

December 6, 2023

## **Healthwatch Westminster Advisory Board Meeting**

### *In attendance:*

Jill Brown (JB), Advisory Board Interim Chair

Anna Velkova (AV), Advisory Board Member

Cleo Chalk (CC), Healthwatch Service Manager

Giovanna Pascarella (GP), Communications & Engagement Coordinator

### *Not present:*

Minna Korjonen (MK), Advisory Board Co-Chair

Blessing Ogunoshun (BO), Healthwatch Lead Officer

### **Agenda:**

1. Welcome, introductions and apologies;
2. Minutes of last meeting;
3. Update on The Advocacy Project / Leadership;
4. Project updates;
  - a. GP access and care home Enter & View visits (action required),
  - b. Integrated Care System (ICS) winter pressures project,
  - c. Maternity project,
  - d. Homeless project (action required),
  - e. Digital exclusion project (action required),
  - f. Intermediate Care project (action required),
5. Update on previous and upcoming projects;
6. Questions regarding project updates;
7. Information and signposting update and discussion;
8. AOB;
9. Close.

### **Meeting Minutes:**

#### *Previous meeting minutes*

- JB: some minor corrections have been made (“JB”, instead of “JC”; “mental health units”, instead of “mental health services”). No further comeback from MK has been provided. The minutes from the previous meeting are thus accepted.

#### *Advocacy Project Leadership Update*

- CC: a new Healthwatch Brent Manager will hopefully be appointed in the new year. The Advocacy Project is also working on recruiting a new full time, permanent CEO. Progress has been made on the recruitment of new members for the Healthwatch Westminster Advisory Board, and a recruitment strategy was recently finalised; advertising will start soon. The Board member roles will be advertised through a two-pronged approach:

the Team will post social media ads and will also reach out to known community members that may be interested in the position.

- JB: Welcomes these developments; is still worried about the lack of members and of Westminster representatives in the current Board composition. Also suggests that the Healthwatch Team tries to reach out to former Board members to see if they still have an interest in re-joining and actively participating.
- AV: agrees; knows residents that may be interested in the position but do not see any incentives in joining.
- CC: will make an action of reaching out to previous Board members to gauge their interest.

### *Project updates*

- GP access and care home Enter & View visits:
  - CC: the Enter & View programme has started and we have begun carrying out visits to the GP clinics.
  - GP: attended the Enter & View visit at the Dr Hickey Surgery in Westminster, alongside a few volunteers and Ruth Daniel, the Volunteers Coordinator. The Young Volunteer who recently joined the organisation was able to shadow the older volunteers in feedback collection. The visit was quite insightful, as the Surgery caters exclusively to the homeless population in Westminster. The Team was able to collect views from service users and professionals; we also gathered contacts and resources for the upcoming project on the homeless population.  
The upcoming planned Enter & View visits for Westminster will be at the Elgin Clinic on December 13, and at the Grand Union Health Centre on December 14.
    - AV: will participate as a volunteer to one of the visits planned for Kensington & Chelsea.
  - CC: reports summarising the findings and outcomes from these Visits will be published in January.
- Integrated Care System (ICS) winter pressures project:
  - CC: a new Community Champion volunteer for Westminster has joined the team and will help out with the interviews in the upcoming visits. We will feed back to the Public Health Team the key themes that we have registered so far, namely:
    - Vaccine hesitancy;
    - Vaccine fatigue;
    - Limited amount of information and understanding from the public; need for Public Health to circulate material that is easily understood.
  - JB: has heard similar feedback regarding vaccine fatigue from the elderly living in her community.
- Maternity Project:
  - CC: in-person engagement has been going really well, and so far BO and GP have collected feedback from 50 women from a diverse range of backgrounds and communities. The survey is also available online.

In January, the Team plans to visit some local maternity wards to interview patients and professionals; we are also trying to set up a focus group with some women who don't speak English, and have started consulting interpreter services to organise that. Data analysis has not yet begun, but one key theme that has emerged so far is women travelling out of their borough of residence to give birth; this, in turn, impacts the type of postnatal care they receive.

Engagements for this project are on-going and volunteers can reach out to Ruth if they are interested in joining.

- Homelessness Project:

- CC: action required from Board members – Board to agreed that the project is aligned with our priorities and to green light this piece of work.

