

Westminster Advisory Board Meeting Agenda

Wednesday 6 December 2023 , 2.00–4.00pm (by Zoom)

Join Zoom Meeting:

<https://us02web.zoom.us/j/86102507488?pwd=bU9HKzFoVUUzZ0hMQjBLTXAyTTBIZz09>

Meeting ID: 845 4406 3346 861 0250 7488

Passcode: 806446

	Item	Presenter	Time	Paper/ Verbal
1	Welcome, introductions and apologies	JB	2.00	Verbal
2	Minutes of last meeting	JB	2.10	Paper
3	Update on The Advocacy Project / Leadership	DC/CC	2.15	Verbal
4	Project updates 4.1 GP access and care home Enter and View (action required) 4.2 Integrated Care System (ICS) winter pressures project 4.3 Maternity project 4.4 Homeless project (action required) 4.5 Digital exclusion project (action required) 4.6 Intermediate Care project (action required) 4.7 Update on previous and upcoming projects	CC	2.40	Paper Paper Paper Paper Paper Paper Paper
5	Questions regarding project updates	CC	3:10	Paper
6	Information and signposting update and discussion	GP	3:30	Verbal
7	AOB	JB	3.40	Verbal
	Close	JB	3.55	Verbal

Healthwatch Westminster

Project Update Paper December 2023

4.1 GP access and care home Enter and View Visit project paper

Healthwatch Westminster have regular meetings with the Old People’s Voice Group to map out the health and care facilities that require focus. We also use information we have received about concerns regarding care homes and GP clinics to help prioritise our visits. Finally, we have quarterly meetings with the CQC team to discuss current inspections and ratings of health care facilities. We have currently made amendments below following up from our current meetings with the CQC team.

As part of our statutory power to conduct Enter and View Visits, Healthwatch Westminster will commence Enter and View to the following three GP and three Care Homes below:

Quarter 3 (November 2023)

GP Practice:	Rating:	Location:	Contact:	Date:
The Elgin clinic	Requires Improvement	40 Elgin avenue, London, W9 3QT	02072860747	13 th December 2023
Grand Union Health Centre	Not yet inspected	209 Harrow Road, London, W2 5EH	0207 286 1231	14 th December 2023
The Doctor Hickey Surgery	Outstanding	The Cardinal Hume Centre, 3 Arneway Street, London, SW1P 2BG	0207 222 8593	7 th December 2023

Quarter 4 (January 2024)

Care Homes:	Rating:	Location:	Contact:	Date:
Alison House Care Home	Good	16A Croxley Road, London, W9 3HL	0208206 5921	To be confirmed

Loveday Notting Hill	Not yet inspected	74 - 76 Prince's Square, London W2 4NY	020 7282 4980	To be confirmed
Garside house nursing home	Requires improvement	131 - 151 Regency Street London SW1P 4AH	020 3826 5520	To be confirmed

Intended outcomes:

- To highlight the areas of best practice and poor practice and the effect on vulnerable groups (elderly).
- To identify whether these practices meet the satisfactory level of ensuring access and quality of care.
- To establish a network of primary and secondary care services

Action required

Please let Ruth know your availability for participation for the Quarter 3 Enter and View Visits.

Healthwatch Westminster

Project Update Paper December 2023

4.2 Integrated Care System (ICS) Winter pressure project paper

Healthwatch Westminster, RBKC, and Brent have received funding to conduct a series of visits to local food banks and community kitchens, to have conversations with people accessing the services about the winter healthcare they’re entitled to and ways to stay well. This work will be carried out from September 2023- January 2024, expecting to reach more than 700 people over the course of the project. The information we gather will be shared directly with the ICS to help improve future winter planning.

As part of the funding received, we are recruiting a Westminster based community champion to support this work.

Intended outcomes:

- To raise awareness of the winter healthcare residents are entitled to
- To raise awareness about what ways in which people can stay well
- To understand whether residents are aware of the numbers to call in times of an emergency
- To identify current gaps and ways to improve healthcare provisions, e.g. vaccinations, repeat prescriptions, booking appointments, using NHS 11

Overview of findings to date

19/10/2023 – WCC Employment Service	5
26/10/2023 – Citizen Advice Bureau drop-in session	50
07/11/2023 – North Paddington Baby bank support drop-in session	2

Summary of concerns received so far:

Vaccine hesitancy – Some people raised concerns regarding distrust and side effects about getting vaccinated whilst others did not like the feeling of constantly being injected.

