursing staff to undertake the training. AL commented it is mandatory for all Health Care Professional to undertake Safeguarding training. EC commented that when GPs refer into safeguarding about an adult, they don't get any feedback back from the referral. CJ commented when patients residents have a fall why are they not automatically referred to the falls clinic on discharge. I had to request his from the reablement team for my father when he got home after they were about to leave without the referral.	

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	<p>JD commented that it's knowing how to navigate the system. Unconscious competencies we forget to tell people.</p> <p>KP commented there is a role for Healthwatch around publicly getting messages out to people about the system.</p> <p>KP commented that HWWL had been approached to undertake a Social Care Project</p> <p>Community Diagnostic Centre (CDC) Chest Pain Pathway workshop</p> <p>JD reported that the reports gave a good summary of the workshop meeting that LS, ER , MA and herself had attended.</p> <p>JD invited LS to give the committee an update about the workshop</p> <p>LS commented that were able to raise questions around GP access for patients to this service due to pressures at GP surgeries etc. Leading on from this we therefore asked how patients who presented at the Wigan site Urgent Treatment Centre and also the Leigh site UTC would be dealt with. Wigan patients are already added to the Rapid Access waiting list by the Wigan UTC staff, but it very quickly became clear that the possibility of patients presenting with chest pain at the Leigh UTC site had not been considered and therefore a long discussion took place around how these patients could be managed.</p> <p>The main Issue of concern was highlighted as being around access to IT systems. We were informed that the UTC at Leigh is still not linked to the main HIS (Hospital Information System) as used by the rest of WWL, which means that their patient information is stored on a different IT system. It was acknowledged that this may cause problems for all types of patient referrals to services to be delivered in the future by</p>	
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	<p>the CDU, and it was agreed that this issue would be escalated by Jess Blandford to WWL Execs as a matter of urgency.</p> <p>CDC Inequalities Workshop</p> <p>MH reported that the report gives a good summary of the workshop meeting. MA gave some good salient points around benchmarking and data information at the workshop and lots of challenges around different aspects were put forward.</p> <p>The workshop was well represented from a learning disability, RNIB, LGBTQ perspective around the needs for the community.</p> <p>Wigan Borough Engagement Group</p> <p>AH commented that the report gives a good summary of the meeting.</p> <p>Wigan Health Overview and Scrutiny Committee</p> <p>APH commented that the report gives a good summary of the meeting.</p> <p>APH commented that he would like to know how many dentists are currently providing NHS dentistry and what proportion of time is NHS/private work.</p> <p>KP advised to contact Barry Kinshuk GM Dental Advisor.</p> <p>MH wanted to thank APH for for reading and scrutinising these documents so closely thus enabling him to interrogate the information on our behalf.</p>	<p>Action: Send Barry Kinshuk contact details to APH</p>
<p>8.</p>	<p>HWL Chair Board Update</p> <p>KD introduced herself as the new Chair of HWL and gave everyone a background about herself and the role.</p>	
<p>9.</p>	<p>Mental health Proposal transferred to SMART Proposal and GANT Chart for Information</p> <p>AA presented the update version of the SMART mental health proposal and GANT chart that the committee had requested. The new version was accepted by the committee.</p> <p>AA asked APH if he would continue to oversee the mental health project as an Advisory Committee member. APH agreed.</p>	

	Break	
10.	<p>Addiction Video GS introduce the video to the committee. The committee really liked the video. AJS commented that the BSL interpreter could do with standing face on so she could see both of the signers hands. GS reassured AJS that you can see both hands when the video is played on the computer. It was just the positioning of the screen in the room.</p>	
11.	<p>Decisions agreed at today's meeting. There were no decisions made at the meeting.</p>	
12.	<p>Any other Business MH commented that the communication group that she attends had been suspended until March due to winter pressures. MH was quite disappointed that the meetings had been cancelled.</p> <p>AL commented that they were struggling to get an invitation into the nursing homes. AL as commented that she would try and get a five-minute slot on thew next care home meeting to raise the profile of the project. If anyone can help with any visits that would be great. We also need a Volunteer to go to Shawcross Nursing home with JD to Shawcross Care Home on 21/02/23 at 11am. AL would send an email out to see if anyone can help with the visits.</p> <p>AA commented that an update report on the care home project would be an agenda item at the March meeting.</p>	
13.	<p>Date and time of next meetings Tuesday 14 March 2023 10:00-12:30pm Sunshine House Annexe</p>	
14.	<p>Items for Information Decision log was received</p>	