

October 20, 2023

## **Healthwatch Westminster Advisory Board Meeting**

### *In attendance:*

Jill Brown (JB), Advisory Board Interim Chair  
Minna Korjonen (MK), Advisory Board Co-Chair

Cleo Chalk (CC), Healthwatch Service Manager  
Donna Covey (DC), Interim CEO (The Advocacy Project)  
Blessing Ogunoshun (BO), Healthwatch Lead Officer  
Giovanna Pascarella (GP), Communications & Engagement Coordinator  
Ruth Daniel (RD), Volunteers & Engagement Coordinator

### *Not present:*

Anna Velkova (AV)

### **Agenda:**

1. Welcome, introductions and apologies
2. Minutes of last meeting
3. Update on The Advocacy Project / Leadership
4. Project updates
  - 4.1 Gordon Hospital project
  - 4.2 Young people's mental health project
  - 4.3 GP access and care home Enter and View
  - 4.4 Update on previous and upcoming projects
5. Volunteers update
6. Information and signposting update and discussion
7. AOB
8. Close

### **Meeting Minutes:**

#### *Previous meeting minutes*

- JB: welcoming everyone to this session of Healthwatch Westminster's Advisory Board; AV will not be attending the meeting and will most likely send her apologies in the coming days.  
Before beginning the session, JB notes that the minutes from the previous meeting have only been partially amended and that the highlighted notes will need to be included.
- MK: agrees, minutes to be amended properly and sent to the Chairs for approval.
- BO: for future meetings, communication regarding the minutes' amendments and edits should be between the Chairs and GP, who is in charge of making the necessary changes.

#### *Advocacy Project Leadership Update*

- DC: introducing herself; has taken over as Interim CEO for The Advocacy Project; has experience running a local Healthwatch and will be supporting CC as her Line Manager going forward. Has started planning the Advisory Board's Away Day, which will be happening in January once a date has been agreed on. Agenda will be set after consulting with Staff and Board members.

#### *Project updates*

- JC: moving on to Project Updates; four items on the agenda will be discussed; BO to give an overview of each and then questions will be asked.
- BO: has sent documents with Project details to members of the Board prior to the meeting. Project updates as follows:
  - o Gordon Hospital project: is in its final stages and report writing has already begun. Aim of the project was to identify the impact of the closure of the Gordon Hospital on in-patient mental health services in the bi-borough and on affected communities. During the project, we engaged with healthcare professionals, and community organisations providing mental health support to affected communities, such as people from global majority backgrounds, people who are homeless or rough-sleeping, and anyone with acute mental health needs. Engagement with in-patient mental health service users was difficult, and we relied mostly on data given to us by mental health professionals to account for these experiences. Data were also gathered while attending events, such as community events, CNWL workshops, and council initiatives.
    - MK: asking if the Advisory Board will have the chance to review and provide any further comments on the project.
    - BO: Advisory Board to send the report out to their networks; members will be sent the final draft of the report for review.
    - CC: Advisory Board can offer comments even past the publication date, as we would like not to have the report publication delayed.
    - JB: would like to note that Westminster Council met on the 20th of September and passed a motion to lobby the National Health Service to reopen acute mental health events in South Westminster; NHS offered to open their own consultation this autumn.
    - BO: we have kept good communication with the Councils and have been attending the consultation and pre-consultation workshops that have been hosted. We do plan on carrying on future engagements to keep the project updated with developments.
    - CC: CNWL will host a joint Health & Scrutiny Committee on the Gordon Hospital, where Healthwatch will be invited to share its findings. Report will be published very shortly and sent over to Advisory Board and other key stakeholders.
    - BO: welcomes suggestions from members of the Board on engagement strategies and methods, especially to hear from people with acute mental health needs and experiences as in-patients.

- JB: would be willing to share experiences from people close to her who have gone through mental health issues. Would like the opportunity to offer more input and community feedback going forward.
- MK: agrees with JB; satisfied with engagement and outreach regardless.
- Young People's Mental Health project: we are midway through the project; its aim is to gather feedback on mental health services and needs for young people aged 18-25 in Westminster. Our specific focus is on young people who are not in education, employment, or training (NEETs).

We are currently still running an online survey for young people to report their mental health experiences; we also have physical copies of the survey which we have brought along to our community engagements (i.e. youth clubs, Westminster Employment Services forums, Talking Therapy sessions, etc...). Survey completion has a monetary incentive (£50 voucher raffle).

