

# **Healthwatch Barking and Dagenham Board meeting minutes**

**Monday 12<sup>th</sup> June 2023**

**Venue: Zoom online**

**Time: 6pm – 7pm**

1.	Welcome and introductions. Minutes of last meeting and Matters Arising	Daniel Singleton, Interim Chair of B&D Healthwatch Board
2.	General Update	Manisha Modhvadia, Healthwatch Manager
3.	Board Development	Agne, Engagement and project officer
4.	EHCP	Agne, Engagement and project officer
5.	Any Other Business	All Members

# **Healthwatch Barking and Dagenham Board meeting**

**Monday 13<sup>th</sup> March 2023**

**Venue: Lifeline House**

**Time: 6pm – 7pm**

## **Present:**

Elspeth Paisley (EP), Board member

David Sollis (DS), Board member

Val Shaw (VS), Board member

Manisha Modhvadia (MM), Healthwatch Barking & Dagenham Manager

Rachel Allen (RA) Board member

Agne Pilkauskienė (AP) Healthwatch Barking and Dagenham Engagement and Project officer

Ruby Yip (RY) Healthwatch Barking and Dagenham Engagement and Project officer

Daniel Singleton (DJS), Interim Chair

Catherine Burns (CB), Guest

## **Apologies:**

Zahra Ibrahim (ZI) Board member

<b>Item</b>	<b>Discussions and actions</b>
<b>1. Welcome and introductions.</b>	MM welcomed the board. CB joined us in today's meeting as a guest and everyone introduced themselves. EP – Health Lead for Community Resources that provides solutions to local issues, currently involved in developing B&D Place Based Partnership. DS – CEO at Colchester & Tendring Youth Enquiry Service RA (joined in later in the meeting) – Bursary Programme Officer at the City of London School for Girls. VS – longstanding volunteer in Barking and Dagenham MM – Manager at Healthwatch B&D AP – Project and Engagement officer at Healthwatch B&D RY – Graduate Engagement and Project assistant at Healthwatch B&D DS – National Executive Director of Faith Action, Interim Chair (joined in later).

<b>Minutes of the last meeting and matters arising</b>	<p>MM reviewed the minutes from the previous meeting, and these were agreed by the board.</p> <p>Actions from the previous minutes were discussed:</p> <ul style="list-style-type: none"> <li>• RA was keen to know if there was feedback on the pre-frailty report, however MM has expressed there has not received an official response. EP added that she was involved with the project too and that it continues to focus on hypertension and partnership work with GP inequality leads.</li> <li>• MM, AP and RY were tasked to gather feedback from residents about social care during engagements and report back to the board during the next meeting. There has not been much feedback that residents reported except some on adaptations and how long it is taking to get them. MM explained that the workplan is a agenda item. The Board agreed to discuss this further when the workplan is discussed.</li> <li>• The board were informed that suggested questions from the previous meeting were incorporated in the questionnaires which were used to carry out two Enter and View visits at care homes.</li> </ul>
<b>2. General update</b>	<p><b>2.1 Healthwatch annual report</b></p> <p>Healthwatch Barking and Dagenham Annual report will be published at the end of the month and shared with Board members. MM noted that if any of the Board members wanted their photograph to be changed, they should email her one.</p> <p>The Annual report will highlight the impact our work has had on the local community.</p> <p><b>2.2 Health visiting project</b></p> <p>MM described the findings from our Health Visiting project including:</p>

- Better communication between service users and professionals
- Service users not being signposted to relevant services by health visitors.
- some service users did not get support for their mental health and there was lack of face-to-face appointments.
- Service users were unsure about their baby's weight and the service generally lacked flexibility. There were positive experiences too.

A Report will be shared with Board members once it has been sent to service providers.

### **2.3 Projects**

**MM presented the workplan to the board for this year.**

#### **EHCP project**

**EHCP Pathways** project is still ongoing, and the start has been delayed due to the process of getting access to schools. Focus groups will be running till beginning of July.

#### **Mental Health and Social prescribing**

MM said that two areas that were proposed for an upcoming Healthwatch project were cost of living & mental health and **mental health & social prescribing**. The impact of cost of living on mental health has been looked at in depth already by other organisations and therefore Mental health and social prescribing has been chosen as an area to be explored next.