Information and signposting – Most people are aware of the services especially the emergency services but have not yet had a reason to use the service. Others had not booked because they were not sure if they were eligible for free vaccinations.

Concerns regarding quality of service – some residents were not pleased with their experiences accessing their healthcare services and others felt in some instances healthcare professionals failed to inform them of their repeat prescriptions.

Representation of information– some residents wanted the leaflets to be in Arabic considering Arabic is one of the most spoken languages in the community other than English. We have requested this from the ICS, and now received information in a range of translated languages.

Next Steps:

Our Community Champion will be attending a series of food aid and homeless shelter accommodations in Westminster to speak to residents and distribute winter healthcare information, supported by volunteers.

Healthwatch Westminster

Project Update Paper December 2023

4.3 Maternity project paper

Healthwatch Westminster, RBKC, and Brent have received funding from Healthwatch England to identify how and why standards of maternal care vary, and make recommendations to ensure that care is equitable across NWL. In particular, we would like to work with women who don't speak English as a primary language to understand their experiences, and whether they are receiving enough information to understand their care and make appropriate choices.

Intended outcomes:

- To identify the current gaps and ways to improve maternal care, especially within migrant communities.
- To raise awareness of the current gaps in maternal care across North-West London

Healthwatch Westminster staff and volunteers are in the process of conducting visits to community organisations that support mothers and babies in the coming weeks:

13/11/2023	Connected lives
14/11/2023	Community Families drop-ins @ Westbourne Park Family Centre
14/11/2023	Baby and Me @ Maida Vale Children's Centre
15/11/2023	Bumps and Babies
15/11/2023	St. Mary's Toddler Group – Marylebourne
16/11/2023	St. Vincent's Family project
17/11/2023	Maternity Champions drop- in session
23/11/2023	Parent and support group in partnership with the Abbey Centre

Next Steps:

Healthwatch Westminster staff and volunteers will begin visits to maternal wards at hospitals in January. Further details regarding time and date to be confirmed. All volunteers who wish to participate in the project are welcome to share their details and availability.

Priority Setting Information for Advisory Board

Title	Mental health needs and gaps in services amongst homeless communities in Westminster
Date	November 2023
Health or social care service involved	CQC Care Quality Commissioner (possible funding opportunity) Community organisations that provide mental health support to homeless population groups Local mental health service provider – CNWL
Does this fit with our strategic objectives and statutory remit?	Yes - addressing health inequalities and barriers in accessing services
Does this involve subcontracting or partnering?	Yes- partnering with community organisations such as Connect at St- Martins-on-the-field, The passage, St Mungos, Great Chapel Street, Joint homeless outreach, etc.

What is the evidence base for this work and where has it come from?

- Current population data shows that Westminster is the highest London borough experiencing homelessness
- Data from previous project (community perspectives on the impact of the closure of acute mental health services at the Gordon Hospital) suggest the mental health needs of the homeless population need further support and development
- Data from community outreach shows that this is an area of concern for people experiencing homelessness

Project objectives – What is the project seeking to achieve?

- What is the proposed impact on individuals and the community?
- Can we influence change, or is there an organisation better placed to do so who we can work with or approach?
- What additional information will we need to request and who from?
- Is an Enter and View required? What premises will be included?

The objectives of this project are:

- Identify and evaluate the gaps in current mental health provisions and the mental health needs of people experiencing homelessness.
- Identify the key barriers and challenges to accessing to primary care mental health services amongst homeless communities.
- Identify the impact poor mental health needs has on homeless communities.
- Identify the variations in factors such as age, ethnicity and gender, and how these relate to difficulties accessing services
- Amplify and raise awareness of the mental health needs of the homeless communities
- Provide recommendations for improving access to primary mental health care services and increasing community awareness of the importance of mental health support amongst homeless communities.
- Strengthen our partnership and relationships with the homeless communities.

Additional information and practicalities:

- No Enter and View visits required
- Combination of in-person and online data collection through survey questionnaires, focus group, informal interviews, and co-production event.

What else would we need to do to prepare for this project?

