

## Joint Advisory Board Meeting Agenda

**Tuesday 28 November 2024, 2.00–4.00pm (by Zoom)**

Join Zoom Meeting:

<https://us02web.zoom.us/j/84234252844?pwd=ypE3Sal1hxn193gm53yY3W2irb3E7k.1>

Meeting ID: 842 3425 2844

Passcode: 415824

	<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>Update on the Integrated Care Board (ICB) and Quality framework</b>	CC	2:35	Verbal
5	<b>Project updates</b> 5.1 Mental health needs of homeless communities' project (Westminster) 5.2 Cost of living project 5.3 Eyecare project 5.4 Digital inclusion project 5.5 GP access 5.6 Hospital engagements	BO/CC	2.45	Paper Paper Paper Paper Paper Paper
6	<b>Future projects - potential CYP work</b>	CW	3:15	Verbal
7	<b>Board Recruitment/Volunteering updates</b>	RD/CC	3:45	Verbal
8	<b>AOB</b>	MK	3.55	Verbal
	<b>Close</b>	MK	4:00	Verbal

## **Healthwatch Westminster**

### **Project Update Paper October 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. Following on from the publication of the [report](#), we hosted our very own co-production event on Friday August 30, to present the findings from our recent report and co-produce further recommendations with residents, service users, and community professionals.

We were joined by representatives from Westminster-based organisations providing support to homeless people in the borough – The Marylebone Project, Turning Point, 2 service users with lived experience of homelessness, and representatives from CNWL NHS Trust Adult Mental Health services.

#### **Intended outcomes**

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 key discussions**

We have included a summary of the key recommendations below. You can view the full blog post [here](#).

#### ***What could be changed to make accessing mental health services easier?***

- More transparency with funding and contract management
- Improving access and communication to NHS services for homeless communities without a fixed address.
- Improving communication to inform homeless communities about available support services through posters, publications, and media channels, especially for those who speak limited English.
- Connecting independent primary care and community outreach services for seamless referrals.

#### ***Do services for homeless people currently take mental health needs into account? How could this be improved? Quality of service:***

- Develop collaborative care plans that integrate mental health services with homelessness support.
- Provide enhanced staff training to support staff in recognising and responding to the specific mental health needs of homeless groups.

***How could services provide better long-term care?***

- Improve the quality of primary assessments when initially diagnosing psychiatric conditions, ensuring accurate and effective treatment plans.
- Improved transparency in fund allocation from local authorities to community organisations.
- Strengthening and acknowledging the informal support networks around clients, especially for those estranged from their families.
- Involving service users in assessing mental health system accessibility from their perspective can provide valuable insights for improving care delivery.
- Building a professional network for practitioners working in homelessness support to enhance the sharing of best practices.
- Ensuring continuity of healthcare providers.
- Providing staff with comprehensive training to ensure they are equipped to address the unique challenges faced by vulnerable groups.

**ICB outcome:**

We met with the Great Chapel Street team and members of the ICB to discuss significant results and overlaps, and one area that was noted was the need for transitional care for homeless populations, as well as bespoke professional mental health treatment.

**Next steps**

We are currently awaiting feedback from the CNWL Trust and have contacted the council to provide input into the Westminster Council's homeless strategy work streams and public consultations. We will continue to meet with important stakeholders, including service providers and homeless service users, to assess outcomes and effect.

## Joint project

### Project Update Paper October 2024

#### 5.2 Cost of living project (CoL)

Healthwatch RBKC and Westminster have developed this project to explore how increases to the cost of living have impacted residents' ability to access good quality healthcare services. The project findings will be shared with the organisations that are responsible for commissioning and providing health and social care services, including local authorities, the North West London Integrated Care Board, West London GP Federation, West London Primary Care Network, primary care services including general practice, dentistry and community pharmacy contractors and providers.

