July 25, 2024

Joint Advisory Board Meeting

In attendance

Minna Korjonen (MK), Westminster and RBKC Advisory Board Chair

Gaenor Altonen (GA), Westminster Advisory Board Member

Suvina Salins (SS), Westminster Advisory Board Member

Anna Velkova (AV), Westminster Advisory Board Member

Cass Cass-Horne (CCH), Westminster Advisory Board Member

Fay Sandler (FS), Westminster Advisory Board Member

Gaenor Holland-Williams (GHW), RBKC Advisory Board Member

Victoria Borwick (VB), RBKC Advisory Board Member

Katherine Shaw (KS), The Advocacy Project Chief Executive Officer

Cleo Chalk (CC), Healthwatch Service Manager

Blessing Ogunoshun (BO), Healthwatch Westminster Manager

Charlotte Williams (CW), Healthwatch RBKC Manager

Giovanna Pascarella (GP), Engagement & Communications Coordinator

Ruth Daniel (RD), Engagement & Volunteers Coordinator

Maria Ghaly (MG), Administration and Communications Support Officer

Apologies received

Jill Brown (JB), RBKC Advisory Board Member

Margaret cairns-Irven (MCI), RBKC Advisory Board Member

Sonia Richardson (SR), RBKC Advisory Board Member

Agenda

1. Welcome, introductions and apologies
2. Minutes of last meeting
3. Update on The Advocacy Project / Leadership
4. Annual report review
   An opportunity for members to reflect on the content of the annual report, and progress made in 2023-24.
5. Project updates
   5.1 Mental health needs of homeless communities' project (Westminster)
   5.2 Intermediate care project
   5.3 GP access project
   5.4 Digital inclusion project
6. Priority setting
   6.1 Eye care project
7. Questions/feedback regarding project updates
8. Future projects
9. Board Recruitment updates
10. AOB
11. Close

Welcome, Introductions, & Apologies

- BO asks if everyone was able to read through the previous minutes and the individual project papers, to which board members confirm that they have.
- A round of introductions and welcoming new members.
- JB, MCI and SR are not able to attend and have sent their apologies.

Minutes of last meeting

- GA confirms that she accepts the minutes of the previous Westminster Advisory Board meeting and MK declares the meeting minutes as agreed.
- MK explains that the last RBKC Advisory Board meeting was a long time ago because the last meeting had to be postponed due to the recent elections. Healthwatch RBKC advisory board members confirm that they accept the minutes of the previous meeting.
- MK confirms that the advisory board meetings are usually held separately for both Healthwatches but as this is a joint meeting, we will have separate items on the agenda for Healthwatch-specific projects if required and for approving the minutes of the last meetings of both Healthwatch Advisory Boards.

Update on The Advocacy Project/Leadership

- CC is pleased to share that we now have our new CEO, KS, in post.
- KS introduces herself and shares about her professional background and experience of working in the third sector, particularly the field of disability. She attended the Healthwatch team meeting on 24 July and was pleased to see the involvement and level of impact that Healthwatch is having on the community. She emphasises on the shared vision between The Advocacy Project and Healthwatch and is looking forward to interacting together more.
- MK thanks KS and welcomes her. MK is proud that The Advocacy Project is the only organisation in our borough where the Chair, Vice Chair, and CEO of the company and some of our staff have lived experience with disability so this is something that we should promote because it empowers the wider community.
- CC: on the topic of The Advocacy Project and Leadership, we have talked a lot about having representation from the advisory board at our Advocacy Project Board of Trustees meeting. CC is pleased to share that that is progressing well and Minna is going to be joining our next Advocacy Project Board of Trustees meeting in August. That will be a great opportunity to tighten links between our Advisory Board and the Board of Trustees. CC also gives our new Healthwatch Kensington and Chelsea manager, CW, a moment to say a few words to introduce herself.
- CW shares that she joined approximately three weeks ago, at the same time as KS and has lots to learn about the organisation. She previously worked in a local authority, the NHS, school's nursing team, children's charity and as a carer. She is hoping to bring the different experiences into this role. As MK was saying around disability, CW shares that she has some lived experience so it is great to also bring that too.
- MK warmly welcomes CW on behalf of everyone and shares that we are still looking for more Westminster advisory board members. We also have vacancies for the Kensington and Chelsea board. MK is pleased with the advertising efforts, helping us to gain interest from different expertise areas.

