

## Minutes of the of Healthwatch West Berkshire Board Meeting 28th March 2022: Zoom

## online

Present	Andrew Sharp	Chief Officer, Healthwatch West Berkshire	AS
	Dr Adrian Barker	Board Member	AB
	Lesley Wyman	Board Member	LW
	Martha Vickers	Board Member	MV
	Julie Nihouarn-Sigurdardottir	Board Member	JNS
	Alice Kunjappy-Clifton	Development Officer, Healthwatch West	AKC
		Berkshire	
	Samantha Cheeseman	Admin & Information Officer, HWWB	SC
	Fiona Worby	Healthwatch Digital Engagement Officer	FW

Abbreviations:

HWWB - Healthwatch West Berkshire

CCG - Clinical Commissioning Group (Berkshire West unless stated)

ICS - Integrated Care System (BOB- Bucks, Oxon, Berks West unless stated)

ICP- Integrated Care Partnership (Berkshire West unless stated)

H&WBB - Health & Well Being Board

HWE - Healthwatch England

MHAG - Mental Health Action Group

PCN - Primary Care Network

CQC - Care Quality Commission

EDC - Ethnically Diverse Communities

CAMHS - Child & Adolescent Mental Health Service

CO/CEO- Chief Officer, Chief Executive Officer

JHWBS- Berkshire West Joint Health & Well Being Strategy

ltem No.	Agenda Item	Action
1.	Welcome and Introductions by AB	
	Welcome to	
	Samantha – Administrator and Digital Engagement Officer	
	Fiona – Digital support officer for us and Healthwatch Portsmouth	
	New Board Member Julie.	
2.	Apologies for Absence & Declarations of Interest	
	Apologies from Mike, Amanda and Karen who are absent today.	
	Declarations of Interest	None
	None	

3.	Minutes of the meeting held on 20 <sup>th</sup> December 2021. signed accurate & factual	
	Matters arising / Action Log	
	<ul> <li>Contact Depression Xpression Kevin Hood has been emailed and we are waiting for a response.</li> <li>To produce a survey in the local hotels for Refugees and Asylum seekers – Soup Kitchen have had asylum seekers coming down as they are hungry. This spiked our interest as the hotels should be dealing with all these needs.</li> </ul>	AS/AKC
	<ul> <li>At the West Berks Muslim Centre, we have been lucky enough to meet these people face to face and find out some of the issues.</li> <li>They have been registered with doctors but have been affected mentally as they cannot meet or eat communally due to covid restrictions. We have highlighted this to the local councils.</li> <li>The quality framework and website will be updated later this year, with our colleagues in Portsmouth.</li> <li>Still in contact with the National Guardians office about people being made to feel frustrated with one of our trusts, which has strange policies – whistle blowing issues.</li> </ul>	AS/MF
4.	Report from HWWB Chief Officer	
5.	Enter and View – Community Testing project	
	White paper out today that will outline future protocol for LFT tests.	
	Might evolve into a health and equality framework.	
	We feedback KPI's captured going forward we will have themes to use from it.	AKC
	The engagement has been great with the community testing and it has increased the awareness of HWWB.	
	We are the only Healthwatch that have pushed this and it's been very productive.	
6.	Activity and Work plan –	
	HWWB testing and covid survey:	
	We were asked to do this by the clinical commissioning group, Covid-19 vaccination and testing confidence survey.	

	There has been lots of pressure from MHAG to see if we could do	
	something on children and young people rather than adults only.	
	Berkshire Youth, Depression Xpression, Time 2 Talk, town council and public health have all been involved.	
	The challenge with getting children and young people involved because of consent issues, safeguarding etc.	
	We are following this up with local education teams etc.	
	Perhaps we could get a team to work together to sort these issues, could	
	be volunteers and local authorities.	
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7.	be volunteers and local authorities. Contact & Issues Report – VOD: This is a big project; Andrew thought we need to put some time and effort into supporting Paul. We were supposed to be taking this back to HWBB in May. His only concern is whether we get this done by May, maybe go back to HWBB and ask for it to be delayed until September say?	
7.	<ul> <li>be volunteers and local authorities.</li> <li>Contact &amp; Issues Report -</li> <li>VOD:</li> <li>This is a big project; Andrew thought we need to put some time and effort into supporting Paul. We were supposed to be taking this back to HWBB in May. His only concern is whether we get this done by May, maybe go back to HWBB and ask for it to be delayed until September say?</li> <li>Karen keen to help support Paul in this and help write the report.</li> <li>Fiona also knows Paul and could offer some words of wisdom as to how</li> </ul>	

