

# Advisory Group Meeting Tuesday 16 May 2023 11:00am Wokingham Charity & Community Hub

#### In attendance:

Advisory Group members: Graham Baker (GB) – Chair, Clare Walsha (CW), Mike Rhodes-Peel (MRP), Clair Thorstensen-Woll (CTW)

**Healthwatch staff:** Sarah Deason (SD) - Area Director, Alice Kunjappy-Clifton (AKC) -Lead Officer, Chukwuemeka Obiora (CO) - Healthwatch Officer (Engagement), Tariq Gomma (TG) - Healthwatch Officer (Engagement); Gráinne Colgan -Healthwatch Officer (Comms); Shamin Zafar – Healthwatch Officer (Engagement)

#### Apologies:

Neil Williams (NW); Sara Allison (SA)

1	Welcome, apologies and introductions
	As above.
	Welcome to Shamin who joined the staff team yesterday as Healthwatch Officer (Engagement).
2	Review of previous minutes and actions (GB)
	Minutes agreed.

### Actions from previous meeting

Action	Update/date completed
To look at creating a 'who is Healthwatch Wokingham Borough video'.	Business Development Team agreed to help prepare then film in Wokingham. GC to work with SA to initiate and liaise with BDT (from July).
AKC/SD to add to distribution lists for the different meetings using HWWokB email addresses.	Carry forward – Alice liaising with the meeting organisers.
E&V draft report	No response to AKC's email to WMC to say draft is in progress. See further discussion below.
CW to help with the data for E&V	See update below.
AKC to contact Primary Care Manager for local data on postnatal health checks.	Information requested but no response – carry forward.

LD health checks	Discrepancy with what CLASP are saying and what we are being told. SD and AKC have meeting with CLASP this afternoon.
Volunteer stories for Annual Report	NW and GB have provided stories; SA to do.
HW Workplace	No-one has said they would like access. No further action.

3	Enter and View report (GC)		
	Draft 13-page report has been completed by GC. CW has provided input and has reviewed the first draft.		
	Concern expressed over the time lapse since the E&V was conducted and he important it is to maintain momentum. AKC was encouraged to contact the Wokingham Medical Centre Manager again to ensure they do not think they have been forgotten, and it was agreed final report should be completed by end of May.		
	ACTION:		
	<ul> <li>GC and CW to discuss this week; 2<sup>nd</sup> draft to be done then circulated to CTW/NW/GB/AKC/SD for review and recommendations.</li> <li>Final draft (branded) to be shared with Advisory Group and all feedback and final draft prepared by w/c 29 May.</li> </ul>		
5	Findings from the work priorities survey (AKC)		
	127 responded for Wokingham.		
	Also looked at themes Wokingham has in common with HWE and BOB ICB to see opportunities to work together. A&E is on all 3.		
	ICB and Wokingham highlight adult mental health but HWE doesn't. HWE has women's health as a priority; ICB has maternity.		
	TG: priorities are constantly changing so one year is too long before doing the survey again. Could we do one 6-monthly or perhaps keep it open for the whole year so we can keep reviewing what people are saying?		
	GB: 6 monthly could be a good idea. We got a good response to this and our E&V but this required a lot of publicising so if a survey were to just 'sit' it would be problematic. Priorities list will then have to be short if checking and potentially redoing every 6 months and we may not achieve much in these short time period We need to show what we've done, balancing capacity with what we can realistically achieve.		
	MRP: we will review monthly anyway to ensure are on track; need to leave some space to be agile.		
	AKC: Example of this is the work on asylum seekers which started on the watchlist but has moved to priorities. Same themes as the survey are coming in via		

	phone/website. Concerned about public expectation of what we can and can't do as there is sometimes 'kick back'- 'well what is HW there for?'.
	ACTION: To consider re-doing a public priorities survey October 2023.
	Discussion on dentistry – impact of Covid; HWE are doing a lot of work on this – spoke to the select committee. All we can do is keep an eye on this and ensure that we continue to have a good relationship with NHS England so we can provide the more up to date information for the public.
	<b>ACTION:</b> CTW to share Kings Fund explainer on the funding of NHS dentistry when it's published.
	SD: Yesterday we had an all Healthwatch Away Day. A key take away was about sharing the workload across the HW, to reduce duplication and increase capacity. We will be setting up a marketing task and finish group and reviewing what other work we can do jointly. Also reminded ourselves that we have 8 statutory functions to conduct with limited budgets.
	<b>ACTION:</b> Invite a member of the AG to join the T&F marketing group.
	MRP: need to ensure we use the information from the survey in a timely fashion. Do we think HW are now known as the people to go to?
	AKC: we have had challenges as we are now signposting not advocating. It's got better but more work to be done. Actions include putting our information on the Joy App (signposting database) for Wokingham and ensuring that the new WBC website puts HW under social care as well as health as previously was just health.
	Discussion on newsletters and joint events with other organisations – all are on the radar locally and under the marketing T&F group.
6	Working together as a team/best use of ICT/knowledge
	GB/CW: how do we use office.com as a means of accessing docs and are we using it in the best way we can? How can we educate ourselves on HW, HWE and the health and social care landscape?
	CW did an impact and outcomes HWE e-learning which was really helpful. Individual knowledge of health and social care and how we operate is varied so are there other things we should be doing?

Discussion about how best to make training easy to access and relevant. It was suggested that training could be part of every AG meeting.
SD: had been going to raise the issue of meeting frequency under AOB as we set out originally that we would meet quarterly after initially meeting monthly, which we have now done.
Meeting agreed that the AG would be every two months for future meetings.
ACTION:
<ul> <li>To book in meetings every other month to 31/03/24.</li> </ul>
AKC: raised issue of meetings in public. These are opportunities for the public to raise questions but it is not a public meeting – there is no interaction. Recommended one per year.
Meeting agreed and GB suggested first one before the end of the financial year put back to end of the year as have other things to concentrate on such as marketing before then.
ACTION: One of the meetings before 31/03/2024 to be held in public.
Next steps/upcoming meetings
AKC: we are looking at how we use the additional funding to work with PPGs and the other BOB HW. There's an Away Day in June to look at how we work jointly and would like a member of the AG to be there and, in the absence of a chair, someone to be the representative within this group going forwards to ensure Wokingham has an equal voice with Bucks and Ox.
ACTION:
SD to ask NW and SA if they're free to attend the whole day on 12 June. If not then CW and MRP indicated they could do half a day each, overlapping at lunch.
AG members to let AKC/SD know if they would like to know more about being
involved in this group going forwards.
AOB -
AOB -

## Glossary

H&WB	Health and Wellbeing Board
HOSC	Health Oversight and Scrutiny Committee/
HWE	Healthwatch England
HWWokB	Healthwatch Wokingham Borough
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NHSE	NHS England
WBC	Wokingham Borough Council
WBSAB	West of Berkshire Safeguarding Adults Board
WWB	Wokingham Wellbeing Board
VSAG	Voluntary Sector Action Group