November 28, 2024

Joint Advisory Board Meeting

In attendance

Katherine Shaw (KS), The Advocacy Project Chief Executive Officer

Helen Richardson (HR), The Advocacy Project Board of Trustees Member

Minna Korjonen (MK), Westminster and RBKC Advisory Board Chair

Anna Velkova (AV), Westminster Advisory Board Member

Cass Cass-Horne (CCH), Westminster Advisory Board Member

Poornima Devi (PD) Westminster Advisory Board Member

Gaenor Holland-Williams (GHW), RBKC Advisory Board Member

Heena Bellara (HB), RBKC Advisory Board Member

Cleo Chalk (CC), Healthwatch Service Manager

Blessing Ogunoshun (BO), Healthwatch Westminster Manager

Charlotte Williams (CW), Healthwatch RBKC Manager

Giovanna Pascarella (GP), Engagement & Communications Coordinator

Maria Ghaly (MG), Administration and Communications Support Officer

Apologies received

Jill Brown (JB), RBKC Advisory Board Member

Margaret cairns-Irven (MCI), RBKC Advisory Board Member

Sonia Richardson (SR), RBKC Advisory Board Member

Fay Sandler (FS), RBKC Advisory Board Member

Victoria Borwick (VB), RBKC Advisory Board Member

Gaenor Altonen (GA), Westminster Advisory Board Member

Suvina Salins (SS), Westminster Advisory Board Member

Ruth Daniel (RD), Engagement & Volunteers Coordinator

Agenda

1. Welcome, introductions and apologies
2. Minutes of last meeting
3. Update on The Advocacy Project / Leadership
4. Update on the Integrated Care Board (ICB) and Quality framework
5. Project updates
   - 5.1 Mental health needs of homeless communities' project (Westminster)
   - 5.2 Cost of living project
   - 5.3 Eyecare project
   - 5.4 Digital inclusion project
   - 5.5 GP access
   - 5.6 Hospital engagements
6. Future projects - potential CYP work
7. Board Recruitment/Volunteering updates
8. AOB
9. Close

Welcome, Introductions, & Apologies

- The meeting commences with a round of introductions and welcoming new members.
- JB, MCI, SR, FS, VB, GA, SS and RD are not able to attend and have sent their apologies.

Minutes of last meeting

- MK asks if attendees of the previous Advisory Board meeting have any comments about the meeting minutes, to which board members confirm that they have none and the minutes are approved.

Update on The Advocacy Project/Leadership

- KS: we have been consulting with staff, service users, commissioners, and we had an away day with our senior leadership team to begin formulating our plan and strategy for the next five years. The aim is to launch this by the end of the financial year, but more information will be shared soon. We have also successfully recruited five new trustees to join The Advocacy Project Board of Governors who have all been inducted and their details are available on The Advocacy Project website. They bring a wealth of experience and skills which will strengthen both our board and all the associated work, which includes our Healthwatch and its governance. We recently underwent the Quality Performance Mark for advocacy providers, which we have been awarded in the past, but it needs to be renewed every three years. It is a tough process, involving a full day meeting with staff, service users and speaking to commissioners but KS is delighted to say that we have passed that and had positive feedback. This not only reflects how we deliver advocacy services but also how we work as an organisation because having a

person-centred approach and involving user voice is fundamental to what we do. One of the challenges that bigger charities like us are facing is the budget announcement around the increase in national insurance for employers. The Advocacy Project have signed a letter on behalf of many charities that was organised by the NCVO to go the Chancellor to ask for some understanding of the impact and perhaps additional funding for charities. We will also be speaking to local authority commissioners to ask them how they will supplement contracts to cover that gap in funding. On a more positive note, CC and the team here have worked hard to focus on increasing our reach and engagement within the two boroughs. The commissioners are very pleased with our proposal and we will be recommissioned after June this year for another year, and with the possibility of a year above that. As we enter the new year, we have a couple of very large tenders that we are looking at for our advocacy and we are looking into this ahead of the new financial year.