One focus group will be held on October 25 (in-person, at the Stowe Centre) and another on October 27 (online); tickets to both events are available on Eventbrite and almost sold out.

On November 29, we will host a hybrid co-production event at the Stowe Centre to share our findings and meet with service providers and users to exchange feedback and recommendations.

  - JB: very happy about progress; where are these events promoted? Would like to signpost them to people who could be interested.
  - BO: event ads are available on our social media channels and on flyers we have been distributing.
  - GP: links to the website posts are in the Zoom chat; you could also circulate the second issue of the newsletter, which included project updates as well as the two Eventbrite links.
  - MK: will help with the distribution of engagement materials.
- Enter & View visits: following consultations with the CQC and other forums, we have developed a revised list of GP clinics and care homes to review per our statutory obligations; list will be shared once it has been confirmed by all members of the team and by the staff at these facilities. The intended outcome of these visits is to highlight the areas of best practice and poor practice and to identify whether these facilities meet the statutory levels of quality of care and access.
  - JB: have dates for these visits been confirmed? They will need to be circulated to ensure that volunteers will take part.
  - BO: likely after November 17; dates will be circulated as soon as known.
  - JB: lack of Westminster Advisory Board member is concerning and should be remedied before beginning with the E&V visits.
  - MK: agrees with JB on concerns over the lack of participants to the Westminster Board; commissioners will also want to know that volunteers are being involved in the statutory activities of Healthwatch Westminster.

Is there an active training plan for E&V volunteers? Also, have Board members been added to the active volunteers list?

- RD: has been speaking with active volunteers and keeping their records and training updated. Has also confirmed that safeguarding training will be held on November 17.
- MK and JB wish to reconfirm that they are also volunteers and should thus be added to any communication that happens between the volunteer group and RD.
- BO suggests that members of the Board start attending regular volunteer meetings.
- JB wants to underline her concerns that Westminster is not adequately represented by the current composition of the Board; recruitment of new members is a necessary priority.
- BO wants to reassure the Board members that RD has been developing a volunteer recruitment strategy to attract new members to the Advisory Board. We have also started advertising the positions by word-of-mouth to key stakeholders we have been in contact with.
- MK: could also start scoping for Westminster residents that she knows who may be interested in covering the position. Also suggests employing different social media engagement strategies to reach as many potential Board members as possible.
- CC agrees with MK on diversification of recruitment strategy.

*Update on previous and upcoming projects*

- BO:
  - Updates on previous projects:
    - Updates on Food Aid project: regular contacts have been kept to understand what improvements have been made in food and energy groups; findings have also been shared with the Healthy Weight Management Network team.
    - Updates on Translation Services project: findings have been shared with a wide stakeholder network.
    - Updates on Podiatry project (in conjunction with CLCH): improvements made based on our recommendations, including adjusting appointment times to cater to the needs of the elderly communities. Also, better information being produced to cater to service users whose native language is not English.
  - Upcoming projects and priorities:
    - Developing partnerships with organisations that provide services to support homeless and rough-sleeping communities, such as the Joint Homelessness Outreach team, Passage, and Connection at St. Martin's. More work to be done around these vulnerable groups in the coming months.
    - ICS funding opportunity: we have received funding to conduct a series of visits to local food banks, community kitchens, temporary accommodations, to gather feedback on accessing services related to NHS Winter pressures and immunisation campaigns.
    - Healthwatch England "Tackling Health Inequalities" project: we will work on a funded project across Healthwatch Westminster, RBKC, and Brent to identify

how and why standards of care vary in maternal care (especially amongst women who are not native English-speakers).

- Emerging priorities: identify the healthcare needs of refugees and asylum seekers living in Westminster.
  - MK: very satisfied about these updates.

Regarding the co-production that will be hosted on November 29, Advisory Board members would like to join this event and other similar ones.

Board members could also be interested in joining Healthwatch RBKC's visits to Bay20 Community Kitchen.

Would like to receive the Podiatry report to forward it to an NHS network she belongs to.

CC could also connect with Stephen Sambrooke, Public Health operational manager, who used to have regular contacts with the previous HW Service Manager – MK will share resources with CC to inform this discussion and relationship.