Annual Report Review

- CC gives board members an opportunity to reflect on the annual report and anything that might have stood out to them. In terms of our reach last year, we had a total engagement with 442 people who fed into our projects and shared their experience. This includes the people that we spoke to, gave a leaflet to and had more in-depth engagement with. We offered advice and signposting information to 355 people last year. In quarter one of this year, we have more or less hit those same numbers already which shows our excellent progress. We also published 11 reports last year. Two of those reports stood out in terms of readership and popularity – those were the Gordon Hospital Acute Mental Health Changes report for Westminster and the Children and Young People's Mental Health report for Kensington and Chelsea. This

shows that the focus on mental health has clearly been something that resonated well with our stakeholders.

- MK thanks all staff members who have done a very good job during the year because despite the limited staff resources, they have succeeded with over 500 engagements which is a big achievement. MK also thanks the advisory board members who have had an impact on the annual report. MK highly recommends members to read it and share it with their networks, which includes organisations, neighbours, GP practices, and local councillors. The report shows how hard we work to raise our residents' voices.
- VB: will copies of the annual report be going to all the councillors in the authorities that we deal with?
- CC: we have already sent it to all our partners and key stakeholders, including councillors. CC encourages board members to draw anybody's attention to it to make sure that it is being read as well as received.
- VB notes that it is good to have a record of who we have actually sent it to.
- CC notes VB's comment about printed copies as well. We currently don not have any but it is something that we are looking into.
- VB suggests that if we persuaded every GP to put pin one up on their board then more people would know about Healthwatch.
- MK agrees with VB that this is a good idea. MK could distribute the copies to organisations that she is working with and perhaps another 10 copies could be for people who are not able to read it online, such as vulnerable people.
- CCH would also like 10 copies.
- MK requests that the names of board members who would like a printed copy of the annual report be passed onto CC.
- FS: is Healthwatch finished with the Gordon Hospital work? FS has expressed to CC that it is a brilliant report but more work needs to be done.
- CC: the initial report that we have published in November is completed so that specific engagement work is done, but our ongoing work around Gordon Hospital is not finished yet. We will be continuing to attend the scrutiny committee meetings and seeing how Healthwatch can feed into the ICB's work stream. To give context, new ICB work streams have been set up to address different challenges that were raised partly as a result of the Healthwatch report. Next step is that we can look at some additional engagement work that we might want to do to feed into those. There are some key groups that we have identified for future engagement with, including geographical and people with learning disabilities, that are missing from the original research.
- MK highlights that the elections affected our organisation because we had to postpone our board meetings and some of our activities too.

Project Updates

- *Mental health needs of homeless communities project (Westminster)*
    - BO: this is a Healthwatch Westminster project. Westminster is London's borough with the highest rates of homelessness. As FS mentioned, with

regards to the Gordon Hospital, there are many acute mental health needs that are unsupported specifically for homeless communities living in Westminster. The aim of this project was to identify and evaluate the mental health needs of the homeless communities in Westminster, especially experiences of accessing primary mental health care services. We conducted focus groups and semi-structured interviews with 17 service providers across Westminster. The overarching themes that we found are access to and quality of services. Within access to services, key concerns highlighted by service providers and service users were the high threshold levels for intervention, stigmatisation among young people, migration status and the risk of deportation, long waiting list, digital exclusion and language and cultural barriers. Dual diagnosis is another issue because residents with complex mental health needs who consume alcohol or misuse substance are told by mental health service providers that before they can get mental health support, they would need to stop drinking alcohol or stop taking drugs. Other questions that arose during engagements were around the different provisions that are available after treatment and whether mental health support services can integrate with other services like housing or employment to help the patient who is recovering out of homelessness and from mental health challenges to integrate back into society. There is also lack of funding and staff competency is an issue which requires training to provide trauma-informed care. Our recommendations are to provide continuous support for homeless population groups who are transitioning out of homelessness, providing a dry community space for homeless population groups that are not indulging in active addiction, incorporating a trauma-informed approach to care and refraining from adopting a one-size-fits-all approach to support hidden homeless population groups. The next steps are to communicate findings to our key partners at the Westminster Homelessness Health Partnership meeting, colleagues at the ICB and arranging the coproduction event which will take place on Friday 30 August. We plan on sending the invites to the coproduction event approximately this Friday, so the advisory board members should expect to receive an invite soon.