- MK pleased about the news of the contract extension and emphasises that we have strengthened both our relationships and the organisation.
- HR introduces her role as a member of the board for The Advocacy Project for approximately three years. She has been recently asked by Dr Dele, Chair of the board, to be accountable for Healthwatch and is joining this governance meeting for the first time. HR commends CC and KS for their hard work and the positive news that the extension has been approved.
- MK clarifies for new board members the role that the Advisory Board holds in approving Healthwatch priorities and that The Advocacy Project runs the Healthwatch contract.
- GHW: with the new government, and with regards to finance, is Healthwatch still barred from accepting financial donations?
- KS confirms that there have not been any changes to this matter but the commissioning, funding and structure of Healthwatch is currently being reviewed.

Update on the Integrated Care Board (ICB) and Quality framework

- CC is pleased that the contract has been extended which is a testament to the hard work of the team. We have now put together new ways of working to support us going forward. For instance, we are working on developing a new patient experience programme which other Healthwatches are doing. It involves our volunteers going out to health settings – including hospitals, GP practices and community centres – every week to be able to get a much higher level of face-to-face engagement and get a snapshot of how people are experiencing services in the moment. Linked to that will be to grow our volunteering programme as we have recently been able to onboard many new volunteers, so we are looking at how we can give them a structured engagement programme. This will ensure that Healthwatch is much better known across the borough, that we are engaging with more people which our contract managers would like to see, and that we have a greater impact. We are also going to be introducing more robust approaches to our project planning methodology and impact tracking. We already use the theory of change and Healthwatch England's impact tracker, but we are now making sure that everything is documented clearly and that those project plans and ways of working are available for everybody to see. We are also looking at developing more resources for our advice and signposting service and introducing Know Your Rights

sessions which have been successfully implemented in Brent over the past six months. Those are in person, face-to-face sessions that would be delivered across both boroughs with key target groups and looking at people's rights within health and social care. Another area of focus for the team is our collaboration with the health and wellbeing board. Last week, CC, CW, BO and MK attended the health and wellbeing board, and MK and CC presented an update on Healthwatch from the past six months and our plans for next year. That was well received, and we had great input in terms of areas that the board would like to see potential collaboration on as well which will support better influencing and our ability to have more impact as a service.

- CC shares that, regarding the Integrated Care Board (ICB), we included in our proposal for the contract managers that we would like to work a lot more collaboratively with the other five Northwest London Healthwatch teams to use our collective voice to influence the North West London Integrated Care System (ICS). Many decisions that we as Healthwatch would like to influence are now being made at the system level rather than at an individual borough level which means we need to make sure that we have a voice at that level, not just with our own local leads. We met with Healthwatch England's London Lead to discuss how this can be moved forward and he is encouraging leaders from Healthwatch England to have a conversation with our senior integrated system. Penny dash, who chairs the Northwest London ICS, is going to meet with Healthwatch England CEO to talk about the value of Healthwatch and make sure that they understand how they can be using us. Additionally, the ICB have set up a new Babies, Children and Young People Board, and they have contacted local Healthwatches to ask for a Healthwatch representative to sit on that board. They have also restarted the comms and engagement group, so now our Healthwatch teams will be meeting with the engagement leads from the ICB on a monthly basis.
- CC would also like to notify everyone that we will be carrying out the Healthwatch England Framework over the next six months. The Quality Framework is a self-assessment tool for local Healthwatch teams to assess our performance against six domains. The first three domains are leadership, influence and engagement which we will tackle first and then we will move onto sustainability, people and collaboration. We will assign different leaders to each domain who will lead on gathering research about how we are performing in that area. We will then host collaborative sessions to discuss the domains with the advisory board and our volunteers as well potentially external stakeholders where appropriate. The results will be shared with Healthwatch England but it is not a public assessment.
- MK thanks CC and declares that she started as a member of ICB's Planned Care Board on 1 November.

Project Updates

- *Mental health needs of homeless communities project (Westminster)*
    - BO: Healthwatch Westminster explored the mental health needs of homeless communities in Westminster and their experiences of accessing mental health