#### Intended outcomes

- Identify and evaluate the gaps in current health provisions and the mental health needs of residents.
- Identify the key barriers and challenges to accessing and or quality of healthcare services, including but not limited to, pharmacies and dentists.
- Identify the impact the cost of living has on the health and wellbeing of residents.
- Develop recommendations for improving access to and quality health care services and increasing community awareness of the importance of quality healthcare provision and support for vulnerable communities.
- Strengthen our partnership and relationships with community organisations that support vulnerable communities impacted by CoL, including but not limited to, food aid organisations, council's advice session, fuel poverty organisations, etc.

#### Summary of findings

We have currently reached **225** residents through this project - **132** from Westminster and **93** from RBKC at time of writing. Of these responses, 17 were received in languages other than English (16 Arabic, 1 Amharic). Engagement will continue until 1 December, and has included engagement within GP surgeries, community settings such as food banks and community advice sessions and attending local community groups.

#### Preliminary feedback:

- Cost of travel is a barrier for some accessing services
- Cost of service is too expensive for some, including dental treatments and prescriptions
- Some people feel that the quality of care is affected including long waiting times
- A number of residents are struggling to afford nutritious meals, struggling with damp, fuel poverty, etc.
- Inability to afford accessing online health services due to high broadband bill and cost to own a device.

- Cost of living has had an impact on resident's mental health, including depression, anxiety, constant worrying, not socialising with friends anymore or going out to public spaces, etc.
- Most residents we have spoken to are not aware of the support service available to them in Westminster or Kensington and Chelsea.
- Another theme that came up was the winter fuel allowance that has been taken away, with the exception for those that are receiving pension credit.

**Limitations of findings:**

- Survey fatigue
- Selection bias

**Preliminary recommendations:**

- Reduce waiting times by providing staff with comprehensive training on how to manage workload in a timely and efficient manner.
- Regulating prices of medications and cost to access services
- Providing more comprehensive support for people in lower-income backgrounds
- Improving the communications on the relevant support available by the Council to the public. Participants suggested that this information should be advertised via leaflets that can be distributed to public spaces such as local libraries.
- Improving public involvement in public consultation decisions by being consistent in sharing information across Westminster.

**Next Steps**

Healthwatch teams will continue interaction, including surveys and focus groups, until November; once the engagement is completed, we will conduct the analysis and report writing. Once the study is published, we will communicate the findings through partnerships with stakeholders and various communication platforms. We will monitor the project's impact and outcomes.

## **Joint project**

### **Project Update Paper October 2024**

#### **5.3 Eyecare project**

In collaboration with Healthwatch England, Healthwatch Westminster are interested in understanding residents' experiences with eyecare services, especially from people with experience waiting for secondary eye care – particularly if they're from a group that's both at higher risk of eye disease and which may experience barriers getting the care they need, including people from Black Afro- Caribbean and South Asian Backgrounds. The project findings will be fed back to members of the ICB and eyecare service providers across North West London.

#### **Intended outcomes**

- Identify and evaluate the gaps in current eye care provisions, especially for vulnerable communities from Black – Afro Caribbean and/or South Asian background, or at higher risk of eye disease.
- Identify the key barriers and challenges in eye care provision in accessing (waiting in the last 2 years) and or quality of eye care services.
- Identify the impact people's experience has had on their health and wellbeing.
- Develop recommendations for improving access to and quality of eyecare services and increasing community awareness of the importance of quality healthcare provision and support for vulnerable communities.
- Strengthen our partnership and relationships with eyecare services and community organisations that support vulnerable communities at high risk of eye disease.

#### **Summary of findings**

In total, we spoke with 33 residents through our tailored outreach sessions at the General Elgin Clinic, the flu clinic at the Elgin Clinic, Grand Union Health Centre, and Citizen Advice Bureau sessions. Healthwatch England will be publishing a report based on the findings later this year.

