

May 16, 2024

## Healthwatch Westminster Advisory Board Meeting

### *In attendance*

Jill Brown (JB), Advisory Board Interim Chair

Minna Korjonen (MK), Advisory Board Co-Chair

Gaenor Altonen (GA), 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

Maria Ghaly (MG), Administration and Communications Support Officer

### *Apologies received*

Anna Velkova (AV) Advisory Board Member

Suvina Salins (SS) Advisory Board Member

## **Agenda**

1. Welcome, introductions and apologies
2. Minutes of last meeting
3. Update on The Advocacy Project / Leadership
4. Away day feedback
5. Project updates
  - 5.1 Mental health needs of homeless communities' project
  - 5.2 Digital inclusion project (Action required)
  - 5.3 Intermediate care project

- 5.4 GP access project
- 5.5 Update on previous and upcoming projects
6. Questions/feedback regarding project updates
7. Board Recruitment updates
8. Information and signposting update and discussion
9. AOB
10. Close

### **Welcome, Introductions, & Apologies**

- AV is not able to attend and has sent her apologies.
- JB reminds the Board that she will be stepping down as the Interim Chair for Westminster.
- A round of introductions and welcoming new members.

### **Meeting Minutes**

- BO goes over the meeting minutes from the past Advisory Board meeting, held on February 22. No corrections need to be made and the minutes from the previous meeting are accepted.

### **Update on The Advocacy Project/Leadership**

- CC:
  - o A new CEO has been recruited and will be starting on the 8<sup>th</sup> of July. She will play a crucial role in setting direction and priorities for The Advocacy Project. Katherine Shaw has valuable experience and expertise of working within the charity sector, including as part of her current role at KIDS charity which focuses on supporting children with physical and learning disabilities.
  - o A new Head of Services has been appointed at The Advocacy Project. She was previously Head of The Advocacy Service and is now working across all our services which will provide us with further support and leadership.
  - o The next Advocacy Project Board of Trustees meeting is taking place in the week commencing 20<sup>th</sup> May 2024. The Healthwatch

Brent Chair will be attending the next Advocacy Project board meeting as an observer. She will share a summary of the board meeting and key points for our other Advisory Board Chairs to be aware of after the meeting.

- JB: asks whether the new CEO is going to be able to attend the forthcoming Advisory Board meetings.
- CC: the intention is that the CEO will be attending these meetings to give an update about activity from the Board of Trustees. In the event that this is not possible, a representative may attend instead. An opportunity will be arranged for the CEO to meet with the board members, potentially an in-person event to gain insight about her plans for the charity.
- MK: welcomes the CEO update and highlights the importance of forming a relationship between the board and CEO.

### **Away-Day Feedback**

- CC: has no further updates on this item.
- BO: kept this item from the previous board meeting because there are more Advisory Board members present who may want to share feedback.

### **Project Updates**

- *Mental health needs of homeless communities project*
  - o BO: we have conducted five interviews and one focus group with service providers and plan to conduct a further four with service users and community organisations, as well as distributing surveys. Community members raised concerns around the lack of continuity of care, lack of support for homeless populations who struggle with substance misuse, lack of support for migrant population groups who do not have citizenship and inadequate dry community spaces for those who do not indulge in drug or alcohol use. This will influence recommendations that we will co-produce with the service providers and service users to support homeless population groups who are transitioning from homelessness to integrate back into society, without adopting a one-size-fits-all approach. We plan on continuing engagement until the end of May, with a possible extension until June.