care services. Following the report's publication, we hosted a coproduction event on Friday 30 August to present the findings from our recent report and coproduce further recommendations with residents, service users and community professionals. The event was attended by Westminster-based organisations like the Marylebone Project, Turning Point, two service users with lived experiences of homelessness and representatives from CNWL NHS Trust Adult Mental Health Services. As a group, we discussed the ways that we can make accessing mental health services easier. This includes through more transparency with funding and contracts management, improving communication to inform homeless communities about the available support and NHS services, connecting independent primary care and community outreach services for seamless referrals and improving services for homeless people currently by taking mental health needs into account. Improving the quality of services requires developing collaborative care plans that integrate mental health services with homelessness support, providing enhanced training to support staff in recognising and responding to the specific mental health needs of homeless groups, improving the quality of primary care assessments when initially diagnosing psychiatric conditions and showing accurate and effective treatment plans. In terms of the outcome, we met with the Great Chapel Street Team and spoke with members of the ICB to discuss significant results and overlaps. One area that was noted was the need for transitional care for the homeless population as well as bespoke professional mental health treatment. We are currently in the process of feeding in the findings of the report and coproduction event with the council's homeless strategy plan. BO has connected with one of the leads and will be able to share important notes of that discussion in the next Advisory Board meeting. We are aiming to push forward the eight recommendations in our report for greater impact.

- GHW asks whether homeless people are allowed to use their tents on the street overnight or if they are being cleared and if the outreach teams are still going out at night.
- BO will feed that back to Elizabeth who leads the homeless strategy workstream but acknowledges that hidden homelessness was one of the core themes within our report. It is difficult for those people to easily access mental health services and other support.
- HR: how do we size the homelessness population? Rough sleeping is only part of the total homeless population but what is the standard definition for what is considered homeless?
- BO: we have mainly worked with organisations that support the homeless community so it would be service users that would be within our cohort which would fall under the definition of homelessness. However, hidden homelessness is where people were not exactly visibly considered as homeless because they are not using the service but they fall within the cracks. We are ensuring that we are interacting with homeless communities by cooperating with the organisations that provide any support, including mental health or health and wellbeing support, for these communities. The definition of homelessness and whether

there have been efforts to support those who are not visibly homeless will be key points to bring forward to the homeless strategy workstream.

- MK shares that she has collaborated with Bay 20 which engage with homeless people on a weekly basis to provide food and other support. We can consider getting in touch with them in the future if needed.
- BO confirms that CW has been ensuring that the RBKC side is working closely with Bay 20. That might be a great way of further collaborating to see what the homelessness context is like in RBKC and to reach residents of Westminster that attend the Bay 20 sessions on Thursdays.
- AV: how can we ensure that homeless people receive information about the mental health support that is available to them?
- BO: one of the things that we have advocated for within our recommendations is to make sure that there is advice and signposting available across Westminster. This includes distributing posters or flyers on public transport, libraries and local facilities to inform people about the symptoms of different mental health issues and the support available for homeless communities. It is also important that advice and signposting information is easily accessible everywhere within the borough and that this information is available for people whose first language is not English. One of the things that we picked up on within our engagement is that there are people from diverse backgrounds that are experiencing mental health issues, but because it is not something that is spoken about within a particular culture, it is often dismissed or ignored. Another key point is that having mental health advocates within the community who can speak to members of homeless communities, especially those who fall out of the system, ensures that an enhanced advice and signposting service is provided for people who might not already be within the system. Integrated services are vital because we find that homeless communities that need mental health support may also need support with housing, employment and with transitioning out of homelessness.
- MK shares about her work in the community as a community rep. She supports hidden homeless people with issues like housing and so, if BO sees fitting to include in our research, MK is happy for us to distribute an anonymous questionnaire to collect responses [this is only for the private notes not public].
- MK thanks everyone for their efforts in this research to understand the needs homeless people who are the most vulnerable in our communities.

- *Cost of living project*
  - CW: this project was initiated in August and it came from the national Healthwatch England survey which was on the cost of living crisis and how that is affecting access to and quality of healthcare. At the local level, we heard from a local dentist committee and the community pharmacy network that there were concerns raised around accessing dental care locally and also medication due to financial barriers. The main objectives of our project were on identifying whether people locally are experiencing new barriers to accessing good quality healthcare as a result of increased costs. The demographic data is important when identifying who has been affected and looking at health inequalities. We launched an online

survey and conducted face-to-face surveys in public spaces and health settings such as GP surgeries, hospitals, Citizens Advice drop in sessions and community groups. For example, in RBKC, we went to the Pepper Pot Centre. We also translated the survey into five different languages, including Amharic, Bengali and Arabic. So far, we have reached 225 people which includes through focus groups. Engagement ends on 1 December and we will be sharing the report with stakeholder once complete. Key themes that we have identified are that transport and broadband costs are a barrier for people which is an issue, especially with GP appointments now being online. People also told us that they are struggling to pay for medication and dental care and that their mental health has been affected too. We included the question about mental health because the bi-borough public health team were keen for us to look into this since they had a lot of anecdotal evidence about the cost of living affecting mental health but they were not able to demonstrate causality from the data they had. From our work, we are hoping to provide evidence to partners around residents' needs in relation to the cost of living to inform any targeted support from partners such as the Local Authority or health services to support access going forwards.