- Reach out to project partners for participant recruitment (please see above)
- Recruit translators to reach migrant communities who do not speak English and translate engagement materials and report in the top recommended languages.
- Develop protocol for qualitative interviewing
- Create survey, focus group, and semi-structured interview questions.
- Create online and offline communications (posters, flyers, etc)
- Brief and train Healthwatch volunteers

Timescale

- Does this work need to happen at a particular time to coordinate with others?
- What do we think the timescales might be?

Project planning, Advisory Board approval and establishing partners: November – December 2023

Final draft of project materials and prepare personal (volunteers, quantitative and qualitative materials, interpreters, cohorts from the organisations network and forums, etc): 8 December 2023

Finalise project materials and prepare personnel 22 December 2023

Data collection (surveys and user-testing focus groups): All of January 2023

Data analysis, synthesis and report writing up: February 2023

Project completion: February 27 2024

Co-production event: TBC, once results have been collated

Resource requirements (people and financial)

- How much will we spend? Are there additional funding requirements to deliver this project?
- Does this fit with our overall work plan? Do we have the staff and volunteers to deliver?

This project fits with our overall work plan and we will have a total of 6 -10 staffs including volunteers to support the project delivery.

Financial:

- Vouchers to compensate participation (approx 50 participants/£500)
- Refreshments and snacks for focus group discussions and co-production event
- Communication cost
- Translation/interpretation cost

We have applied to the CQC Citizen Lab for funding to support this project. However, regardless of whether that bid is successful we will be able to support this project from our existing budget.

Project deliverables – What difference or impact will the project have?

- What will be the outcome of our work? How will we demonstrate impact? A report? Recommendations?

Outcomes:

- Understanding the mental health lived experiences among homeless communities, including rough sleepers, squatters, couch surfing, etc in accessing mental health services within primary care.

- Identification of key factors and barriers to accessing mental health services within primary care, amongst different aged groups, cultures, and socio-economic status.
- Identification of best practices and recommendations to improve access to mental health services, and poorer mental health outcomes.
- Increase awareness and understanding of the mental health experiences and needs of the homeless communities in accessing primary mental health care services.
- Produce data-informed recommendations to improve mental health outcomes of homeless communities in the form of a report, in-person information dissemination and communication content with CQC.
- Provide signposting support on mental health services, food, energy and debt support to each participant we interact with.

Demonstrating impact:

- Work with partners and homeless networks to co-produce recommendations to improve access to mental health services within primary care and mental health outcomes.
- Share findings and recommendations with CNWL, ICB, mental health care providers and local authorities.
- Provide signposting information to project participants such as mental health service support, energy and food support, debt and housing support.
- Create a co-production event with organisations that support homeless communities to discuss project findings and next steps in improving the mental health needs of the homeless communities.

Communication – Who will be interested in our outcomes and impact?

- Who will we share our planned work and our findings with?
- Does this need to be referred to the local Overview and Scrutiny Committee?

For the purpose of following up on recommendations, we will share our planned work and findings with the following:

- Mental health service providers in Westminster
- ICB
- Local mental health trust (CNWL)
- CQC

Who we will share our work plan with for the purpose of general information:

- Public health/ the council

- Community organisations that provide mental health support to homeless communities/project partners
- Our network groups and forums
- Health and wellbeing Board

Anything else the Advisory Group needs to know?

N/A

Decision from the Advisory Group and agreed next steps

Priority Setting Information for Advisory Board

Title	Digital exclusion of elderly and migrant/non-English speaking residents
Date	December 2023
Health or social care service involved	Healthshare (NWL) Primary or secondary healthcare providers
Does this fit with our strategic objectives and statutory remit?	Yes – addressing health inequalities and barriers to care access for elderly, migrant and non-English speaking populations
Does this involve subcontracting or partnering?	Yes – partnering with Healthshare, CLCH (Central London Community Healthcare Trust) and any other relevant organisations or providers

What is the evidence base for this work and where has it come from?

Data from previous projects (interpretation services and language support research, podiatry clinical non-attendance project with CLCH) on barriers to making and rescheduling GP and secondary care appointments because of digital exclusion and language barriers; feedback from meetings with Grassroots Voices Network organisations involving concerns about digital exclusion of vulnerable populations including elderly and migrants; input on priorities from Advisory Board members about digital literacy of elderly patients

Project objectives – What is the project seeking to achieve?

- What is the proposed impact on individuals and the community?
- Can we influence change, or is there an organisation better placed to do so who we can work with or approach?
- What additional information will we need to request and who from?
- Is an Enter and View required? What premises will be included?

