

## Joint Advisory Board Meeting Agenda

**Thursday 25 July 2024 , 2.00–4.00pm (by Zoom)**

Join Zoom Meeting:

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Meeting ID: 858 3417 8456

Passcode: 600071

	<b>Item</b>	<b>Presenter</b>	<b>Time</b>	<b>Paper/ Verbal</b>
1	<b>Welcome, introductions and apologies</b>	MK	2.00	Verbal
2	<b>Minutes of last meeting</b>	MK	2.15	Paper
3	<b>Update on The Advocacy Project / Leadership</b>	CC	2.25	Verbal
4	<b>Annual report review</b> An opportunity for members to reflect on the content of the annual report, and progress made in 2023–24.	CC	2:35	Verbal
5	<b>Project updates</b> 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	BO/CC	2.45	Paper Paper Paper Paper
6	<b>Priority setting</b> 6.1 Eye care project	CC	2.55	
6	<b>Questions/feedback regarding project updates</b>	BO	3:05	Verbal
7	<b>Future projects</b>	BO	3:15	Verbal
8	<b>Board Recruitment updates</b>	RD/CC	3:45	Verbal

9	<b>AOB</b>	MK	3.55	Verbal
	<b>Close</b>	MK	4:00	Verbal

## **Healthwatch Westminster**

### **Project Update Paper July 2024**

#### **5.1 Mental health needs of homeless communities' project paper**

Healthwatch Westminster are interested in identifying and evaluating the mental health needs of the homeless communities in Westminster, especially experience of or accessing primary mental health care services.

##### **Intended outcomes**

Identify and evaluate the gaps in current mental health provisions and the mental health needs of the homeless communities.

Identify the variations in factors such as age, ethnicity, and gender, and how these factors affect ability to access mental health services.

Develop recommendations for improving access to primary mental health care services and increasing community awareness of the importance of mental health support amongst homeless communities.

##### **Summary of findings**

We have conducted a series of interviews with professionals who work with people who are experiencing homelessness and who also have mental health needs. We have also distributed our survey to service users. The information gathered through these interviews has been analysed, and the report is now available to view [here](#).

We have included a summary of the key themes and recommendations below.

##### **Access to Service:**

- High level threshold for intervention
- Stigmatisation
- Migration status
- Long waiting list
- Digital exclusion
- Language and cultural barriers
- Dual diagnosis

##### **Quality of service:**

- Lack of continuity of care
- Lack of funding/provision
- Staff competency/training
- Lack of trauma informed care
- Lack of support for homeless population who struggle with substance misuse

- Lack of support for migrant populations groups who do not have citizenship
- Lack of safe spaces
- Low priority, feeling of fear/vulnerability.

#### **Limitations of Findings:**

- Accuracy of findings
- Representative of participants

#### **Recommendations**

- Providing 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 and have other complex mental health needs
- Incorporating an integrated system of care
- Incorporating a trauma informed approach to care
- Refrain from adopting a one size fits all approach to support reaching groups who fall within the hidden homeless population groups.
- Addressing stigmatisation, fear and prejudice in seeking mental health support
- More tailored outreach services and advocates
- Staff training
- Measuring outcomes and impacts across services to identify existing and emerging mental health needs and support

#### **Next steps**

We will be communicating our project findings and co-production engagement findings to our key partners at the Westminster Homeless Health Partnership meetings and the Borough Quarterly Housing Solutions Homelessness forum.

We are also preparing and arranging the co-production event to be held at the end of August, with a provisional date of 30 August.

Once the report is published, we will continue to meet with key stakeholders to monitor outcomes and impact.

## **Joint project**

### **Project Update Paper July 2024**

#### **5.2 Intermediate care/step down project**

Healthwatch Westminster and Healthwatch Kensington & Chelsea developed this project in collaboration with the Network Data Lab at Imperial College London. The project aims to explore the experiences and perspectives of patients and their carers on intermediate or step-down care services. The project findings will be fed back to service providers across North West London.

Intermediate care, also known as step-down or reablement care, is care that is provided by a team of staff to help patients recover and increase their independence. Most of the time it is provided in the home after a patient is discharged from hospital.