MK also wants to note that updates to the volunteers should be more frequent and include more details regarding the projects that are happening.
  - BO: Podiatry report has been sent around; will be resent to MK.

#### *Volunteers Update*

- GP:
  - Young Volunteers project:
    - Being managed separately from regular volunteers' group, but with RD's oversight; is a joint project between HW Westminster and HW RBKC.
    - Currently in the process of active recruitment: having received two expressions of interest from RBKC residents, recruitment has been targeted on Westminster.
    - Induction of one volunteer has already started: two training sessions have been done and DBS application was started. Contact has been shared with RD, who will introduce the volunteer to the others in due time.
    - Project is being advertised through Westminster City Council Youth Employment services: met with representatives and presented the project at some of their sessions. We will be using the upcoming focus group to also advertise the project. University of Westminster representatives have also been contacted.
    - Aim is to have a working group of volunteers (2-5) by next quarter to begin undertaking standalone projects.
    - Feedback from Advisory Board: are any networks known or available to you that might be helpful in promoting this project?
      - MK: one of previous volunteers from Young Healthwatch went on to have a career in the Youth Council and then as Youth Mayor; could be good to reach out to him to have him as an ambassador to the project and to invite him to meetings.

- GP: that is a very good idea; if MK could introduce the Team to this former volunteer, he would be a good contact to have.
- JB: how is the volunteer induction process set up? Is there a timeline for it and is volunteer engagement being reviewed and accounted for to foster interest?
- GP: induction process has been designed by taking into account feedback from our colleagues at HW Brent and the scoping discussion we had with the volunteer on the type of engagement she wants to carry out. Volunteer has expressed interest in long-term engagement activities focused on research; induction process accounts for volunteer's interests and preferences. Longer induction time also accommodates the fact that she is an international student and does not yet have some documents for the DBS.
- JB: bear in mind that young people's lives and priorities change quite rapidly when planning engagement.
- GP: based on feedback from HW Brent, hoping that flexibility and accommodating needs will foster continued engagement.
- MK: RBKC Youth Council has identified mental health as one of their key priorities; data available on their website could inform the volunteers project. Youth Council is also a very diverse group to tap into.
- GP: will account for this feedback and reach out to the Youth Councils.
- BO: re: the point raised by JB on Young Volunteers' engagement, recruitment will be kept open to always have a pool of volunteers available to us.
- JB: approves this idea.

### *Information & Signposting Update and Discussion*

- GP:
  - Main issues/themes identified from signposting:
    - Difficulties in navigating the NHS and complaints procedure: most of the people that reach out to us need support and guidance in putting forward a complaint with their GP or another service provider.
    - Carers or advocates of individuals unable to care for themselves reaching out on their behalf: around medical care and advanced care directives.
    - Issues with mental health in-patient services: users face difficulties navigating care provision and communicating with the service providers (especially with St Charles Hospital) is at times problematic.
      - MK: satisfied with this update; would be willing to share further resources.
    - GP and BO to start developing a signposting webpage for Westminster to collect resources and awareness materials around homelessness in the borough.

- MK: seconds this decision and can offer support through further resources available to her.

*AOB*

- MK: suggestion/opportunity for CC: Healthwatch representatives could attend the Chelsea & Westminster Hospital Foundation Patient Experience Group. MK can no longer attend due to a conflict of interest and would like for another member of the Board or the Team to be appointed. Representative will also require training for appropriate representation.
  - CC: very interesting opportunity; will look into it.
- MK: is organising a Common Board for Westminster NHS Foundation. Invite to Advisory Board could be forwarded to some of the members of that committee. Part of the NHS current ICS and ICT structure the Common Board were created that consists of all NHS Hospitals and Hospital Trusts in North West London, and who is the main body on that level. This Common Board (that it is officially called) board meetings are open for the Public to join. MK will seek out the list of board meeting dates and email them to CC to further circulate.
- BO: would JB and MK, along with other Board members, be interested in joining the monthly meetings that are held with all other Volunteers?
  - MK: would like to participate as an observing member, depending on her schedule. Please send updates.
  - JB: agrees with MK and would like to be sent details of future meetings.

*Close*

- GP: minutes from previous meeting were amended and will be circulated as soon as the meeting is over; minutes from today's meetings will be transcribed and reviewed by BO and GP and sent over in the coming week.
- JB and MK thank everyone for joining the session and for the information shared.