- GA would like to outline that the most significant reason behind the lack of quality provision, which is currently at the bottom of the report, is the comment from providers that this bidding system leads to providing the service which is the lowest cost option for the funders. This drives people to leave because they cannot get suitable salaries or because the organisation is not working properly. This leads to expensive poor provision because cost benefit has disappeared. Could the problem of the finances be brought up to the top of the report where people read frequently?
- BO thanks GA for this criticism feedback and agrees with it. BO will incorporate this as a major theme at the next coproduction event with service providers and service users.

- FS agrees with GA and mentions the Gordon Hospital because only a selection of GPs have been contacted as part of this work. FS felt that at the last scrutiny meeting, they were dismissive of two outspoken GPs that highlighted important issues. The biggest problem is that there is funding for Westminster which has been dissipated and there are people who are waiting for lengthy periods to access services. The health and wellbeing of the patients and their families did not seem to be included. Being a migrant and refugee also adds further issues. The Gordon Hospital is meant to provide support but there two floors not in use at the current time which could be due to a lack of maintenance. Westminster is large enough to provide the facilities people need instead of relying on A&E which adds burden on St Charles' Hospital. Every patient is entitled to best practice and quality of care but people are unable to get admitted because they have to fit the criteria to be admitted. We need continue attending the scrutiny committee meetings and represent the voices of vulnerable patients, their families and carers.
- CC agrees with FS that the needs of homeless population groups have been neglected during the Gordon Hospital work and that's one of the reasons that we launched this project to specifically look at those needs. CC agrees that the tone has been dismissive. However, what has come out of the scrutiny process is a specific work stream looking at developing mitigations for homeless population groups that would be affected by the changes to the Gordon Hospital. We just need to sure that we're involved in the work stream and that BO takes forward the findings from this project and this meeting to decisionmakers. The comments that we raised during the consultation process show the positive influence that Healthwatch has had on improving services.

- *Intermediate care project*
  - BO: Healthwatch Westminster and Healthwatch Kensington and Chelsea developed this project in collaboration with the Networked Data Lab team at Imperial College London. We aimed to identify the barriers and challenges to high quality intermediate care provision and explore patients' and carers' experiences and perspectives on intermediate care services provided in North West London. The major demographic of people that use intermediate care services are older population groups. We conducted 15 interviews with carers and service providers across Westminster and RBKC and the report will be published in August. Key concerns raised within our engagements were the short notice visits, environmental assessments not always provided, lack of communication between medical providers, carers and services, the use of jargon and acronyms, lack of support for intermediate family members who care for patients outside of the hours of designated carers and the standard package of care adopts a one-size-fits-all approach. The quality of discharge process is also often compromised. Other challenges include staff competency, lack of a trauma-informed approach to care, not involving patients, carers and families in the decision-making

process and continuity of care. The recommendations are to have tailored support for carers and family members, provide continuity of care and improve the involvement of patients and carers in the decision making process. We will communicated the findings to the Imperial Data Lab and will also monitor the impacts and outcomes from the project.

- FS has attended various local authority meetings and there were plans to procure services for reablement. It is a postcode lottery and if someone goes from hospital into a rehabilitation setting because they can't go home, there is nobody there to help with their return. Also, when they can finally go home, there is no communication with the patient to ensure that reablement is in operation. Another issue is that if the patient needs physiotherapy service home, they would be sent a young physiotherapist who is incapable of supporting someone with the help that they need to get back to independence.
- BO agrees that this is a great point and links to another idea that was highlighted during a meeting with GP and RD around the support and the provisions that are in place to support carers. This includes carers that are taking time off during their working day or those who have retired. This could idea could potentially influence follow-up work and future engagement.
- FS is concerned about older people who do not have any support which makes them exceptionally vulnerable.