  - GHW thinks the survey is very good and asks whether we can consider encouraging local organisations to compile a list of shops that offer affordable clothing during this winter season.
  - CW: a positive outcome of this project is that we have developed relationships with different community organisations which we hope will be ongoing. Although this may fall out of Healthwatch's remit, we can have these conversations to understand what organisations are doing to support people.
  - MK: it is important to keep in mind that the price range means something different for each person but it is good to discuss this in general conversations. We also have organisations like Space who organise three days for people to come and collect or swap clothing free of charge.

- *Eyecare project*
  - MK: this project was an extra priority which our board decided to go ahead with.
  - BO: this was a collaboration with Healthwatch England and Healthwatch Westminster were interested in understanding residents' experiences with eye care services. Especially people with experience of waiting for secondary eye care, particularly if they are from a group that is at high risk of eye disease who may experience barriers getting the care they need, including people from Black, Afro Caribbean and South Asian backgrounds. The project findings will be fed back to members of the ICB and eye care service providers across North West London. The project outcomes were to identify and evaluate the current gaps in eye care provisions, especially for vulnerable communities, key barriers and challenges in accessing eye care services in the last two years, quality of eye care services and the impact on people's health and wellbeing. The key concerns that were raised within the project engagement were the long waiting times as some service users felt the condition of their eye health deteriorated over time during the waiting period. Cost to access services is also increasingly high and some service users

prefer to go private because they felt the quality of service is guaranteed there. Some services were happy to be referred to an eye doctor directly by a high street optician, whereas others trusted the GP more. A limitation of this research is the accuracy of findings because we engaged with a small number of participants and survey fatigue may have occurred meaning that we cannot ensure that each experience is accurate. We recommend reducing waiting times by expanding ways in which service users can access the service and improve the general quality of service, particularly through communication and social prescribing. The engagement phase of this project has been completed and we have forwarded all the findings to Healthwatch England who will be publishing the report this year. Once the report has been published, we will disseminate the report to our strategic stakeholders, partnership meetings, within our communication channels, and we will be monitoring the impacts and outcomes of the project through our relationship with relevant stakeholders and general community drop-in sessions so that residents have a continuous channel of informing us of any new or emerging eye care priorities.

- GHW shares an observation that is related to the previous item which is that the eyes are so sensitive that if someone does not have enough to eat, then their eye conditions are the first to deteriorate.

- *Digital inclusion project*
  - BO: Healthwatch Westminster and Kensington and Chelsea are looking at the needs of different population groups across the bi-borough when accessing healthcare services via digital technology. One particular group we worked with during this project is the older community, particularly those who do not speak English as a main language, to understand the digital barriers to accessing online healthcare. We visited a range of libraries across the community because that is where the digital hubs are being held and spoke to residents about current barriers to accessing online health services and identify the resources for digital tools and platforms that will enhance their experiences. We found that having tailored support to accessing online health services, different devices with various fonts options, and improving communication about how to book an online GP appointment through short tutorials at the digital hubs would be beneficial. Residents that visit the digital hubs have only between 30 minutes to an hour of support which might not be enough for people with different experiences to digest information. Therefore, having mini tutorials means that residents can access online support information at all hours. Many residents also raised concerns about not trusting the system and fear of people stealing their information so having mini training sessions available on data security can help to improve trust in sharing data. We have also recommended the development of a comprehensive manual for residents to have at hand after the digital hub session so that they have guidance on how to make a complaint or book an appointment online, considering that different GPs have their own health service. Some residents would prefer tailored training for those with language difficulties and learning disabilities. BO attended the Healthshare Central London Access

presentation on 7 October and learned that they now offer tailored services for patients accessing the service with one or more health needs and they are in the process of updating their website with a tutorial on how to navigate PATCHS. Healthshare have acknowledged that a one size fits all approach does not work and that having different ways that people can access the service including via PATCHS, visiting the practice and calling 111, can help to support a diverse group of people who have different ways of accessing support. Our next step is to enhance the digital skills of people that attend digital hubs in the community. CC, CW and BO discussed that, with additional funding, we could have a comprehensive advice and signposting service for older residents to enhance the existing support they receive at the digital hubs through a manual.