#### **Intended outcomes**

Explore patients' and carers' experiences and perspectives of intermediate care services provided in North West London.

Contribute lived experiences and qualitative context to the existing quantitative patient and care data collected by NDLC.

Identify key barriers and challenges to quality intermediate care provision.

Develop recommendations to improve intermediate care.

#### **Summary of findings**

We have conducted 15 interviews amongst carers and service providers across Westminster and RBKC. The report is due to be published in August 2024.

#### **Concerns:**

- Short notice of visits
- Environmental assessments not always provided
- Lack of communication between medical providers, carers, and services (Use of jargon and acronyms)
- Lack of support for intermediate family members who care for patients outside the hours of designated carers, especially mental health support and general support for older groups caring for a loved one
- Standard package of care adopts a one size fits all approach which ignores the individual patient needs, especially with patients with multiple diagnosis and comorbidities

- Quality of discharge process
- Community equipment not always provided or in the best conditions
- Patients with complex mental health needs, i.e. dementia prefer having consistent carers or members of staff to build trust and keep a record of who was visiting.
- Lack of communication and coordination between hospital systems (data sharing) and organisation of care impacted the time in which patients could be discharged or receive their care information.
- Lack of communication on the discharge process, care package, and what it would look like for people with different health needs
- Staff competency
- Trauma informed approach to care
- Involvement of patient, carers, and family in the decision-making process
- Continuity of care

#### **Limitations of Findings:**

- Self-selection bias
- Accuracy of findings
- Representativeness of participants

#### **Recommendations**

- More tailored support for carers and family members, especially individuals with mental health needs and elderly groups
- Providing continuity of care for patients who have not regained a reasonable amount of independence to perform their day-to-day activities, integration of specialist services, etc.
- Improve the involvement of patient and carer in the decision-making process, i.e. care setting and discharge process
- Improve communication amongst medical providers, services, and carers
- Making care assessments multifaceted
- More consistency of staff and service for patients with complex health needs
- Quicker process in increasing services
- Staff training/proactive safeguarding
- More comprehensive and consistent support needed to address the specific health and care needs of patients
- Improve discharge process – transportation and wellbeing of patients, communication of discharge information, better coordination between hospitals, patients who are receiving care out of the borough, ensuring care arrangements are made more smoothly and quickly in meeting the needs of patient, informing patients, carers, and family members of what the discharge and care process would look, etc.

## **Next Steps**

We have now completed the engagement phase of this project and will be carrying out the analysis and report writing over the coming weeks. Next steps will involve communicating outcomes, through partnership with Imperial's data lab as well as our own communication channels. We will also be monitoring impact and outcomes from the project.

## **Joint project**

### **Project Update Paper July 2024**

#### **5.3 GP Access and proposed changes to same-day appointments**

In February 2024, we became aware of proposals from North West London ICS to change the way that patients access same-day GP appointments. Many local residents came to us with concerns about this, both due to the content of the proposals themselves (redirecting patients to same-day GP access hubs, rather than their own GP), and because of the lack of patient consultation that had been carried out.

In response, we wrote to the ICS sharing the concerns and asking for more information about how they intend to engage with residents. They have since paused the plans until the following year, giving us an opportunity to carry out additional engagement and feed this into the planning process.

#### **Intended outcomes:**

Gather feedback from residents about the current challenges that they have when accessing a GP and potential solutions.

Gather feedback from residents about what matters most to them when accessing a GP, considering factors such as convenience, distance and continuity of care.

Ensure that these resident views are incorporated into the ICS' engagement process, before any changes to care are implemented.

Continue to put pressure on the ICS to carry out a formal consultation before any changes are made.

#### **Summary of findings:**

To date, we have had 130 survey responses and heard from an additional 47 local residents during an online engagement event. The findings are currently being analysed and will be published in August 2024, but we have shared some of the key themes below.

- There is an overwhelming preference for face-to-face appointments among all demographics. However, many are also willing to have telephone appointments where this is appropriate. For most, where face-to-face isn't available, telephone appointments are preferred to online appointments or video calls.
- Most patients are currently booking their appointments via telephone call or by speaking to the practice staff in person. Some patients noted that online appointment booking is not currently available at their practice, but would have been their preferred method. A number of challenges with current booking



processes were noted, including long telephone waiting times and a lack of provision for people with disabilities, who may be unable to make a call.

