

# **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 Blessing Ogunoshun (BO), Westminster Lead Officer Giovanna Pascarella (GP), Engagement & Communications Coordinator Ruth Daniel (RD), Engagement & Volunteers Coordinator

Not attending Minna Korjonen (MK), Advisory Board Co-Chair

## Agenda

- 1. Welcome, Introductions, & Apologies
- 2. Minutes of last meeting
- 3. Update on The Advocacy Project/Leadership
- 4. Away-Day Feedback
- 5. Project Updates
  - a. GP Access & Care Home Enter & View
  - b. Integrated Care System (ICS) Winter Pressures Project
  - c. Maternity Project
  - d. Homelessness Project
  - e. Digital Inclusion Project
  - f. Intermediate Care Project
  - g. Update on previous & upcoming projects
- 6. Questions/Feedback regarding project updates
- 7. Board Recruitment updates
- 8. Information & signposting update and discussion
- 9. AOB
- 10. Close

## Welcome, Introductions, & Apologies

- MK is not able to attend and has sent her apologies.

## **Meeting Minutes**

- BO goes over the meeting minutes from the past Advisory Board meeting, held on December 6. No corrections need to be made and the minutes from the previous meeting are accepted.

## Update on The Advocacy Project/Leadership

- CC:
  - The Advocacy Project CEO Recruitment is currently ongoing, and a clear timeline has been defined. The Board of Trustees will be shortlisting viable candidates soon; candidates will then go through a three-stage interview process, which will include meeting with members of staff (including BO for the Healthwatch teams), service users, and Trustees.
  - The Advocacy Project Board of Trustees meetings: need for better HW representation has been acknowledged and the Board chairs (JB, MK) will start attending on a rotating basis; CC will attend every meeting to refer about the work being done and receive any organisational updates.
- JB: is glad things are progressing in the right way; wants to remind the Board that she will be stepping down as the Interim Chair for Westminster in May and hopes that the membership gaps will have been filled by then.
- CC: one of the two Chairs could also attend the Board of Trustees meetings as a joint representative of both Advisory Boards.
  - JB, AV think this is a suitable proposal.

## Away-Day Feedback

- CC: we would like to hear from the Advisory Board if they have any feedback on how the past Away-Day went. The main purpose of the day was a better understanding of The Advocacy Project's wider organisational structure and Board of Trustees, as well as of the Healthwatch Boards' remit, roles, and responsibilities.
- JB: appreciated the day and thought it was a good use of time; the only issue was the venue, which was too cold and didn't have any equipment.



- AV: also appreciated the day, and felt like she now has better understanding of the role of The Advocacy Project and of Healthwatch; also thinks the lack of equipment was a minor issue to be remedied for the next Away Day.

## **Project Updates**

- GP Access & Care Home Enter & View
  - BO: we have just concluded our series of Enter & View visits at the Elgin Clinic, Grand Union Healthcare Centre, and Dr Hickey Surgery. These visits were planned taking into consideration the ratings given to these practices by the CQC. Reports summarising the findings are currently in progress.
  - JB: is worried about some practices' overreliance on telephone triaging when dealing with older or digitally-excluded patients who may not be comfortable speaking with a receptionist about their health.
  - CC: we cannot make individual recommendations on this point, as this triage system has been cascaded down nationally. Northwest London ICS is planning to have its GP practices no longer offer same day appointments, instead doing telephone triage and potentially sending people to GP access hubs to be assessed. This has only recently been announced, and thus was not included in the preparatory documents to this meeting. Has written to the ICS and we are currently planning to do more engagement on this topic, potentially also leading to the issue of telephone triage and not speaking directly to a doctor.
  - JB: this is a separate concern from the Enter & View visits, but still something that should be pursued, as residents have been voicing their concerns over it.
  - CC: will be planned as a separate piece of work and engagement.
  - BO: next steps for GP E&V visits include communicating our findings to the practices, monitoring their responses and impact; we will also be sending our findings to all other relevant stakeholders, Advisory Board members, and volunteers.
  - RD: Care Home Enter & View visits are going to be carried out towards the end or the middle of March and the beginning of April, depending



on the facilities' responses. Is currently waiting for confirmation to start scheduling volunteers' participation. Has already sent around to the volunteers the video and handbook with the guide on how to conduct these visits, specifically as related to safeguarding practices. Is currently finalising the survey to be used on the visits.