- *GP access project*
  - BO: in February 2024 we became aware of proposals from the North West London Integrated Care System to change the way that patients access same day GP appointments. We received feedback from our community with concerns around redirecting patients to the same day GP access hubs and the lack of patient consultation. We gathered feedback from residents about the current challenges that they face when accessing a GP. To date, we have had 130 survey responses and have heard from an additional 47 local residents during an online engagement across both Westminster and RBKC. Key themes relate to the overwhelming preference for face to face appointments among all demographics. Telephone appointments are preferred to online appointments or video calls which could be due to the demographics of people that we spoke to in Westminster, mainly middle aged people, older population groups or people who fall within the migrant population groups.
  - GP notes that on the Westminster side, there were two distinct phases of engagement – one was digital and one was in person. For the digital engagement, there may have been some self-selection on the participants' part. This is because many respondents were from older population groups with long term health needs who may have participated because they have a higher need of seeing a GP more frequently. Whereas, the sample that we gathered from the in-person engagements is more randomised.

- BO agrees that demographics play an important role. Most patients are currently booking their appointments via telephone call or by speaking to the practice staff in person. Some patients noted that an online appointment booking system is currently unavailable at their practice, but it would have been their preferred option. Challenges with current booking processes were the long telephone waiting times and the lack of provision for people with disabilities who may be unable to make calls. Many patients expressed that they are willing to travel up to 30 minutes to access an appointment and most use public transport, walk or cycle to their appointments, meaning that location of the same day access hub is an important consideration. People also shared their concerns about the possibility of being triaged by non-GPs. We are currently analysing the findings and aim to publish the report in August. Once the report is ready, share our findings with the ICS and request further information from them about how they plan to proceed with their proposals. We will also present our findings at the upcoming scrutiny committee meeting to raise awareness about residents' concerns.
- FS raised a comment about the many patients that do not live close enough to walk or cycle to their local GP practice, especially the elderly and disabled. Additionally, some older patients cannot have telephone consultations because they cannot hear.

- *Digital inclusion project (Action required)*
  - BO: this is a collaboration between Healthwatch Westminster and Healthwatch RBKC. It aims to understand the barriers and experiences that contribute to digital exclusion and healthcare access among the elderly or non-English speaking communities. During the first phase of the project, we spoke with 30 people who shared issues regarding the difficulty of reading in English, booking an appointment, using the internet, lack of devices, lack of training to use a device, and technical challenges with accessing information across different applications. We are in the second phase of the project which is about understanding how we can better support vulnerable communities in their experiences of accessing online health systems. This includes by understanding the specific tools or features that would make it easier for elderly individuals with or without a range of medical conditions and physical demands to access online health services. We are also gathering information around the type of resources or training that would increase their confidence in data security and general online support, how they would prefer the resources or trainings to be delivered, the preferred frequency of this training or support and if they attend a local digital hub in the bi-borough. The next steps are to use the data gathered through both phases of the project to explore our digital skills workshops that can be offered to residents across Kensington & Chelsea and Westminster. This will involve the recruitment of Digital Champions to develop and deliver the support sessions. Our proposal was to run the monthly sessions with a dual focus. The first part of the session will offer information and education about using digital health tools, general

online safety and security, how to access health records, how to use online accessibility tools, booking an appointment and where to go for further support. The second part of the session will offer individual assistance with specific issues or tasks that attendees need help with.

- MK reminds board members that if they have any further questions about this they can email them to BO.

Priority setting

- *Eye care project*
  - CC: this is a Healthwatch England national campaign which is around understanding experiences of using eye care services. Healthwatch England regularly run these national campaigns to look at different areas of care that affect everyone, meaning that it is less targeted than our typical projects. work because the idea is to have a theme that we can take out to the general Healthwatch England approached us directly because they felt that Westminster and Kensington & Chelsea would be good areas to be involved in this project. We found some research that showed that there are varying levels of community eye care services within Westminster and Kensington & Chelsea. There were also concerns raised in Westminster last year about understaffing in departments affecting quality of eye care. We know that the ICB are currently doing a project to review services so there is clearly local work that can feed into as well as the National Healthwatch campaign where they would take our local data, collate it with all of the other Healthwatch data and influence policy on a national level. The other positive thing is that Healthwatch England will be putting together a lot of the materials so although we will be able to localise the survey and comms materials, the initial effort to produce materials will be done by the national team, which means it is not too resource intensive, and we would not have to take away any resources from our other priorities.