- The majority of patients felt that their needs and preferences are currently taken into account when booking an appointment.
- The majority of patients would be willing to travel up to 30 minutes to access an appointment. Most people use public transport, walk or cycle to their appointments, so location of any same-day access hubs would be an important consideration.
- A number of people shared concerns about the possibility of being triaged by non-GPs.

### **Next steps**

We are currently in the process of analysing findings, with the report due to be published in August 2024. Once the report is ready, we will write to the ICS with our findings, and request further information from them about how they plan to proceed with their proposals.

We will also be presenting our findings at upcoming scrutiny committees, to ensure that there is wider awareness of resident's concerns.

## **Joint project**

### **Project Update Paper July 2024**

#### **5.4 Digital inclusion of elderly and diverse populations**

This joint project looks at the needs of different population groups across the bi-borough, when accessing healthcare services via digital technology. We are particularly interested in speaking with older adults and people who don't speak English as a main language to understand the challenges that affect their access to care.

As there is a lot of work already being done to understand digital inclusion, we have looked at ways of making this a practical project which actively addresses community's needs. To develop this, the second phase of the project has focused on asking residents what solutions they would find most helpful to enable them to access digital services more effectively. Using this feedback as a guide, we aim to develop digital access support groups, and will be seeking additional funding in order to run these.

#### **Intended outcomes**

Understand experiences of digital exclusion and healthcare access barriers among people who are elderly or non-English speaking.

Identify the factors that lead to digital exclusion.

Identify best practices for digital tools and platforms through user-testing focus groups.

Develop recommendations to address digital exclusion among vulnerable residents.

Develop a digital education offer to be rolled out across our boroughs (subject to additional funding).

#### **Summary of findings**

During the first phase of the project, we spoke with 30 people who shared the following issues that affect them in accessing care via digital platforms:

- Difficulty reading in English which makes it hard to use sites
- More support needed for booking appointments and accessing information
- Fear/concern about using internet, related to personal safety and scams
- Visual impairment and dyslexia making reading/understanding online information difficult
- Devices available at libraries/ public IT rooms are not private
- Lack of training on how services work
- Cost of owning a device/data

- Technical challenges with keeping a device up-to-date so that is able to access different applications.

We have now moved into the second phase of the project, which involves engaging with residents to better understand what support would help them to access services, and their preferences for digital skills workshops. Specifically, we are asking the following questions:

- What specific tools or features would make it easier for elderly individuals with and without a range of medical conditions and physical demands to access online health services?
- What type of resources or training would you like to see in order to increase your confidence in data security and the general online support experience?
- How would you prefer the resources or training to be delivered?
- How often would you like to receive this training or support?
- If you have or currently attend a local digital hub in the Bi-borough, what would make your experience obtaining devices better? What would make the support you receive better?
- Our aim is to gather residents' stories and experiences and share them with primary and secondary care services and any other relevant local authorities. Do you have any other stories or thoughts to share about improving digital exclusion and support services in the Bi-borough?

### **Next steps**

Our aim is to use the data gathered through the first two phases of the project to develop digital skills workshops that can be offered to residents across Kensington & Chelsea and Westminster.

This is a new activity, which will involve recruitment of a digital champion to develop and deliver the support sessions. Our digital champion will be supported by Healthwatch staff and volunteers. We are currently seeking funding to make this work possible.

Our proposal is to run monthly sessions with a dual focus. The first part of the session will offer information and education around particular aspects of using digital health tools. These will be agreed in partnership with service users, however we would expect them to include:

- General online safety and security
- How to access health records
- How to use online accessibility tools (e.g. changing the language of a website)

- Booking an appointment
- 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, and the opportunity to use provided devices to access health systems. There will also be an opportunity for attendees to share comments about the online tools that they have access to, creating a feedback loop for continuous service improvement.