The objectives of this project are:

- Understand the experiences of patients who are elderly and/or migrants/non-English speakers with digital healthcare tools and platforms (eg, NHS app, online NHS resources, etc.)
- Explore general patterns and rates of digital exclusion or digital literacy among target populations
- Identify the factors that lead to digital exclusion
- User-test selected digital tools and platforms, identify best practices and develop recommendations to improve usability

Additional information and practicalities:

- No Enter & Views or visits to physical premises required
- Need to identify other healthcare providers who use digital tools and platforms for user-testing
- Data collection methods: surveys and focus group discussions
- Identify primary languages spoken by non-English speakers in the project areas, and translate surveys into relevant languages and recruit appropriate interpreters

What else would we need to do to prepare for this project?

- Identify project partners for recruiting project participants (elderly and migrants/non-English speakers)
- Identify partners who use digital tools and platforms for user-testing (Healthshare, CLCH, etc.) – with spread of services and service areas
- Develop plan for user-testing focus groups with project partners
- Develop survey questionnaire with key stakeholders and partners
- Recruit interpreters to collect data from migrant and non-English speaking groups
- Brief and train Healthwatch volunteers for data collection

Timescale

- Does this work need to happen at a particular time to coordinate with others?
- What do we think the timescales might be?

Project planning, Advisory Board approval and establishing partners: November – December 2023

Finalise project materials and prepare personnel (volunteers, interpreters, etc.): January 2024

Data collection (surveys and user-testing focus groups): February – April 2024

Data analysis, synthesis and report write-up: April-May 2024

Project completion: End of May 2024

Resource requirements (people and financial)

- How much will we spend? Are there additional funding requirements to deliver this project?
- Does this fit with our overall work plan? Do we have the staff and volunteers to deliver?

People: 6-8 volunteers and 3 interpreters

Financial:

- 3 interpreters

- Vouchers to compensate participation
- Refreshments and snacks for focus group discussions

Project deliverables – What difference or impact will the project have?

- What will be the outcome of our work? How will we demonstrate impact?
A report? Recommendations?

Outcomes:

- Understanding of lived experiences among vulnerable and digitally-excluded groups, including people who are elderly and migrants/non-English speakers
- Identification of key factors and barriers to healthcare access caused by digital exclusion
- Identification of best practices and recommendations to improve usability of digital tools and platforms

Demonstrating impact:

- Work with partners to implement recommendations and best practices guidance to their digital tools and platforms
- Share findings and recommendations with NWL ICB, healthcare providers and local authorities
- Provide resources to project participants (eg, digital literacy training, interpretation and language support, community-based organisations, etc.)

Communication – Who will be interested in our outcomes and impact?

- Who will we share our planned work and our findings with?
- Does this need to be referred to the local Overview and Scrutiny Committee?
- We will share the report with NWL ICB, healthcare providers and leads, local authorities (Public Health Department, Adult Social Care, etc.) and project partners

Anything else the Advisory Board needs to know?

NA

Decision from the Advisory Board and agreed next steps

Priority Setting Information for Advisory Board

Title	Intermediate/step-down care
Date	December 2023
Health or social care service involved	Intermediate care services in hospitals and care homes
Does this fit with our strategic objectives and statutory remit?	Yes – hearing the voices of carers, understanding healthcare experiences of elderly and people with disabilities or long-term health conditions, and exploring continuity of care
Does this involve subcontracting or partnering?	Yes – Imperial Networked Data Lab (NDL) and Institute for Global Health Innovation

What is the evidence base for this work and where has it come from?

Imperial NDL has collected large amounts of patient data exploring challenges and issues with intermediate care across NWL and identified key concerns and areas where more information and patient voices are needed; feedback through signposting services and outreach engagements about lack of support for unpaid carers; input from Advisory Board about disjointed care (especially hospital discharge and transportation home)

Project objectives – What is the project seeking to achieve?

- What is the proposed impact on individuals and the community?
- Can we influence change, or is there an organisation better placed to do so who we can work with or approach?
- What additional information will we need to request and who from?
- Is an Enter and View required? What premises will be included?