The aims of the project have been set as a result of the conversations that were had with organisations supporting the homeless during the Gordon Hospital engagements and our general community outreach. From these conversations, it has come up that homeless people are not able to access mental health care as much as they should be effectively. The purpose of this project really is to carry out some targeted engagement, to speak with homeless people and to understand their mental health needs and their experiences of accessing care.

Relevant contacts of stakeholders (i.e., homelessness charities, community sector organisations) we want to connect with have already been identified through our other projects.

The structure of the project will resemble that of the project on young people's mental health needs: starting with questionnaires and individual conversations, then moving forward with a focus group.

This project only extends to Westminster, and not RBKC.

- JB: will the project concentrate solely on the mental health needs of the homeless population?
- CC: we will also consider any additional areas of concern that are mentioned in conversation, such as GP access, as BO suggested.
- AV: suggests connecting with StreetLink, a charity that provides support to the homeless and which is linked to local authority; has had experience reaching out to them to ask for support for a local family and has found them to be really helpful and prepared.
- CC: will consider the suggestion and pass the contact to BO.
- The board agreed to set this project as a priority area.

- Digital exclusion Project:

- CC: again, action required from Board members – Board to agreed that the project is aligned with our priorities and to green light this piece of work. Also, if JB has any relevant contacts and inputs she would like to share, that would be really helpful.

This project will focus on the digital exclusion of elderly and non-English speaking residents and will span across both Westminster and Kensington & Chelsea. Our aim is to assess the factors behind digital exclusion, the issues that it causes, and the range of different solutions that patients might actually want.

- JB: people prefer face-to-face interactions, but unfortunately many GPs are not willing to accommodate that and are shifting their services almost entirely online. It seems difficult to have a formal diagnosis made when a GP is only consulted over the phone/online, especially for people whose first language is not English, are disabled, or elderly.
  - CC: issue is very complex, and our project timeline will thus span over several months. Planning will begin in January and engagements will be carried out throughout the spring.
  - AV: also confused as to why GPs are moving away from face-to-face appointments.
  - CC: patients have also not been informed of recent changes and transition to digital services, most are not familiar with the new system.
  - The board agreed to set this project as a priority area.
- Intermediate care Project:
- CC: we have been approached by Imperial to carry out this project, which will span across both boroughs.  
The project will focus on how changes to intermediate care will impact individuals, how they will impact carers; it will also assess whether carers are involved in the process of reviewing Intermediate Care, and whether patients are receiving enough information and support.  
We already have contacts with carers groups and we can gather lived experiences and qualitative data to feed back to Imperial. This partnership is particularly promising, as we are likely to see that impact of our work and to be able to drive a change. It is also a good opportunity for us to strengthen our relationship both with Imperial as a partner and with the carers groups that we will be working with.  
During planning, JB could share some of her relevant contacts to have more people involved.
  - AV: quality of information that is provided around end-of-life care and palliative care needs to be improved. Resources exist but they are not always available or easily accessible – is willing to share them with all those who are interested.
  - The board agreed to set this project as a priority area.

*Update on previous and upcoming projects*

- Young People's Mental Health project:
  - CC: report has been published and sent to all stakeholders involved. We also hosted a successful co-production event to share our findings directly with both the community involved and the professionals. Some of the professionals who attended have actually taken away actions directly to start making some improvements to the way that young people access care.
- Gordon Hospital project:
  - CC: a joint scrutiny committee has been set up specifically for scrutinising the changes around the Gordon Hospital, and we will be attending the first one on

Monday evening to present our report. Westminster Council have also written a statement on their position which partly references our report.

Will draft a comment from Healthwatch about the consultation process, how the consultation has been run and also our views, and how each of the proposed options relates to the feedback that we've had.

#### *Information & Signposting Update and Discussion*

- GP:
  - o Main issues/themes identified from signposting:
    - Difficulties in navigating the NHS and complaints procedure: both for primary care and hospital complaints; also, some residents are not up to date with the updated complaints procedure and still refer to the previous system.
    - Carers or advocates of individuals unable to care for themselves reaching out on their behalf: around home care and hospital discharge.

#### *AOB*

- JB: has the webpage for signposting for the Westminster website been developed?
  - o GP: BO and I have put together a draft of the page that will be up, which includes the resources that Westminster City Council offers for homeless people. We are just waiting to finalise the homelessness project to have that signposting information page on the website. We can share the draft with the Board.
- JB: wants to re-affirm the importance of having active participants to the Board and hopes the recruitment process will soon be up and running.

#### *Close*

- Closing remarks, Happy Christmas and New Year wishes to all involved.