Advisory Group Meeting Notes



Tuesday 11 October 2022, 6.00-7.30pm (by Zoom)

Attendance: Shyama Perera (SP) Chair, Sharon Brown, Grace Samuels, Anita Thakkar,, Michael Odumosu, Nan Tewari (NT), Yasmine Loonat (YL), Angela D'Urso (AD)

Judith Davey (JD) TAP CEO, Cleo Chalk (CC), Ibrahim Ali (IA), Steve Inett (SI) **Apologies**: Danny Maher, Chris Murray, Narendra Patel, Sajil Shahid (SS)

	Item
1	Welcome, introductions and apologies
	SP welcomed everyone including new members Sharon, Yasmine, Anita and
	Michael
2	Minutes of last meeting
	No minutes were available
3	CEO update
	JD wished manager Jo Kay well for the future, recruitment continues but no
	candidate as yet. SI will be holding HWB in the meantime.
	Lectures continue monthly and branded TAP and HWB on healthy
	communities and health inequalities.
	SI advised he is not full time but ensuring team have leadership and
	continuing strategic presence in Brent.
	Finalising contract requirements with the council, HWB have been providing
	quarterly reports with what we think they would want to know. Our strategic
	and council relationships are good but need to ensure we are meeting with
	everyone strategically.
	SP asked if we are getting everything done with limited resources.
	SI talked about the new role of Insights and Outcomes Officer, SS on leave
	but ensures we are looking at the data and thinking about new issues to be
	worked on as well as continue with current workplan. SI to invite group
	members to help review the data.
	SP highlighted to group that TAP have two new HW, Westminster and
	Kensington & Chelsea, to ensure everyone aware, and understand the
	benefits and impact for HW Brent.
	There is already a project where all three HW can work together
4	Workplan update
	Current Workplan

SI shared the workplan and talked through the detail. SP felt it was great that we are monitoring what we've asked to happen and can remind people who are not responding to recommendations.

 Listening to the experiences of Eastern European people living in Brent CC described the project working with the Romanian community to understand their issues to inform future priorities, working with local partners.
 Event being held in November by Romanian organisation to capture views and recruited Romanian researcher to do in depth interviews.
 SP raised issues on language, 'listened to' needs to be enhanced and used more action fuelled language.

• Listening to the experiences of mental health services from South Asian people living in Brent

CC worked with volunteers to co-produce survey in language that encourages community to input. Volunteers from those communities have helped with where and how to target.

SP - would be good to understand reasons for work and where concerns have come from. Also, South Asian covers such diversity, needs more granularity and be specific on each.

YL asked why there are two MH projects, are there enough differences? SI stated the South Asian project comes from high level data and wanting to understand the detail and diversity in the community. The other is from community work with the Somali community and them telling us it is an issue.

SP - be wary as language in the proposals could feel patronising to those communities.

AD agreed there is power in language and how and where messages are delivered.

YL – are we also looking at generational issues, older generations may be experiencing more barriers.

• Community mental health services codesign with Somali service users IA - Somali community wary of engaging with organisations. Trying to codesign with them, and build on existing relationships with community and Talking Therapies services.

SP – people will be refugees and mostly 1st generation, need to focus on rich experience and knowledge they bring and more detail on the reasons for the barriers they experience, but focus on how interesting they are and what they bring.

SI – want to co-produce this one so the community and services learn from each other
AD – have we spoken to Councillor Farrah as he may be an ally and champion on what we find? SI agreed we would do this.

NT stated in the chat: The starting point is to identify what outcomes are being sought from the projects. When this is clear, the language for the project specification will become easier to define.

I know I keep banging on about disproportionality but the main issue in Brent continues to be that the black and ethnic minority communities are underrepresented in being given access to services.

A good example I came across was a GP surgery running an open mother and baby clinic for Somali women rather than booking set time slots. This boosted take-up and reduced no-shows.

SI - Brent Council have asked HW to ensure we are working with diverse ethnic groups

 Understanding the experiences of people detained under a section of the Mental Health Act in Brent - Enter and View

IA – very different to previous E&Vs, going to Park Royal inpatient wards. Lots of sensitivity needed.

SI - working with TAP Advocacy services to prepare volunteers, also being done with HW Westminster and Kensington & Chelsea. Already in contact with service managers at units.

SP – wording could be clearer on why we're doing this and what we are looking for – could be more specific.

JD – very important piece of work that other TAP services can support.

• Children & Young People's mental health challenges

SI – conscious that most of current work is with adults. Aware there has been a lot of engagement with young people over last couple of years. Just starting to get on right forums to understand system plans and inform future work.

NT - We need to evaluate what is happening to the young people as well as mapping how the system identifies their needs in the first instance - i.e. making parents aware of services.

JD – TAP services can assist re mental health.

SI – may need to hold system to account as not as much happening as you might expect.

5 Volunteer Update

• Volunteer Update

	Close
	No further business.
7	AOB
6	 Stakeholder Mapping Stakeholder Mapping Update AD introduced her work, worked with HW as part of council when TAP first took over. Have mapped current activity and looked at what is happening strategically. Suggested a workshop to discuss findings and way forward. Agreed to have hy7bris meeting, AD to produce poll on best times for everyone.
	 IA – Working with more young people 3 new young volunteers, building confidence. Don't have resources for Young HW but getting lots of applications from university so doing what is realistic. SP – asked if we give them things to do quickly, IA stated volunteers identify the things they want to do so can direct them quickly. AD – young volunteers will help HW get into young people agenda