Questions/feedback regarding project updates

All questions are about the eyecare project.

- FS thinks that this is a very vital project to look at. For younger people, if they do not get their eyesight tested at a very young age, they miss out on schoolwork and various other things. People who have got financial means can have their eyes tested. Also, conditions like glaucoma and diabetes can have visual impacts people that people may not realise. Early cataract intervention should be absolutely mandatory for older people because by the time it is addressed, it causes severe problems. This is quite important if we will be doing this eye project because we need to make sure that people can access services before the problem becomes more complicated.
- AV: will this project include Specsavers, Boots Opticians, Western Eye Hospital and similar services?

- GH notes that with regards to cataracts, people are told that they have to wait for a level of seriousness and it is really unfortunate that there is not enough advertising with regards to eye cancer. The prevalence of cancer in eyes has gone up including in children and young people and people don't realise that the symptoms for eye cancer are much different to other cancers. If possible, and without frightening people by using the correct vocabulary, people should be made aware of the increase in eye cancers and that the symptoms are different.
- CC confirms that can take forward the points raised about the different groups that we could target as part of the project and particularly younger people. We can also take forward the point about education and awareness around things like cataracts. We make sure that any engagement that we do has an element of advice and signposting. As to AV's question, it covers any NHS funded eye services. CC can compile the full list of services we will be looking into and share that with AV but it would not be covering private services.
- GA: one of the things that people are worried about in public health is that children are getting terrible eye problems because of constant digital use and screen use primarily from phones and tablets. There is an epidemic of bad sight for young people, partly because they are not treating the eyes as something that needs exercise and parents are completely unaware of this problem. If you never exercise or go outside, your eyes are weakened progressively, and screen use increases eye damage. There is a clear need for opticians to inform the public about the dangers of constant screen use.
- CC agrees that this is a good point. Although it is not included in the national work, it is something that we can ask about on a local level if we decide that we should focus on children and young people's eye care. However, it would not be feeding into the national campaign.
- MK: even if it is on a local level, it may trigger something in Healthwatch England and influence future research. MK agrees with GA that it is one of the important areas that appears in the news as well. MK asks board members to vote if they are in favour of moving forward with this project.
- All members vote in favour of the eye care project.

Future projects

- BO invites both Healthwatch Westminster and Healthwatch RBKC board members to discuss potential areas for us to pick up as priorities once our core projects come to an end. BO clarifies whether the RBKC board have spoken previously about hospital discharge and patient transport.
- MK confirms that this is correct.
- BO shares that within Westminster we have spoken about the impacts that the cost-of-living has on general health and wellbeing. BO asks whether anyone has any further priority areas, which can be from general engagements with local residents, that are worth exploring.

