

# East Berkshire Advisory Group Minutes

Wednesday 20<sup>th</sup> March 2024 6.30pm

Location- Teams

## Attendance:

**DOB** Dermot O'Brien - AG

**JF** Jane Figg - AG

**KB** Kevin Barry - AG

**CE** Charlotte Evans - AG

**JD** Jo Dixon - HW

**KL** Kathryn Loughnan - Help & Care

**AB** Ann Brosnan - HW Minutes

**Apologies:** Neil Bolton-Heaton, Umar Ansari

## 1. Welcome and Introductions

JD welcomed everyone to the meeting and introduced Kathryn to the Advisory Group.

## 2. January Minutes and actions

The January minutes were approved. All actions were completed.

## 3. Enter and View Update: Review decision-making model

AB gave a brief update on the visit to Bracknell Care Home. When speaking to the manager to follow up on a few items, the manager said how much they had enjoyed the visit and that she had told the other care homes how much she valued Healthwatch.

A discussion took place regarding the change of priorities for the Slough visit in April, which will now be to the Windmill Care Centre and will take place over two days.

RBWM also asked for a change of care home for June and this was discussed.

**Action:** AB to contact Charlotte Weston to ask for more information on the progress being made at the care home and the rationale for leaving it until June.

## **4. Team Updates: Reports and Activity**

### **Wexham Park and Frimley Park Report:**

Draft report for Wexham Park and Frimley Park following the monthly visits over a six-month period. Have fed back after every visit and the report will feature what has been done following the feedback given. For example, a number of patients didn't know the walk-in centre at Slough (Priors Close) existed and that they would have been seen more quickly if they had gone there. The Ops Director and ICB are committed to getting new street signage so people know where it is. Also signs at Upton will redirect people to Priors Close.

### **Patient Story:**

ND has been working on this engagement piece for dementia carers and the challenges for this age group around technology and not having internet access or being able to use e-Consult or the NHS App. It was presented to the Primary Care Board and was eye-opening for a number of them. They will look at the recommendations across the whole of the ICS as have accepted it as an issue across the patch. ND is speaking to all the surgeries about how they prioritise carers such as these and how well things are working. A report will follow and may be in draft form longer than usual so we can get action on the recommendations and include this.

### **Accessible Information Standard (AIS):**

ND has been updating the report that was written last year. The aim is to share it more widely and include a case study.

Currently, the AIS is being re-written but is not yet published, so we are also waiting for this before publishing our updated report to ensure that our recommendations fit in with the new standard.

### **Folic Acid Report:**

This was presented at the Health and Wellbeing Board and will be delivered at Place week commencing 25<sup>th</sup> March. JD has a tracker and will be following up on the recommendations made.

JD noted that there is a team in Slough that are now going into multi-generational homes and giving vaccinations as well as checking BP and doing diabetes checks etc. and arranging appointments with GPs for further investigation as necessary. This initiative has been a big success in terms of raising the health of the population of Slough.

**Action:** JD to share information on the Multi-Generational Health Project with the AG.

## 5. Board lead areas and influencing

JD took the group through the document and discussed how the group could take on various roles. If no one feels that the role of Chair/Vice Chair is of interest JD will advertise for people to take these roles on.

KB expressed an interest in Scrutiny.

DOB expressed an interest in dentistry and asylum seekers.

Charlotte is considering Health and Wellbeing and Primary Care Networks.

Jane is interested in using her current connections/knowledge around older people and eyes but is also interested in preventative medicine such as remote monitoring.

JD is happy to discuss further.

**Action:** all the Advisory Group to look at the document in more detail and get back to JD with their thoughts and confirm areas of interest.

JD has asked for emails for all the AG members so that they can have access to Sharepoint enabling them to feed back information and feel more part of the overall Healthwatch team.

JD also asked how the team can support the AG. It was felt that giving the AG details of what these roles would involve would be helpful, especially when attending meetings as input varies. Also if they are online, in person or hybrid to help in terms of commitment. Would be useful to know also what experience the board members have.

**Action:** JD to outline roles and how the meetings are attended.

**Action:** AG members to give JD a 'biography' of their experience which can then be put into a main document. Also provide areas of interest or areas they are not interested in.

KB: Would be good to meet the leaders of the boards/panels to get an idea of what they involve.

Action: JD to arrange introductions as relevant.

## 6. Advisory Group training and development

The AG were all interested in learning more.

**Action:** KL to look at inviting the chair of another Healthwatch to talk to the group.

**Action:** JD will send a link to the next Quarterly Healthwatch forum, once the new emails have been allocated.

## **7. Planning for next meeting – Delivery Plan**

The team is working on proposals for 2024/25. Some of these may be across all areas while others may focus on an individual Healthwatch

## **8. AOB**

**Action:** AB to set up the remaining three meetings for 2024

### **Actions:**

*AB: Ask for further clarification on the timing of the RBWM care home visit in June. **Completed***

*JD: Share information with the AG on the MGHP. **Completed***

*AG members: to give JD their areas of interest. **In progress – lots of activity and meetings attended***

*JD: set up meetings with board chairs etc with the AG members who are planning to attend meetings (such as Scrutiny, Health and Wellbeing etc.) and outline roles. **Completed where possible: Slough HOSC have not responded***

*AG members: to provide JD with a biography. **Outstanding***

*KL: Set up meeting with chair of another Healthwatch - **Completed***

*JD: Send invite to the Healthwatch quarterly forum to AG members HW email addresses. **In progress***

*AB: set up remaining meetings for the remainder of the year - **Completed***

**DONM Wednesday 22<sup>nd</sup> May 6.30pm**