- GP: one of the focus groups that we will be conducting will be on the 3<sup>rd</sup> June. We will be joined by Dominic Williamson who is the lead consultant on the Westminster Homelessness Partnership.
  - GA: asked whether there was a deliberate decision not to mention underfunding and low priority as the main concerns in the paper.
  - BO: agrees that the lack of funding is a consistent theme and apologies for missing that.
  - GA: suggests adding a brief contextual summary of the cuts that have been made by Westminster council to the to the various support organisations. Asked for elaboration on the recommendation on refraining from adopting a one-size-fits-all approach.
  - BO: anyone can be homeless but we should not assume that all have the same mental health needs, migration status, ethnicity and journey to mental health services which links to the concept of Hidden Homelessness.
  - GA: raises concerns over children and the difficulties they face as a result of being a hidden homeless group.
- *Digital inclusion project (Action required)*
- BO: attended Open Age digital meetings and the Northwest London Digital Steering Group meeting and understood that there is ongoing work with similar objectives. To avoid duplication, we are in the process of redesigning second stage engagement by building on findings from the early stages of engagement including around lack of trust with data security, lack of access to the internet and devices, lack of digital confidence and language barriers. For the next stage of engagement, questions will be asked to understand what would be helpful for community members in making sure that the support that they're receiving is adequate. This may be around formatting, language, digital security training and information. Recommendations so far include providing training hubs and workshops on how to use the app and languages that reflect demographics of the bi borough.
  - GA: wanted to know which app we are talking about.
  - BO: the NHS app in general.

- GA: everyone is introducing their own separate apps and systems, making it very confusing to understand who is contacting patients.
  - BO: will incorporate a question on the interview guide to ask about different apps used by people's GP surgeries other than the general NHS app.
- *Intermediate care project*
- BO: the intended outcomes are to contribute qualitative data to the existing quantitative data by the Network Data Lab. Have had 6 interviews so far.
  - RD: will be interviewing 5 people in total which is in addition to previous interviews conducted by other team members.
  - BO: reached out to the Carers Network to gather more participants and will ideally have around 16 interviews in total but this could be more because the engagement timeline is until the end of June.
  - GP: has contacted the Director of Communications at Chelsea and Westminster hospital who has put them in touch with the person that compiles their newsletters. Therefore, the advert for the project will be circulating further which will increase uptake.
  - BO: concerns received during interviews include a shortage of nurse visits, environmental assessments are not always provided, lack of communication between medical providers and the carers and service users due to the use of jargons and acronyms and lack of mental health support for intermediate family members who care for patients outside the hours of designated carers. The plan is to conduct semi-structured interviews and promote communications materials through strategic stakeholder networks in the bi-borough. Also interested to speak to people who believe they fit in intermediate care but do not receive intermediate care.
  - GP: spoke to Head of a Resident Association who share the message of this project with his network. He mentioned that some community members do not receive this type of care despite qualifying.

- GA: mentions the concept of blockage which is the idea that large numbers of people are unable to access this intermediate care partly due to lack of resources.
  - BO: will speak to participants that believe they qualify for intermediate care experience but who have not received this care. Due to it being a semi-structured interview, can delve further into the point about blockage and resources.
  - RD: shares insight from a community member that seeks support to organise intermediate care herself after her and her son have been discharged.
- *GP access project*
- BO: Healthwatch Westminster RBKC and Brent are currently speaking to residents regarding their experiences and barriers to booking and accessing GP appointments. The findings will be fed back to service providers across northwest London.
  - GP: we have received a total of 105 survey responses, 60 of which are from Westminster. The engagement for the project will be ongoing until at least the beginning of June and we are aiming for 120 responses. We contacted local GP federations, both in Westminster and Kensington and Chelsea for this project so we're hoping to gain even more traction in the coming weeks.
  - BO: residents overwhelmingly prefer face to face appointments rather than online and over the phone. They tend to not travel for more than 15 to 30 minutes to reach their GP unless they use GP specialist services such as for diabetes or mental health support then they would be more inclined to travel further. The majority of respondents are not aware of the ICS northwest London campaign (We Are General Practice) so more needs to be done to raise awareness of that. There are mixed opinions about the GP triaging system. Surveys will continue to be distributed during upcoming drop-in sessions until the end of May.
  - CC: has contacted the person at the ICS who is leading on developing their same day access consultation and they have agreed that findings from this project will feed directly into that process. Additionally, the Scrutiny Committee for Westminster and

RBKC has agreed that this is going to be an item on the September agenda.