- AV suggests doing a project about dental care, specifically quality and costs. There are currently no discounts on the NHS for disabled people or those over 60 years of age.
- MK sits on the National Dental Review Committee for the NHS and some reports on this issue have already been published. MK suggests that we wait for further updates because there may be new changes implemented by the new government enabling patients to mix using the NHS dental treatment and pay the difference that is classified as private dental treatment or care.
- AV: can you share some information when you have it with us?
- MK will share information as soon as she is able to but will need to wait first until the new government decides. MK will be getting in touch next week with the Committee Chair and will circulate any information that can be shared on this point with CC, BO and all board members.
- CC: we are currently putting together some ideas around the cost-of-living project and would like to incorporate a few questions around dentistry as a preliminary way of gathering feedback about cost of dentistry while still waiting for the changes to take place.
- CCH and MK agree that this is a good idea.
- FS raises a point about people from poor backgrounds being unable to afford an insurance policy to cover dentistry and getting community dentistry is often only offered at the student level. Many older people suffer from health complications due to poor oral hygiene and even if an individual goes to a community or NHS dentist for an examination, a lot of specialist work may need to be done on the teeth which costs a lot of money. If we are going to do a project like this, it must address that poor people are not going to be able to afford dentistry and that it can come be due to unhealthy eating and poor mouth hygiene. Also, having cancer does affect the mouth later in life and, so, these are the kinds of questions that we need to address.
- MK mentions that there have been some incentives allocated for dentists to be able to release more appointments across NHS sites.
- GHW states that not enough older people who are of pension age and meet the eligibility criteria are applying for pension credit but if people are receiving pension credit, then they don't pay any dental costs. For anyone who lives in Kensington and Chelsea in Goldhawk Road, Dental W12 are accepting new patients including from Kensington and Chelsea.
- FS: a lot of people, including those living in poverty, don't qualify for pension credit and the criteria needs to be changed.
- MK alerts members that if they know anyone who is desperately waiting for an appointment, Marylebone Dental Practice is accepting new patients.
- BO asks about the kind of data that members would like to see to help with setting future projects areas. For instance, an analysis of key themes and issues from our general engagements and community outreach. Anything that comes up will be a takeaway for further investigation to see how that fits in with concerns of residents across the borough and our priority areas.
- FS highlights that group engagement activities enable us to access information much quicker than trying to get three or four people to give an opinion.

- VB: not sure if members of the public, local doctors and patient groups are all aware of the role of Healthwatch. VB would like to us to prioritise making Healthwatch better recognised by a broader section of people and the fact that it deals firsthand with people's concerns. One suggestion is that we could produce a small card with five things that Healthwatch does and put it in every GP surgery because not everybody is going to read the annual report. We could use those resources to emphasise the importance of Healthwatch and how they can support their local Healthwatch. This can help us to build a better communication base, distribute our work further and recruit more volunteers of different age groups and demographics for our projects.
- BO: currently, we are positioned across the bi-borough and routinely visit community centres, clinics, and liaise with organisations such as AgeUK and Open Age men's group to offer our advice and signposting service and our numbers have tremendously increased over the last quarter. BO agrees that we can take on VB's idea to produce concise resources to reach residents and the migrant community.
- CC mentions that since January 2024, we have been holding drop-in sessions at Chelsea and Westminster Hospital once a month. As of next month, that will also be happening at St. Mary and Queen Charlotte's Hospital and we will be alternating between those hospitals. The aim is to be based in a hospital setting twice a month to speak to the general population. There are also plans to expand that further by going to St. Charles' Hospital and we are in contact with Central London Community Healthcare NHS Trust to go to their locations too. CC agrees that we can refresh our comms materials around the other health messages that we are taking to those visits.
- MK has been involved in those sessions before because, as a Governor at Chelsea and Westminster Hospital, she would like to bring awareness to what Healthwatch is doing. The team delivers these sessions well because volunteers go around the hospital, including to outpatient clinics, to talk to patients. The support of our governors such as CCH and VB would valuable because those patients are keen to talk to their hospital governors.
- FS shares that this is her idea of engagement and would like to know when the next Chelsea and Westminster Hospital engagement will be.
- GP confirms that we will next be going to Chelsea and Westminster Hospital on 5 August.
- CCH apologises because he will be doing a Meet a Governor session on either 5 or 6 August at Chelsea and Westminster Hospital.
- MK requests that GP circulates the dates of the next hospital drop-in sessions with all board members and asks members to confirm with GP their attendance to help coordinate the session.
- CCH would like to find out whether we are raising awareness about Healthwatch through social media campaigns.
- CC explains that we are active across Instagram, Twitter and Facebook, where we also reach different community members through Facebook groups. It would be good if all advisory board members can follow our pages. In terms of media

campaigns, it is not something that we are currently running but it is something that some local Healthwatches do effectively so we can discuss this.