Healthwatch will be exploring how the social prescribing model is working locally and seeking to speak to other boroughs to see how their models work. Other models have voluntary sectors that are quite involved so it

	<p>would be good to get a comparison. Information will be gathered through surveys and interview.</p> <p>EP said she will put Healthwatch in touch with a consortium of 13 voluntary sector groups that work with residents who have mild mental health issues. EP also said that there is a GP surgery in the south of the borough that does a community clinic for people who experience social isolation.</p> <p><b>EP to introduce Healthwatch to a consortium mentioned above and a community clinic.</b></p> <p>Community Dental Care</p> <p>MM expressed that feedback about <b>dental care services</b> in general have been negative – residents are finding it difficult to access the service. It is worth noting that Healthwatch England are challenging those barriers.</p> <p>Recently commissioning of dental services has moved over to NEL through the Integrated Care System.</p> <p>More recently we have received feedback from residents about community dental services- which is a service separate from high street dental practices and are provided specifically to those with disabilities, or long-term conditions who are unable to attend other dental practices. Therefore, Healthwatch would like to influence residents` experience, as quality of the service needs to be improved. Visits will be undertaken to find out about patient experience. A survey will also be launched to provide people with an opportunity to share feedback. Recommendations will be provided to service providers.</p> <p>EP added that she keeps hearing a lot of disappointment about dental services and therefore this is a very much needed project for Healthwatch to undertake. MM asked everyone to let her know if they would be interested to come and speak to service users.</p>
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	<p>Social care project ideas are still being explored. Healthwatch England have been asked what the priorities were nationally and will be shared with Board members once HW England provides a response. VS proposed to look into care provided at home, however LBBD are currently doing a similar piece of work and we would be duplicating that. The following actions will be taken next:</p> <p>The board will be sent two potential social care project ideas towards the end of July and the board will vote on which project should be taken forward. Following this a Project Initiation Document will be sent over for the board to approve the final project.</p> <p><b>AP provide an update to Board members about social care priorities nationally by Mid July</b></p> <p><b>AP to share a project initiation document once the theme for the social care project has been decided by the end of July</b> Social care project will start in August 2023.</p>
<b>3. Board development</b>	<p>AP has started a discussion about Board development and expressed that emails have been sent to Board members asking for their availability so that a development session can be arranged. So far 2 Board members had their sessions and AP is still waiting for others to get back to her. Board development has been introduced as a part of Quality framework to document what skills and time available Board members can bring in their work while supporting Healthwatch. Board member development discussion also includes Board member feedback about how Healthwatch can improve in order to better support Board members.</p> <p><b>DS, ZI, RA to respond to AP with their availability for Board member development session.</b></p>
<b>4. EHCP Project</b>	<p>AP provided an update on EHCP project and shared some insight into the feedback that has been gathered so far. This includes parents` and carers` frustration with a lengthy process and lack of communication and</p>

	<p>awareness of where to get help. AP shared that feedback has been collected from residents whose children do not have an EHCP and that schools were considerate towards children with SEND by making special arrangements to avoid making the condition worse. AP expressed that most of the feedback was from parents who have children with Autism, ADHD and other learning difficulties. We would like to represent various disabilities in this project that is why we will be looking to engage families where there are children with other disabilities such as vision loss, deafness, or cerebral palsy.</p> <p>MM added that we are waiting to find out if we can get contacts for an organisation that arranges school transport for children with physical disabilities.</p> <p>Contact has also been made with Trinity school to get feedback from parents of children with other disabilities rather than autism and ADHD. EP suggested contacting inequality leads at GP practices who may have contact details for parents.</p>
<b>5. AOB</b>	<p>MM asked Board members what they are hearing when they engage with residents which could give Healthwatch a base to explore. EP expressed that she is surprised that Healthwatch is not getting feedback about social care from residents. She added there are high rates of staff turnover at social care and more stability is needed. She suggests that health and social care systems should work better and that social care departments do not communicate well with secondary care departments. EP noted that discharge process needs to be improved as it currently does not work for people who are lonely and do not have anyone to care for them. DS expressed that discharge is an issue in Essex, as it has 3 different systems. There is work being done to investigate discharging people into safe spaces, however there is not enough money in the budget.</p>

	MM said that the next Healthwatch Board meeting will be on the 11 <sup>th</sup> of September in person. MM asked for Board members to let us know if they would like to add anything on next meeting's agenda. Next session will be interactive, and achievements will be discussed.
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