#### **Concerns:**

- Long waiting times, some service users felt the condition of their eye health deteriorated over time during the waiting period.
- Cost to access services
- Quality of service – some service users preferred to go private because their quality of service is guaranteed.
- Mixed feedback – some service users were happy to be referred to an eye doctor directly by a high street optician rather than directly from the GP, whilst others trusted the GP more.

**Limitations of Findings:**

- Accuracy of findings – small number of participants and survey fatigue
- Selection of participants

**Recommendations:**

- Reducing waiting times by expanding ways in which service users can access the service.
- Improving the quality of service, particularly communication and social prescribing.

**Next Steps**

We have now completed the engagement phase of this project in which all the findings have been given to Healthwatch England in preparation of the report they will be publishing this year. Once the report has been published, we will disseminate the report to our strategic stakeholders, partnership meetings, as well as our own communication channels. We will also be monitoring the impacts and outcomes of the project through our relationship with the relevant stakeholders.

## **Joint project**

### **Project Update Paper October 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 to run these.

#### **Intended outcomes**

- Our goal is to use the information obtained throughout the first two phases of the research to create tools that will assist residents who use digital hubs in Kensington & Chelsea and Westminster.
- Identify best practices and type of resources for digital tools and platforms (subject to additional funding).

#### **Summary of findings**

We have now completed the second phase of the project in Westminster, which involved engaging with residents to better understand what support would help them to access services, and their preferences through enhanced digital resources. Specifically, we asked the questions in the previous paper. Healthwatch RBKC will begin the second phase of engagement in Kensington and Chelsea in the coming months.

Healthwatch Westminster teams spoke with 11 residents who use digital hubs such as Maida Vale Library, Queens Park Library, Church Street Library, and Pimlico Library. They provided the following topics for improving digital support in receiving care through digital platforms:

- Tailored support in accessing online services especially using different devices
- Improved communication on how to book a GP appointment online – tutorials.
- Training on data security to improve trust in sharing data.
- Longer 1-2-1 support with residents with different digital literacy skills. 30 mins is not sufficient for everyone.
- Some residents would prefer a manual handbook they can always refer to in accessing the digital health services.
- Tailored training for residents with language difficulties and learning disabilities.



- Features such as font has improved some residents experiencing online health services.

### **Healthshare Central London Access Presentation insights – 07/10/2024**

- Healthshare Central London consists of 22 practices.
- Provide patients with diverse ways of accessing the service including calling 111, visiting the practice, calling the practice, and using PATCHS.
- They're in the process of updating their website with a tutorial on how to navigate PATCHS for those interested on how to access the service online. PATCHS is also available in different languages.
- They offer tailored services for patients accessing the service with one or more health needs.
- They also offer enhanced service for patients which means they can access the practice outside of normal operating hours, including the weekend.

### **Next steps**

Our proposal is to provide resources to enhance the digital skills of people that attend digital hubs in the community. We are currently seeking funding to make this work possible. This will include offering information and education around particular aspects of using digital health tools. These will be agreed in partnership with service users and strategic stakeholders at the Digital Steering group meetings; 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 (i.e. mental health, making or escalating a complaint)

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.

## Joint project

### Project Update Paper October 2024

#### 5.5 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:

The report was published in September, and can be viewed [here](#).

In total, we heard from 228 people. Residents were able to participate from across North West London. Overall, we found that residents were happy with the current service being provided by their local GP practice. Most residents who responded to the survey (75.5%) felt that their GP took their needs and preferences into account at least some of the time.

There was also recognition that changes are needed, to address issues with the availability of appointments and with accessibility of booking options. This includes both same-day access and the ability to book appointments in advance. However, any changes need to be developed in collaboration with patients, taking their views and needs into account.

We made the following recommendations for change:

More work needs to be done to improve the accessibility of GP practice appointment-booking systems. This includes:

- Flexibility over how patients are able to book their appointments, ensuring there are online, telephone and face-to-face booking options

available, to suit different accessibility needs.