- Integrated Care System (ICS) Winter Pressures Project
  - BO: engagements have been carried out to assess the effectiveness of the ICS Winter Pressures Campaign, and raise awareness of what it entails. We have been sharing data with the ICS on the public's response to the flyers, as well as feedback on vaccine hesitancy, and knowledge of the campaign.
- Maternity Project
  - BO: we have collected a total of 57 survey responses across different locations in Westminster; hospital wards visits to interview women who have given birth recently have also been carried out. The next steps will be to analyse the findings across all boroughs that have undertaken this project (Westminster, RBKC, Hammersmith & Fulham), communicate them with relevant stakeholders, and monitor impacts.
  - GP: from the feedback that we have obtained, and from a meeting with the Chelsea and Westminster Hospital Maternity Voices Partnership, postnatal care has emerged as a key area of concern, due to lack of funding and difficulties in coordinating the care. Based on our data and on the findings from previous projects undertaken by the Care Quality Commission, postnatal care will most likely emerge as the area most in need of changes. Stakeholders and professionals said they were looking forward to our recommendations on how to improve postnatal care, as it is an area that definitely needs improvement.
  - CC: based on this feedback and from the amount of responses we have recommendations, we can give recommendations around staffing pressures, as the research supports making the case for more resources.



- Homelessness Project
  - BO: due to the sensible nature of this project, we have had to restrategise our way to gather data; we are now looking to speak to service providers and healthcare professionals, rather than targeting service users primarily. We have some semi-structured interviews planned for the coming weeks.

Once the report is published, we also plan to host a co-production event to discuss our findings with any relevant stakeholders.

- Digital Inclusion Project
  - BO: we have started our outreach with local organisations who support people that are in our target demographic, including JB's.
     We have conducted the first focus group with the Westminster Old People's Voices Group, which was attended by 9 participants (both in-person and online); some common experiences included people not knowing how to operate digital online support tools, concerns about digital security, and lack of confidence in securing data online.
  - GP: respondents also provided us with feedback on the 111 phoneline, reporting that the service was mostly positive, but they sometimes feel call respondents are not given adequate training. Others also reported not being familiar with the terminology the GP was using regarding some digital practices. Digital security was a big issue, and there seems to be mistrust from some elderly people about the type of protections that are in place when sharing information online.
- Intermediate Care Project
  - BO: we are looking to collect qualitative data to support the work done so far by the Imperial College Networked Data Lab. We will start our outreach in the coming weeks, to be coordinated by GP and RD.

#### Update on previous projects

- BO:
  - Young People's Mental Health project.



We have shared a summary of our findings with our strategic stakeholder network and presented the findings to the RBKC Council Safeguarding Committee and the Royal Marsden Hospital Teenage & Young Adults Forum. We are advertising for young volunteers.

• Gordon Hospital report:

Findings have been shared with mental health services and community organisations that support those who are homeless/rough sleeping. We have attended the CNWL public consultation (November 27<sup>th</sup>) and the Scrutiny Committee Meeting (January 31<sup>st</sup>); we are preparing a written response to the consultations.

- Translation & Interpretation Project.
  We are in the process of escalating concerns to the primary care executive group meeting.
- Food Aid project:

The recent Food & Energy Network meeting indicate development have been made with regards to recommendations 1, 2, and 3. Hafs Academy partners with local food merchants in the community to create food vouchers to meet the essential needs of residents. Their food vouchers scheme are available in Church Street, Edgware Road, and Little Venice Ward,

Westminster Chapel Food Bank have partnered with the Salvation Army to meet the demands of vulnerable population groups. They aim to continue to expand their connections.

St. Andrews youth club have created a school uniform bank to support parents with children facing extreme financial pressures.

The Abbey Centre Food Pantry are still meeting the acute needs of residents and have partnered with unfold to deliver refugee meals in the community, funded by the healthy communities project.

• Podiatry report:



We are in the process of obtaining feedback from the Central London Community Healthcare team to monitor the changes that have been made or are pending and any new emerging priorities.

## Update on upcoming projects

- BO: GP access and appointments and pharmacy services will likely be areas of focus for upcoming projects.
- CC: as soon as we have more details and information on the NWL ICS proposal for triage hubs, we will likely develop a project focusing on GP Access. Regarding the Pharmacy First scheme, more information is available on our website, and we will soon begin consultations about it.

## Questions/Feedback regarding project updates

- AV would like to request different size flyers for her engagements for the ICS project. Also, might have some relevant contacts for the digital inclusion project and will share them with the Team.

### **Board Recruitment updates**

- CC: is pleased to announce that a new member has joined the Westminster Advisory Board; she will shadow the RBKC Advisory Board next week and then attend the next Westminster meeting.

GP has asked Westminster Connects to keep the ad listing and hopefully we will have more potential candidates soon.

## Information & signposting update and discussion

 GP: we have seen an increased number of complaints regarding specialist services at St. Mary's Hospital, although spread across a variety of different services. Callers often report difficulties in navigating the Imperial NHS Trust complaints system and lack of responsiveness from the St Mary's PALS.
 GP complaints and are still the main reason why people come to us for signposting, and often concern patient registration and de-registration from GP clinics patients' lists.

### AOB

- BO: would JB's community group be interested in taking part in the digital inclusion project?



- JB: yes, but would like to have the materials beforehand and gauge what method of engagement her contacts would prefer.
- BO: will send the preparatory materials over, including demographics data to capture. We have added questions to capture respondents' borough of residence and first part of postcode.

### Close

- JB: thanks everyone for attending and participating to the meeting; thanks Blessing for assisting with the minutes.