	ommunity and see if these challenges are still there and also to see how ovid has affected them.	
wł ex dis	gel Lynn – We need to contact him (new chief executive) and find out hat's happening with the external disability scrutiny board that was in distence and also what does he think about the 'golden thread' (of sability being incorporated into all activities) that was promised and asn't been maintained.	AS
	arent carer forum: great idea to get into contact with Dawn Baxendale ho is the chair for that.	
W	e need to keep the HWBB appraised of what we are planning to do.	AS
dis	nce Nick Carter has gone there is now no noise of any kind about the sability and external scrutiny board which was the only thing left that en vaguely discussed things.	
	aybe go to the board and see what the impact has been and what commendations that they have made, to keep the pressure on.	AS
CÆ	AMHS:	
ne	eal challenge now that HWBB has accepted the recommendations we eed to keep up to date to see what has been put in place to resolve ese.	
	ood response from Nikki Cartwright, worked well with CCG on the sting SMI health checks etc and Eight Bells and GP lead Heather Howells.	
Pe	erhaps follow a similar model, GP lead for children's mental health.	
	aybe write to new CCG and ask who responsible medics are for various ings, as we used to have all this information.	AS
on	CG like to focus on the service and secondary care if we could do more n prevention and managing lower-level conditions, perhaps we wouldn't nd up with only ever talking about CAMHS.	
Fo	ocus on the whole system instead.	
нν	WWB even has the children's mental health in their strategy.	
	nere seems to be no funding for this anymore like the family hubs and	

8.	Community Engagement:	
	WB Diversity Forum:	
	Do we want this to cross over with the maternity forum? and who is going to fund it?	AKC/JNS
	Perhaps we need to put together another survey and actually be out in public with people (for both forums jointly and individually).	
	(Diversity and Maternity forums) Not just cultural and ethical issues, some communities are not as well off so it's also a societal issue.	
	We need to understand different attitudes and perspectives of people towards their own perception of ante natal care and the pathway there, also how their voices are being heard and their opinions.	
	WB Maternity Forum:	
	Ockendon report – highlights safety elements and also ethnic minorities, black women 4 times more likely to die in childbirth and Asian women twice as likely to die.	
	Concern as women of colour are not being asked about mental health in pregnancy and distress. This is a big issue as some minorities do not talk about mental health within their communities. There is a lack of continuity of care.	
	Volunteer update & social media:	
	We have a few new volunteers.	
	Social media is going in the right direction and will now be handed over to Fiona, we need to increase our reach and impact.	
9.	ICS Update:	
	Lots of meetings with various Healthwatch chairs, with the ICS head of engagement and the new head of ICS.	
	Also involved with HWE who have allocated some resources to us.	
	We need to come up with a method of agreement between the five HW's and the ICS.	
	We need to try and make sure we are heard as we are only a small team as opposed to Oxford etc.	
	The ICS need to come up with an engagement strategy.	

	We have also worked with the new 'crisis café' Breathing Space, run by Together based in Reading as part of the Mental Health Action Group and in conjunction with the Berkshire West CCG. Also tried to see if a West Berks version could be rolled out without success.	
10.	Work Plan 2022/2023:	
	This will align with the Berkshire West 10-year strategy, we do not want to reproduce what that is doing, we want to find the gaps.	
	<ul> <li>Hospice</li> <li>Continuous healthcare</li> <li>Health &amp; equality &amp; diversity</li> <li>Maternity</li> <li>Primary care - too much pressure.</li> <li>Children's mental health</li> </ul>	
11.	Questions from the public	
	N/A	
12.	Meeting close, date of next meeting:	
	12 Oct 2022	