Research themes identified by NDL:

- Impact of environmental assessments
- Involvement of patients and unpaid carers in decision-making
- Trust, continuity and quality of care provided by care staff
- Communication around intermediate care packages

The objectives of this project are:

- Amplify and raise awareness of patients and carers' voices in regard to intermediate care experiences and concerns
- Identify key barriers and challenges to quality intermediate care provision

- Contribute lived experiences and qualitative context to the existing quantitative patient and care data collected by NDL
- Develop recommendations to improve intermediate care and reduce rates of “failed discharge” or readmission to hospital
- Strengthen our partnerships and relationships with unpaid carers communities

Additional information and practicalities:

- No Enter & View visits required
- Combination of in-person and online data collection through qualitative informal interviews and survey questionnaires

What else would we need to do to prepare for this project?

- Identify project partners for participant recruitment (carers networks, patient groups, etc.)
- Develop protocol for qualitative interviewing
- Create survey questionnaire
- Brief and train Healthwatch volunteers

Timescale

- Does this work need to happen at a particular time to coordinate with others?
- What do we think the timescales might be?

Project planning and reaching out to potential project partners: January – February 2024

Developing survey questionnaires and interview protocol, briefing and training volunteers: February – March 2024

Data collection: April – June 2024

Data analysis, report writing and project completion: July – August 2024 (align with Imperial NDL information dissemination)

Resource requirements (people and financial)

- How much will we spend? Are there additional funding requirements to deliver this project?
- Does this fit with our overall work plan? Do we have the staff and volunteers to deliver?

This project fits with our overall work plan and we will have a total of 6-10 staff and volunteers to support the project delivery.

Project deliverables – What difference or impact will the project have?

- What will be the outcome of our work? How will we demonstrate impact?
A report? Recommendations?

Project outcomes:

- Increased awareness and understanding of intermediate care experiences and the needs of patients and their unpaid carers
- Strengthen partnerships between Healthwatch and unpaid carers/patients communities and organisations
- Produce data-informed recommendations to improve intermediate care services in the form of a report, in-person information dissemination and communications content with the Imperial NDL
- Work alongside project partners and services to improve intermediate care and implement recommendations
- Gather additional information on adjacent issues such as patient transport and wider experience of unpaid carers, to inform future priority setting

Communication – Who will be interested in our outcomes and impact?

- Who will we share our planned work and our findings with?
- Does this need to be referred to the local Overview and Scrutiny Committee?

We will present our findings alongside the Imperial NDL’s wider data collection and project findings to a range of stakeholders in healthcare services, local authorities and community organisations through our report, communications channels, and in-person information dissemination.

Anything else the Advisory Board needs to know?

NA

Decision from the Advisory Board and agreed next steps

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Healthwatch Westminster

Project Update Paper December 2023

4.7 Update on previous and upcoming projects paper

Alongside our current active projects, there are a number of additional priority areas that are either in the monitoring or planning stages.

Healthwatch Westminster Young people's mental health report

Our young people's mental health report is expected to be published by the end of November and shared to all Advisory Board members.

Since the data collection period, we have maintained regular contact with our young healthwatch cohorts to understand what areas of improvements have been made and other areas that need improvement. We also hosted a co-production event on the 29 November 2023 to share report findings and co-produce next steps with service users and service providers.

We have shared a summary of our findings with our strategic stakeholder network, and will be presenting the summary of our findings to the RBKC council Safeguarding Adults Executive Board (SAEB) meeting on the 14 December 2023.

Healthwatch Westminster Gordon Hospital report

Our Gordon hospital report was published in October 2023 :

<https://www.healthwatchwestminster.org.uk/report/2023-10-31/community-perspectives-impact-closure-acute-mental-health-services-gordon>

Since then, we have had regular contact with the team to understand what their views regarding the report **improvements have been made and the continuous challenges.**

We have presented our findings with community organisation that support mental health services for homeless and rough sleepers, Westminster and RBKC council, commissioners, the public...

Emerging priorities

There are a number of areas that have been brought to our attention both through community outreach, and strategic stakeholder events:

- Experiences of the refugee and asylum communities access to primary care services
- Level of service offered by local pharmacies, focusing on the extended services proposed by NHSE and the availability of private spaces to speak to a pharmacist

We will continue to monitor these issues during our regular engagement, to build up enough evidence to create a project proposal.

Action Required

Are there any key health and social care concerns in Westminster that the Advisory Board would like to see added to Healthwatch Westminster's monitoring?