- MK understands that media campaigns are a financial question for The Advocacy Project board but is pleased that we have overcome technical obstacles and finally have a Healthwatch Kensington and Chelsea account on X and encourages board members to support these pages.
- GHW mentions that Healthwatch has a good relationship with the council Housing Department in Kensington and Chelsea and Jim Kirkham is the best person to contact from the Financial Inclusion Team. They have cafes at some of the local council estates where people can talk to each other after they have received financial advice. This is as an avenue for Healthwatch to reach local community members as well.
- MK clarifies that Jim is the Financial Inclusion Board Lead and his email is jim.kirkham@rbkc.gov.uk
- FS expresses that by Healthwatch going to Chelsea and Westminster Hospital on the first Monday of the month, this has helped to increase our visibility and raise our profile because more people are sharing their experiences with us. Perhaps we can change the day to a busier day so that we get more feedback from outpatients. We also need to keep those visits regular but on different days so that people know which day is for St Mary's and Queen Charlotte's Hospital and which is for Chelsea and Westminster Hospital. However, holding these every two months is not enough because the whole point is that we are representing patients' voices and, to do that, we have to be even more visible. FS shared information about a news report of two deaths due to receiving the wrong medication from the pharmacy at Chelsea and Westminster Hospital.
- MK is aware of this incident. She noted that we also need volunteers to attend to help staff since we have limited staff recourses at Healthwatch but many hospitals we can attend to set up the information desk. MK would like board member to look at their diaries and see if they are able to commit their time to help at these hospital engagements because our two staff that run these sessions cannot be in multiple hospitals at the same time.
- GH would also like to know the exact location within the hospitals where these drop-in sessions will take place.
- MK confirms that the full list of dates and the relevant information will be circulated soon.

Board Recruitment updates

- CC: advisory board recruitment is still a priority for us and we are really pleased to have welcomed three new board members who joined this meeting. We aim to recruit two more board members per borough by autumn which would bring us to eight members in total per borough. We will promote this via the council newsletters, Westminster Connects' newsletter which brought in a lot of interest and the equivalent Kensington and Chelsea newsletter too. We will also be promoting this across our comms channels. CC will ask RD to circulate the materials to the board members so that they can promote it amongst their networks too.

- MK: we have gained new knowledge and skills from our recent recruitments and we will start recruiting a Chair for Healthwatch Westminster Advisory Board by the autumn.
- GHW suggests that the Healthwatch team could contact the Human Resources department of hospitals to reach people who are about to retire who may wish to apply to join the Healthwatch Advisory Board.
- MK suggests that we could also contact hospital members through their newsletters. Suggests that CCH could send GP the relevant hospital newsletter contacts.
- MK reminds members that if they are interested in assisting with the recruitment of new board members and in interviewing them, they should get in touch with CC.

AOB

- MK confirms that there will be an Away Day next year, either in autumn or spring. This has been brought to CC's attention with more details to follow. MK would also like to acknowledge that the government has been changed and we will be working with both of our new MPs.
- GHW: wanted to ask RD about the next volunteers' meeting as she was unable to attend the previous one.
- GP invites advisory board members to take part in a featurette on the website. This will take the form of a short interview with MG, discussing board members' experience at Healthwatch, their expertise and their long term visions for Healthwatch. GP will circulate more information about this via email but the idea is that this will be featured as a news article on the websites to share more information with the local community about us and our advisory boards.
- MK asks GP to circulate information to new members regarding sending their photo and description to be shared on the relevant website pages.
- CC informs members that RD had to step away but has shared with her the volunteering updates. CC will ask RD about the date of the next volunteering meeting. In terms of volunteering updates, we have successfully recruited five new volunteers over the past few months and they're still doing the onboarding process. We now have a diverse range of volunteers including younger people and a mix of male and female volunteers. RD has produced a training programme for all of our new volunteers which covers areas like how to engage effectively with different stakeholders, to review training if that's something they're interested in participating in, safeguarding, and health and safety. Our volunteers can also access the Healthwatch England online training programme, which is quite comprehensive. RD runs a monthly volunteer meeting to give everybody an opportunity to understand what's going on, project updates and upcoming engagement. RD also has regular one to one conversations with volunteers to look at different areas of support and areas of interest, ensuring that everybody gets the most out of their volunteering. Finally, we recently celebrated Volunteers' Week by holding a competition for our volunteers, which some of our board members got involved in. We asked people to send a photo or written entry under the theme of 'What does volunteering mean to you?'. We have been sharing those across our social media channels and on our website as well to celebrate our volunteers.

Close

- MK thanks everyone for their time and contributions and wishes everyone happy holidays.