## Priority Setting Information for Advisory Board

<b>Title</b>	Share for better care: eye care
<b>Date</b>	July 2024
<b>Health or social care service involved</b>	Chelsea and Westminster Hospital Imperial Hospital trust NHS funded eye care and optician services
<b>Does this fit with our strategic objectives and statutory remit?</b>	Yes – opportunity to hear from the wider Westminster and Kensington & Chelsea community about their experience with a core health service.
<b>Does this involve subcontracting or partnering?</b>	Yes – partnering with Healthwatch England, who are running this as a national campaign

### **What is the evidence base for this work and where has it come from?**

We have been approached by Healthwatch England to consider supporting this national campaign. It is important that residents in RBKC and Westminster have the opportunity to feed into work that Healthwatch England are carrying out at a national level.

We know that there is local demand for improvement to eye care, as the Westminster Eye Health Day in 2023 raised concerns about understaffing of ophthalmology departments and the risks of irreversible sight loss if people are not able to access care in a timely manner.

We also know that the North West London ICB are interested in this area of work. They carried out a service review in 2022 which concluded that significant variations exist between accessibility of services across the area. Westminster was found to have partial provision of community ophthalmology services. We have the opportunity to provide additional research that is more up to date and specifically relevant to residents in RBKC and Westminster.

NWL are currently developing a new model of care aiming to standardise care, and also have a tender out for new Optometry Led Community Eye Care Services. Our work can feed into the development process and support service design once a new community eye care provider comes on board. ([further information about ICB work here](#))

**Project objectives – What is the project seeking to achieve?**

- What is the proposed impact on individuals and the community?
- Can we influence change, or is there an organisation better placed to do so who we can work with or approach?
- What additional information will we need to request and who from?
- Is an Enter and View required? What premises will be included?

**The objectives of this project are:**

- Understand people’s experience of accessing eye care locally, as well as the experience of those waiting for secondary care
- Uncover what is working but also the barriers people face, like cost

**Additional information and practicalities:**

- No Enter & Views or visits to physical premises required
- Much of the information required to carry out this project is being provided by Healthwatch England. We will need to carry out additional research into who provides relevant services locally, and arrange to engage with their patients as well as the wider population
- We are able to influence change at a national level through Healthwatch England, and at a local level through the ICB

**What else would we need to do to prepare for this project?**

- Identify key professional stakeholders including local optometrists and hospital eye departments. Engage with them to promote the survey
- Identify community groups and other engagement opportunities
- Liaise with Healthwatch England about the possibility of carrying out additional community outreach in Westminster (Healthwatch England would like to support this for brand awareness)
- Develop an engagement plan

**Timescale**

- Does this work need to happen at a particular time to coordinate with others?
- What do we think the timescales might be?

The engagement phase of the project will run from 29 July – 30 September, to correspond with Healthwatch England’s national engagement. Analysis and reporting will then take place throughout October and November.

**Resource requirements (people and financial)**

- How much will we spend? Are there additional funding requirements to deliver this project?
- Does this fit with our overall work plan? Do we have the staff and volunteers to deliver?

This project will not require any additional funding. However, there may be a small grant of £1,000 available from Healthwatch England to support us in specifically reaching Black African, Black Caribbean and South Asian respondents. The grant would help to cover translation costs as well as general engagement costs. If the priority is approved, we will apply for this grant to help support the project.

As this project is being co-delivered with Healthwatch England, we do not need to invest as much resource in the planning and development phase.

Engagement can be carried out as part of our pre-existing engagement plan.

**Project deliverables – What difference or impact will the project have?**

- What will be the outcome of our work? How will we demonstrate impact? A report? Recommendations?

Outcomes:

- Understand people’s experience of accessing eye care locally, as well as the experience of those waiting for secondary care.
- Uncover what is working but also the barriers people face, like cost.
- Collect views from people from global majority backgrounds, people who do not have a large household income, and people who are currently on the waiting list for secondary care.

**Communication – Who will be interested in our outcomes and impact?**

- Who will we share our planned work and our findings with?
- Does this need to be referred to the local Overview and Scrutiny Committee?
- We will share the report with NWL ICB, healthcare providers and leads, local authorities (Public Health Department, Adult Social Care, etc.) and project partners
- We will share all findings directly with Healthwatch England, to contribute to their national campaign
- We will also update the Health & Wellbeing Board on the outcome of this work

**Anything else the Advisory Board needs to know?**

N/A

**Decision from the Advisory Board and agreed next steps**