

# East Berkshire Advisory Group Minutes

Wednesday 22<sup>nd</sup> May 2024 6.30pm

Location- Teams

## Attendance:

**DOB** Dermot O'Brien – AG

**JF** Jane Figg – AG

**KB** Kevin Barry – AG

**CE** Charlotte Evans – AG

**UA** Umar Ansari – AG

**JD** Jo Dixon – HW

**ND** Nick Durman – HW

**SU** Shahanaz Udin – HW

**KL** Kathryn Loughnan – Help & Care

**AB** Ann Brosnan – HW Minutes

**Apologies:** Neil Bolton-Heaton

**Guest:** Kate Glenn

## 1. Welcome and Introductions

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

## 2. March Minutes and actions

The March minutes were approved.

Outstanding actions:

*AG members: to provide JD with a biography. **Please send to Jo if you have not done so already.***

*JD: Send invite to the Healthwatch quarterly forum to AG members HW email addresses. **In progress – some AG members having technical issues with using their email address***

### 3. Q4 reports for comment

No comments from AG.

JD explained that these would be used for the Annual Report which will be published at the end of June.

### 4. Updates from AG on meetings attended:

#### Carers and Older Persons Forums in Slough

KB attended two steering groups. There is a transformation taking place in the commissioning programme to try and rationalise it.

Task and finish groups have been set up and participants have been sent away with specific proposals brought to the attention of the steering groups and this will be used to produce the policy for the next few years and will form part of the strategic plan.

KB has volunteered for the chair of identifying recognised carers at an early stage and for older people for social isolation and will be a member of the dementia assisted technology end of life stage. Also involved in the co-production meeting in Slough which will help with his other workstreams.

JD acknowledged that this will be of help with the workplan for this year.

**Action: KB and UA to meet to discuss further in the context of Slough. UA keen to help KB get the best out of these forums.**

#### Carers' support group meeting at Lee House Surgery in Windsor

DOB: Most attendees had not heard of Healthwatch so it was good to pass on contact details and encourage them to give feedback.

Gave out leaflets and told them about the website and hub.

A lively discussion took place and they felt there was a lack of communication between healthcare workers, which was their main concern, in relation to hospital discharge.

#### Carers in Bracknell

JF attended the Signal meeting (representing her charity) and said it would be helpful to have a Healthwatch representative there at future meetings.

**Action: ND to attend future Signal meetings.**

JD thanked all the Advisory Group for being active in their areas and supporting the Healthwatch team.

## **5. Project Proposals: Decision – making and sign off**

JD went through the slides that had been sent out along with the individual papers and a discussion took place.

### **Women's Health**

This was felt to be a good project with suggestions around ensuring that mental health was considered, especially for those over sixty-five years of age, without focusing purely on dementia.

Comments also included how this might help influence streamline the appointment system by combining check-ups for example.

### **Young Carers**

It was acknowledged that there are particular challenges around this in terms of identifying young carers who may be reluctant to come forward.

Lack of support in Academies was also put forward as another challenge in this area.

### **Hospital Discharge**

The main comments around this project were that many Healthwatch had done projects in this area already and it is very challenging to get change.

There are also many aspects to consider within this area.

### **Summary**

The Advisory Group felt that they were unable to make a decision at this stage as to which project should be scoped out further by the team.

Some felt that the decision-making tool was a challenge in terms of their ability to use it to score the proposals.

JD explained that the team is meeting on June 19<sup>th</sup> to progress whichever project is first choice and it would be a challenge to fully scope all three proposals before then.

UA offered to produce some scoping tools that he currently uses in his role to help the AG score the projects. UA will apply this to the hospital discharge project, using the document provided for this, and it could then be used for the other two projects, enabling a decision to be made. UA will share this with JD/ND and then if they are happy, it can be shared with the wider group to help scope and define the project to help make a decision on the biggest priority at present.

**Actions: UA to produce this by 3<sup>rd</sup> June and share with ND.**

**ND to then use this as a basis for the other two projects and send to the AG on 7<sup>th</sup> June.**

**AG to then use this as a basis for the other two projects and send to ND by 14<sup>th</sup> June ready for the Healthwatch meeting on 19<sup>th</sup> June so that it can be scoped out in more detail.**

## **6. AOB**

AB reminded the AG of the meeting with Steve Cooper on Friday 24<sup>th</sup> to help them understand the role of Healthwatch Chair, in order to appoint a chair at a future date.

### **Action Summary:**

**KB and UA to meet to discuss carers' forums further, in the context of Slough and helping KB get the best out of them.**

**ND to attend future Signal meetings.**

**Project proposals: UA to produce some additional questions for the AG by 3<sup>rd</sup> June and send to ND.**

**ND to use this as a basis for the other two projects and send to the AG by 7<sup>th</sup> June.**

**AG to use this and send their thoughts to ND by 14<sup>th</sup> June ready for the Healthwatch team meeting on 19<sup>th</sup> June, where the chosen project can be scoped out in more detail**

**DONM Wednesday 17<sup>th</sup> July 6.30pm**