- *Update on previous and upcoming projects*

*Maternity Project:*

- BO: The Quality and Equality in North West London Maternity Services report was published on the 25th of March. This report reveals how care centres differ across northwest London as well as variables that may contribute to women obtaining low quality care. Since then, we have shared our findings with relevant stakeholders including hospitals in northwest London and Healthwatch London networks.
- CC: took the report to Maternity Pillar 3 meeting – Northwest London group responsible for safety in maternity care. Discussed some of the findings including around information given to women after giving birth and breastfeeding support. They will create an action plan to address those recommendations and an update on that is expected to be shared this month. CC has also been in touch with the Maternity Voiced Partnership for Imperial and spoke about the recommendations around postnatal information. A local postnatal group service that has agreed to visit the ward to inform women about the resources available to women after giving birth. Finally, have upcoming work with Imperial research teams to explore the more complex recommendations that might need more unpacking.

*Enter & View reports:*

- BO: our Enter & View reports have been published in April and explore the internal and external environments, patient comments and staff feedback on the accessibility experience of three GP practices in Westminster: Grand Union Healthcare, Dr Hickey Surgery and Elgin Clinic. We have presented our findings to the CQC and wider primary care network.
- RD: we are still waiting to start the Enter & View visits at the care home. We have also recently conducted an Enter & View visit at Chelsea and Westminster Hospital, in collaboration with

Healthwatch Hammersmith and Fulham. It focused on appointments in different departments.

- MK: would like a copy of this report once completed.

*ICS Winter Pressures Project:*

- GP: the report has been circulated to the Northwest London ICS representatives who commissioned it. Main finding is that there was a significant level of vaccine hesitancy across Westminster. We gave recommendations focusing on communication around common misconceptions regarding vaccines. We are also recommending to the ICS that they strengthen community awareness interventions and their outreach programmes which aim to tackle vaccine hesitancy.

*Summary of emerging priorities:*

- BO: areas that have been brought to our attention, both in community outreach and stakeholder events, include the experiences of the refugee and asylum communities in accessing primary care services, level of service offered by local pharmacies, the availability of private spaces to speak to a pharmacist, and GP access, which we are currently working on.

## **Questions/feedback regarding project updates**

- JB: asks BO whether she received the information from CHUMS for the Digital Inclusion project.
- BO: confirms receipt of information and how it was insightful and consistent with what other community members have said. BO clarifies that we have been attending some of the forums and partnership meetings and have decided to shift the project objectives to avoid duplication of existing work. We are now focusing on identifying and evaluating the ways in which digital support services across the bi-borough can further support older diverse population groups.



## **Board Recruitment updates**

- JB: we are lucky to have new board members and we have an upcoming interview in the beginning of June. We are looking at someone to join us on a consultancy level as opposed to a board member. Pleased to be going in the right direction and have people with lots of different experiences, skills and knowledge.
- MK: we have gained the applicants who do have relevant and good experience such as new member GA. This is in most part, due to excellent advertising efforts. It is essential to keep going with the advertising because we still need more members on the Westminster advisory board ASAP. RBKC has more members than Westminster but we still have vacant spaces on the RBKC Advisory Board, too .

## **Information & signposting update and discussion**

- GP: no new significant changes or updates in themes that we usually see. Complaints about primary care services and GPs are the main reasons why people speak to us. GP and BO are creating a complaint guide and will expand presence at drop-ins to help people with signposting advice. We will begin to attend Age UK Westminster drop-ins in addition to the ongoing Citizens Advice sessions.
- RD: has received many complaints about mental health services particularly during recent engagement at Chelsea and Westminster Hospital. Many complained about waiting times for operations and seeing specialist.
- BO: based on RD's insight, suggested that it would be good to have advice and signposting dedicated to people that are having concerns regarding access mental health services and distributing this at general engagements.
- GA: the scope of signposting is vast so what areas are we restricting ourselves to?
- GP: our scope is mainly the NHS constitution and particularly the navigation of services. Many people are unaware of areas within the constitution like registering with a GP, making a complaint, what different services do and the role of advocacy services and how we can direct people to those when a complaint needs to be escalated.