  - One board member shared her lived experience with her daughter's challenge of accessing the GP between the ages of 14-16 which is relevant to the GP Access project.
  - MK will raise this issue up with her committee membership meeting at the NHS.

- *GP access*
  - CW: GP access was a project that came about due to proposed changes from the North West London ICB to the way that patients access same day GP appointments. We received feedback from many residents with concerns around the lack of patient consultation on those proposals and shared this with the ICB who agreed to pause the plans for a year. During that time, we have been carrying out our own public consultation to ensure that the voice of local residents is being heard. Our report was published in September and we heard from 228 residents in our area. We found that people were generally pleased with the quality of the care that they received from the GP, but they recognise that changes need to be made to the way that people access GP appointments. Key recommendations that we put forward were around flexibility in appointment booking to reflect the diverse needs of residents by offering alternative ways including online, telephone and in person. We also propose that patients and GPs should be involved in any engagement plans for changes to the existing systems that are in place, and also that there is a sharing of evidence of where changes that the ICB are proposing have been effective. Other recommendations are that triage should be carried out by a clinical staff member, transport considerations and for translation services being available. We can report now that the ICB have carried out a formal GP access consultation and they received responses from 95,000 patients. We will continue to make sure that the views that we have gathered and the views from the patient access survey are carried forward into the decisions being made and the proposed changes.

- *Hospital engagements*
  - GP: we are currently doing monthly and bi-monthly engagements with three hospitals across Kensington and Chelsea, Westminster and Hammersmith and Fulham. We are based monthly, every first Monday of the month, at Chelsea and

Westminster Hospital in Kensington and Chelsea and we visit Queen Charlotte Hospital on a quarterly basis, which is at the border between Hammersmith and Fulham and Kensington and Chelsea. We also visit St Mary's Hospital in Paddington. We carry out community engagement and signposting so that people gain awareness of what Healthwatch Kensington and Chelsea and Healthwatch Westminster do through resources that we share. At Chelsea and Westminster Hospital, we are based next to the PALS team which is a good location to help patients with the complaint process. We are also there to gather feedback from patients, carers and professionals about the way that hospital services are being run and if there is anything that we can do to raise areas of concerns or praise. We are also in touch with the Patient Experience Leads at the hospitals. A total of 41 people have shared their views with us, mainly about advocacy, complaints, and signposting. The main areas of feedback that we received have been around A&E, prenatal and gynaecological services. The feedback is mostly positive but negative issues are often around insufficient communication of outcomes and the lack of timely updates in the relaying of information regarding prognosis and discharge and other types of information. GP would like to invite board members to join the team on these occasions if they are interested and new dates in the new year will be communicated once they are confirmed.

- MK is happy to see the numbers grow as a governor of Chelsea and Westminster Hospital and encourages those who are available to attend these sessions.
- GHW: are these sessions continuing throughout December?
- CC: we will ouble check the engagement schedule. RD will know if there is anything taking place in RBKC but we will circulate the dates in due course.

Future projects - potential CYP work

- CW: when CC and MK delivered their presentation at the health and wellbeing board recently, one of the questions that was asked was our work around children and young people and how our advisory board reflects the views of children and young people. CW spoke to Bella Jewel, the Head of Business Intelligence Strategy and Children's Workforce Development, who mentioned that currently there is a bi-borough survey being conducted by the bi-borough public health team in schools across Kensington and Chelsea and Westminster. She mentioned that, when talking to children and young people, something that comes up that is a priority is around children's access to mental health support and she felt that it would be good for Healthwatch to be involved in any strategies or plans that come out of that survey. We also made a contact with Duncan from the ICB who sits on the Babies, Children and Young People Board that oversees the implementation of the strategy for children and young people. Our involvement with the ICB will be carried out through one representative from the local Healthwatches. CW would like to understand the board's thoughts on projects related to children and young people. It is really important if we are looking at health across the life course that we cover children and young people's health services and it is within our remit.
- GH: health starts at the moment that a baby is born and it is not only about physical health but also behavioural aspects so this is a crucial area for Healthwatch to be involved in.

