

Advisory Group Meeting

Monday 18 September, 6–7.30pm

Attendees: Shyama Perera, Michael Odumosu, Anita Thakkar, Danny Maher, Grace Samuels, Sharon Brown, Cleo Chalk

	Item	
1	Welcome, introductions and apologies.	
2	<p>Minutes of last meeting</p> <p>Minutes of last meeting were passed subject to correction of spelling errors.</p>	
3	<p>Update on The Advocacy Project structure and governance</p> <p>CC updated the group on the new interim CEO, Donna Covey, including the experience Donna has as Chair of a local Healthwatch organisation in Wandsworth. CC noted that this is a good opportunity for us to ensure that Healthwatch is a high priority within the wider organisation.</p> <p>SP noted that it has been a time of a lot of change and that we should use it as an opportunity to move Healthwatch up the agenda.</p> <p>CC updated the group that the contract has been extended for an additional year, from April 2024–2025. There will be an opportunity for a second one year extension at the end of the 24–25 financial year.</p>	
4	<p>Project updates</p> <p>4.1 CC introduced the paper on the maternity project update, and shared that the team had carried out 4 engagement visits with 12 more planned. The team had heard from 45 women, with more engagement planned.</p> <p>There were no comments or questions from the group.</p>	

4.2 CC presented an update on the GP access enter & view visits, which were currently in progress. The results will be shared with the Primary Care Executive Group (PCEG) as well as individual practices.

GS asked for clarity on how we had chosen the practices to visit, and CC confirmed it is based on the previous recommendations made in our 2022 GP access report.

DM raised a question of what additional power we have to make sure recommendations are followed. CC commented that we can use our connection with the PCEG to escalate issues if we need to.

DM followed up with a question around our interaction with the health & wellbeing board and how we could use that group more effectively. CC agreed that this is an area that we should develop as a team. SP commented that the Health & Wellbeing Board had concerns about our original GP access project due to the low amount of data, and that a targeted approach should be more successful.

4.3 CC presented the research from the Romanian Community Research project. This report was coproduced with the Romanian and Eastern European hub. Key findings including difficulty accessing translated materials and interpreters. CC also noted that the issues found were not unique to the Romanian community, but mirrored those we have found with other groups.

CC introduced the possibility of mystery shopping and workshops as a way to follow up on this work and asked for the group's approval.

DM commented that it was notable that several people were choosing to go abroad or seek private care as an alternative to NHS care. CC commented that this was mainly down to lack of trust, rather than long waiting times.

DM queried what the mystery shopping would involve. CC clarified that this would involve volunteers accessing translation

and interpreting skills, while the issues around trust would be addressed through co-produced workshops.

GS added that the issues found have been long-standing issues which many people have raised across Brent.

There were no objections to continuing this as an area of work.

- 4.4 CC gave an update on cancer screening work, which had included raising awareness of bowel cancer screening with different community groups.

There were no comments or questions from the group.

- 4.5 CC introduced an update to the mental health engagement work, and asked the group to agree a change of focus for the project. Initial engagement had shown most issues were for people with complex needs, and proposed this as a new focus for the project, with the aim of building up a bank of case studies to demonstrate the reality of patients' experiences.

DM raised a question about how we would feed this into the wider strategic work. We have had some contact with the mental health executive group – but further engagement is needed. DM noted that this has been an ongoing issue with a lot of previous discussion, but questioned how much power the group has to drive change.

DM also noted that there are issues with signposting as patients are sent from service to service but the interactions are low quality. AT added that there are some people for whom signposting doesn't help because there simply aren't services available for them. She suggested that it would be helpful to have specific scenarios of individual cases and what is going wrong. GS added that this is not an issue just for Brent, but across many different areas, and that even professionals struggle with navigating the mental health system.

The group approved the change of project focus, but with the need to build stronger channels to feed this through.

- 4.6 CC gave a short update on potential future priority areas,

	including adult social care.	
5	<p>Volunteer update</p> <p>CC updated on the volunteering program, including the fact that numbers have stayed stable but with a small turnover. She also shared recent recruitment from the Refugee and Asylum Seeker volunteering event.</p>	
6	<p>AOB</p> <p>SP commented on the quality of recent reports and noted that they look engaging.</p> <p>SP noted that we will need to think about recruiting more advisory board members, but that it is better to wait until there is more organisational stability.</p> <p>DM queried the role of the autism care navigator. CC clarified that this is an Advocacy Project role which involves offering support for people on the waiting list for an assessment or who have been recently diagnosed.</p>	
	Close: 7.30pm	