- MK: In her role as patient governor (NHS) she has received similar feedback about patients who are dissatisfied with the waiting times but satisfied with the treatment after they see the doctor. MK would like to know if there are significant numbers of patients that are dissatisfied as this can be brought up in the council of governors' meetings to ensure that the Trust can manage and develop accessibility for its services within a timely manner. Willing to promote Healthwatch in a capacity of NHS Governor by attending the sessions at Chelsea and Westminster Hospital once a month organised by Healthwatch RBKC. Would like better communication particularly if a session is cancelled. Information about upcoming engagement events at Chelsea and Westminster Hospital should also be circulated to board members if they wish to come and support. Suggested that GA could also sign up to the volunteers' list if she so wish to be informed about activities and research taking place regularly. Would also like a brief update during board meetings about volunteers and progress we are making in terms of the number recruited as this would allow Advisory Board members to promote the volunteering role in their community and share with their contacts. Asked about how training is currently run for volunteers and whether it is in person or online.
- RD: has sent the volunteers details of different training sessions that Healthwatch is running. However, some volunteers mentioned that they struggle to use Microsoft Teams, and most of the training that Healthwatch does is through Microsoft Teams, not Zoom. Will suggest to Faysal, our IT staff member, to show volunteers how to use Teams.
- MK: highlighted that every volunteer should be given an introduction about how our organisation works to ensure they feel more comfortable to step in into the action.
- RD: has met up with new volunteers, both in person and online, to go over everything in the handbook.
- MK: these emails should be shared with Advisory Board members who can meet with RD to understand the different engagement activities.
- JB: using Microsoft Teams depends on individuals' computers because some systems are not compatible with Microsoft Teams. It is important that there is inclusivity in the modes of training used.

- RD: currently Healthwatch England runs its training sessions on Microsoft Teams. The only other alternative is to provide volunteers with PowerPoint slides so that they have some information.
- MK: accessibility on the training side is important and it will ensure that people will want to take part in volunteer activities. Has asked BO to find out or get in touch with someone to see how we can facilitate that accessibility for all volunteers.
- JB: this is a very important matter and Healthwatch England's use of Microsoft Teams for its training must be addressed.
- MK: there is a possibility of joining the same meeting through Zoom and Microsoft Teams at the same time, but we need to find out first if this is feasible at Healthwatch England.

## **AOB**

- GP: we are currently reviewing the website and updating the content on the Advisory Board website page. Action is required for the board members to send GP or CC a short description of their expertise and headshot photos. This is for both the Westminster and RBKC boards.
- MK: mentioned the need for photographs to be non-filtered and to have a clear deadline for when these need to be sent by.
- MK: Healthshare, who run MSK services for NHS in northwest London, are running a national PPG group and they are currently looking for more members to join. The members need to be service users of MSK services. This includes musculoskeletal services, physiotherapists and podiatry services. Can get in touch with MK about this opportunity. If you are a service user, carer for someone who is a service user or have been a service user in the past 3 years you qualify for the PPG (Patients Participation Group). Thanked Jill for all her contributions.
- JK: thanks everyone including volunteers and advisory board members for capturing people's opinions and voices
- BO: Next advisory board meeting will be in July. Papers and minutes will be circulated a week before.
- JB: would like others to see meeting minutes more in advance to ensure accuracy of the minutes.
- MK: Next RBKC meeting will be 25<sup>th</sup> June 3-5pm.

**Close**

- BO: thanks everyone for attending and participating in the meeting and thanks Jill for her contributions.
- JB: thanks everyone and is happy to be contacted by email.