**Health and Social Care Working Group meeting minutes – 9th May 2022**

**Present: Gill Stainthorpe, Elizabeth Lynskey, Pauline Smith, Elaine Unegbu, Carmel Berke (GM Nutrition and Hydration), Jane Mcdermott (The University of Manchester), Martin Preston (Macc), Amy Muthra Shah, Izetta Enisuoh, Judie Collins and Beth Shipley (Macc)**

1. **Welcome and matters arising**

The minutes from the last meeting were agreed.

1. **Mental Health campaign – distribution (Gill Stainthorpe)**

Gill spoke about the campaign.

* 1000 posters and 500 flyers have gone out to every local authority in Greater Manchester
* Many of the Mental Health services available for older people aren’t working for older people
* Gill asked the group about their experiences of the distribution. She didn’t see any posters in her Doctor’s surgery

**Questions and points of discussion:**

* It was mentioned how there is no visibility of the campaign in some members’ areas
* Amy: would like some posters
* The posters went out to all the Local Authorities – it’s a question of where they went to
* There are some in Manchester, I got some. I put some around Whalley Range and sent some for Levenshulme
* It was mentioned how the posters were taken down in a surgery in Bolton
* There aren’t any poster up in Trafford

1. **Nutrition presentation and discussion (Carmel Berke, Programme Director, GM Nutrition and Hydration)**

Gill mentioned part of the Mental Health camp was about eating disorders. A lot of ppl are saving money by not eating properly / going to food banks. This may be a piece of work we could do around nutrition. Mentioned booklets from WW2 where they included nutritional food etc. could do something now around nutritional food with less use of oven / quivker cooking time etc. could be interesting pieve of work.

Carmel:

Shared pres – slides on phone\*\*

Judie: my friends concerned about putting weight on as not been going out. Obesity must cost NHS same as malnutrition

Carmel: costs less. Malnutrition costs considerably more. Need o education ppl on both issues. obese ppl cn still be malnourished as getting calries from bad foods like fat and sugar

Judie: public toilets and OP going out

Carmel: encourage ppl to drink before going out and when back home?? One of andy burnhams workshop, every other presentation was about pblic toilets and how ttying to build ageing well cities? Supermarkets have public toilets

Eliza: liquids. Hearing from OP don’t drink after cretian time so not weeing in night. How do we get around that?

Carmel: don’t encourage but say if worried about getting up in night try drink more in day. Thin abpiut priority, whast important to you, not getting up in night or potentially getting ill / something bc not drinking? Not enough work done around hydration . dehydration. Do work with GPs to educate them

Amy: do you work closely with aids and adaptation?

Carmel: no

Amy: looking at incontinence, would be helpfl if involved with them

Amy: 47% of ppl who fall malnourished

Carmel: mal. When mulsces really weak, makes lose balance etc, puts more at risk of falling

Pauline: dehydration. When mum in hosp, she got to drink and nures didn’t make her drink. Was delusonal. Take dyeretic medication. Drink all day. Known all life need high fluid intake. Ive written recipes for TAMG recipes for £1.

Elaine: radio 4, dr, man who came into surgery often, didn’t bc of covid. When came back his skin didn’t look good. He had tied up his pants with rope, lost weight. Cafes closed, didn’t know how to cook. Public loos – book developed about not having toilets for OP. found out that MFT (manc foundation trust) recently employed malnutrition prevention manager

Gill gave anecdote about neighbour hardly drinking and being delusional

Gill said may need carmel back in the future

Gill mentoned with Liz being off, what we want to discuss in future meetings:

Priorites?

Jane:

Good to talk about projects were doing / use the grorup to ask if they know ppl to approach for rocus groups. Get commission to do rapid response. Small widow to turn around. Good to ask are these the right Qs etc. how we can best work with you. What might be best.

3 new projects, 1 is digitalistion of services. We know this massively excludes OP. a lot about personal choice, not just about havng wifi / laptop etc.

Another proj looking at being a carer. MH impact of those close to use who have condition like dementia.

Last proj – preferences for new models of social care. Bc of covid, right taken away from ppl living in care setting during pandemic like visitation rights etc, proj asks ppl over 50 from diff backgroups . social economic backgroups, ask them what u want from future of social care.

Would group want eparte meeting, 1/1.5hr / paying in vouchers. To see if want to be in focus group to ask about social care prpject

Beth to send out mailing about new focus group above ^^

Jane to send me info and me send out info about new focus group to current H&SC meeting attendees in this meeting.

Decided on a Monday 2-3:30.

1. **Discharge from hospitals to care homes / difficulties with GPs (Gill Stainthorpe) discussion – 2:40-2:50**
2. **AOB – 2:50-3:00**

Judie – put in writing for Beth to circulate to group

Action ^

Judie – hospitals havig procedures at night, makes it difficult for people to travel.

Gill – good havig appointments at night when working but not good for OP

Eliza – ring & ride? Ppl hving difficulty gong to hosp.

Gill – hospitals, getting there, getting bck, appoinmnts, no havg car or someon to take you. Need to have discussion on this. Next time / in future

Jane – next time me n Alison give presentation / discussion on other 2 projects at next meeting

Gill – got 4 big issue to look at for future meetings

Judie – beth let colin know about the trans issue.

Action ^^^

Gill mentioned having a joint meeting with trans WG as issues are related.

Martin – funding from GM H&SC partnership. Recruiting new staff for new lived experience panel. Waiting on them to sign money off. Some work around that when kicks off