- Patients' individual accessibility needs should be considered when they are given instructions for how to book an appointment. For instance, those who struggle with phone calls should be given an alternative way of booking.
- Alternatives for online booking should be made available at every practice.

Steps do need to be taken to address issues with the availability of appointments. This includes both same-day access and the ability to book appointments in advance. However:

- A clear engagement plan is needed to show how patients and GPs will be involved in any changes. Ideally, a patient consultation should be run before implementing any significant changes to the way that care is currently accessed. If this isn't possible, significant engagement would still be needed.
- Evidence from existing same-day access schemes should be shared to demonstrate the efficacy of this approach. Patient concerns about triage need to be addressed, including clear information about who should be triaging patient concerns.
- Steps should be taken to ensure that triage is always carried out by clinical staff.
- Where triage is to be done by clinical staff other than GPs, patients would like to see clear evidence that this is safe and effective.

Any changes to the way patients access care in North West London need to consider the transportation needs of different residents, and the distance that patients are willing or able to travel. This includes:

- Considering transport links, and how easy it would be for residents to attend an appointment via public transport.
- Considering the furthest distance that a resident may have to travel to access care and ensuring that this stays within the 15-30 minute timeframe, including for those travelling by foot.

Better promotion of interpreting and translation services is needed, including information about what's available and how it can be accessed:

- Translation/interpreting services should be reviewed to ensure they are offering the full range of community languages, to a high standard.
- Ensure clear and accessible information is available about how to access these services, online and in paper copies.

### **Next steps**

The report has been shared directly with key contacts at the ICB, and they will be using the findings to inform their work on the changes to same-day access. We also attended the Vulnerable Adults, Health and Communities Select Committee to present the report as part of their discussion about the proposals. We will remain in close contact with the ICB as their work progresses and hold them to their commitment to engage with residents effectively throughout the process.

## Joint project

### Project Update Paper October 2024

#### 5.6 Hospital engagements and patients' feedback in North West London

We routinely visit hospitals across Westminster and Kensington & Chelsea to gather feedback from patients, carers, and family members and increase our community presence.

These hospital drop-in sessions allow us to gather direct views from hospital visitors, allowing us to identify gaps, differences, and highlights in the delivery of services across hospitals in the Bi-borough. Through the drop-ins, we are also able to publicise the work we do, offer targeted signposting, and support those who need help putting forward a complaint.

Venue	N of people	Dates
Chelsea & Westminster Hospital	23	August 5
		October 7
Queen Charlotte's Hospital	4	September 9
St Mary's Hospital	14	August 29
		October 17

#### Intended outcomes:

- Gather feedback from patients, carers, and family members who use hospital services across Westminster and Kensington & Chelsea.
- Provide advice and signposting; assist those who need help putting forward a complaint regarding hospital services.
- Increase our visibility and community presence.
- Engage with hospital trusts to build collaborative relationships and share data.

#### Key Findings & Themes:

1. **Quality of Staff Care:** Staff were consistently praised across all hospitals for their professionalism, friendliness, and attentiveness. Nursing teams, midwives, and specialty departments (e.g., foetal care, dermatology, neurology) were frequently commended for their dedication.
2. **Communication and Clarity:** Communication was a recurring theme, with patients at all hospitals expressing satisfaction with clear and timely updates. However, some respondents mentioned concerns about insufficient information, particularly regarding discharges and surgical procedures.

3. **Mixed Experiences in A&E and Specialty Services:** Feedback on A&E services was mixed, with some patients praising fast, efficient care, especially in paediatrics, while others (particularly at St Mary's) criticized the waiting areas and facilities. Experiences with trauma, orthopaedics, and gynaecological services at Chelsea & Westminster also varied.
4. **Complaints Advocacy and Signposting:** Some respondents sought information on escalating complaints, particularly in relation to trauma and orthopaedic services. Healthwatch signposting was provided to visitors at all hospitals.