- AV believes it is very important, especially with the things that we hear on the news about young people's physical and mental health so she would support a project like this.
- MK agrees that we should touch base in the next meeting to discuss children and young people's health issues but funding and resources are important aspects to consider since we are still in the process of completing ongoing research.
- CC: at the moment, we have a few opportunities that we still need to find out more about. Although we have received some information about this new board that the ICB is setting up, we still need more information about what the scope of that will be and the outcome of the survey in terms of how Healthwatch would be involved. We will be able to come back with a proposal of what that priority would look like towards the end of January or early February.
- MK: perhaps in the future we can discuss any possibilities of doing further research for some of our projects such as the cost of living work if we have more funding. We can also discuss this at our next away day and MK encourages everyone to listen to members of their communities if they have anything that they are particularly interested in.

Board Recruitment updates

- CC: we have reached our target of eight members in each board, which was the minimum that we wanted in order to have a healthy, functioning board. In terms of overall advisory board membership, we said to have between 8-12 members so we have a good opportunity to think about what areas of knowledge or expertise might be missing and do more targeted recruitment over the coming months. We also have good news around our general volunteering programme. RD has done fantastic work to liaise with local education settings, such has colleges and universities, and she has recently brought in a cohort of 20 young adults to volunteer with Healthwatch and expressions of interest from more than 20 people. We are in the process now of onboarding all new volunteers which is going to bring a fresh perspective and a substantial increase in our capacity to do engagement work. We are still going to be doing more volunteer recruitment next year but with a more targeted approach by thinking about specific areas of the borough and community groups that are not represented. Our volunteers have also been very active in the Enter and View programme. We also recently visited St Charles Mental Health Unit to understand what has changed and improved since our last visit and will be sharing our findings and recommendations from that in due course.
- MK thanks RD for her great efforts in leading the volunteering part of our work and the whole team as well. MK would also like to be invited to observe a training session to gain an insight into the process of onboarding this new cohort and suggests holding one refresher training session per year.
- CC: we typically carry out one-to-one training for new volunteers but with this bigger cohort, we will be arranging some group training sessions. We can look into carrying out a refresher training and certainly extending the invite to MK.

AOB

- Board members mentioned the availability of a social tariff for reduced internet costs and broadband for those on benefits and other subgroups. People can find out more by contacting their internet provider.
- CC: Healthwatch England are looking at how the funding and contracting arrangements for local Healthwatches might need to be developed to help secure the sustainability of the network. In order to do that, they have had conversations with different stakeholders, us as staff and the contract managers. The model that they prefer would involve Healthwatch England taking over some of the contracting responsibility, but still working very closely with the local authority, and also potentially looking at contracting over larger areas. For instance, North West London has seven different Healthwatch teams which raises challenges in terms of impact that we can have at a system level. They are still at the stage of putting these proposals together and taking them forward, so any adjustments would require legislative change which is a process that will take years, not months. When there is more information, we will be able to share it with everybody. Healthwatch England are also looking at whether they could make some smaller changes that would not change the contracting arrangements but would potentially make it more sustainable for Local Healthwatch. For example, they are encouraging commissioners to have longer contracts and other small changes to the system.
- CW attended the Healthwatch national conference at the Queen Elizabeth II Conference Centre in London and there were representatives from most of the Healthwatch in the country. This full day conference covered key points such as, the future commissioning and centralisation of local Healthwatch, Healthwatch England's involvement in the Penny Dash review, and the NHS 10-year plan. There is ongoing consultation around that which anyone can feed into and we are going to look at what we can do as local Healthwatch teams to get involved in as well. There were also workshop sessions. Patricia, the manager for Healthwatch Brent, attended the session on the future of social care which involved participants looking at key issues with social care and ideas of what a future model could look like. CW attended a workshop on ADHD waiting times which looked at this issue through a health inequalities lens, particularly how longer waiting times for ADHD assessment are contributing to health inequities. CW will circulate the slides once she receives them. There was also another session on digital inclusion. Overall, the event was a good opportunity for networking.

Close

- MK wishes everyone a Happy Christmas and New Year and will share information about the away day once we are back in January.