

Healthwatch RBKC

Advisory Board Meeting Agenda

Tuesday 12th December 2023, 2.00–4.00pm (Zoom)

Chair: Minna Korjonen, email@minnakorjonen.com

Healthwatch RBKC Lead: Jamie Chan, jamie.chan@advocacyproject.org.uk

Join Zoom Meeting:

<https://us02web.zoom.us/j/84219675579?pwd=ZTBQL3lIdFhpQVI6dVFGNWgyUIZad z09>

	Item	Presenter	Time	Paper/ Verbal
1	Welcome and introductions	MK	2.00	Verbal
2	Minutes of last meeting	MK	2.05	Paper
3	Advocacy Board updates	DC/CC	2.10	Verbal
4	Chair updates	MK	2.20	Verbal
5	Project updates	JC	2.30	
	5.1 Young people’s mental health project (action required)			Paper Paper
	5.2 Maternity services project			Paper
	5.3 Winter pressures project			Paper
	5.4 GP access and care home Enter and View			Paper
	5.5 Digital exclusion priority setting information (action required)			Paper
	5.6 Intermediate care priority setting information (action required)			Paper
	5.7 Update on priorities			Verbal
5	Volunteers/Young Healthwatch update	RD/JC	3.20	Verbal
7	AOB	All	3.40	Verbal

Healthwatch RBKC

Project Update Paper December 2023

5.1 Young people's mental health project

We have completed our young people's mental health report, "Don't presume we are fine just because we look OK': The mental health needs and experiences of young people (aged 18-25) in Westminster, Kensington & Chelsea." We sent the report out to all Advisory Board members and key stakeholders last week, and are looking forward to continuing the conversations surrounding the report and presenting our findings at various meetings and boards.

Report link: <https://www.healthwatchrbkc.org.uk/report/2023-11-29/dont-presume-we-are-fine-just-because-we-look-ok-mental-health-needs-and>

On 29 November 2023, we held a hybrid co-production event to share the report findings and discuss next steps. We had a mix of service providers and young people present both online and in-person, and discussed key themes from the report including access to mental health services, integration of mental health services with schools, community organisations and young people's social support networks, and young people's lived experiences with acute mental health services. We will be publishing a blog post on the Healthwatch RBKC website summarising the event outcomes and key discussion themes.

We intend to continue furthering the conversation, sharing our report across our networks and inputting our findings at community meetings. We have been invited to present the report findings at the bi-borough Safeguarding Adults Executive Board on 14 December 2023, which aligns with their upcoming priorities of young adults' transitional safeguarding. We will also be presenting the findings to the Royal Marsden Teenagers and Young Adults' forum, a group of about 10-12 young people who are affected by cancer.

Action required:

1. Advisory Board to help share the young people's mental health report in their networks
2. Advisory Board members to reach out to Healthwatch team if they have any key contacts working with young people in the bi-borough who may be interested in hearing more or being involved in the project

Healthwatch RBKC

Project Update Paper December 2023

5.2 Maternity project paper

Healthwatch Westminster, RBKC, and Brent have received funding from Healthwatch England to identify how and why standards of maternity services vary, and make recommendations to ensure that care is equitable across NWL. We are currently visiting various maternity groups and programmes to hand out surveys and speak with women about their experiences giving birth in NWL.

Intended outcomes:

- Understand women's experiences with maternity services in Northwest London
- Identify any gaps or disparities in maternity services across Northwest London
- Identify any vulnerable groups who may be at risk of poor quality of maternity care or poor access to maternity services
- Raise awareness of maternity care needs and experiences
- Develop recommendations to improve maternity services

Next Steps:

Healthwatch staff and volunteers will begin visits to maternity 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.

Healthwatch RBKC

Project Update Paper December 2023

5.3 Integrated Care System (ICS) Winter pressures 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 until March 2024. The information we gather will be shared directly with the ICS to help improve future winter planning.

As part of the funding received, we have hired two Community Champions to speak with residents and deliver the communications materials across RBKC, Westminster and Brent.

Intended outcomes:

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

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 Champions will be visiting food aid providers and homeless shelter accommodations to speak to residents and distribute winter healthcare information, supported by volunteers.

Healthwatch RBKC

Project Update Paper December 2023

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

Healthwatch RBKC have meetings with diverse community organisations and providers to map out the health and care facilities that require focus. We also use information we receive through our community outreach and signposting services about residents' service experiences. Finally, we have quarterly meetings with the CQC team to discuss current inspections and ratings of health care facilities.

As part of our statutory power to conduct Enter and View Visits, Healthwatch RBKC are conducting the following visits with Healthwatch volunteers:

GP Practice:	Rating:	Location:	Date:
Barlby Surgery	Good	St Charles Centre, W10 6DZ	29 November 2023
Golborne Medical - West Ten GPs	Not yet inspected	16 Golborne Road, Ladbroke Grove, W10 5PE	7 December 2023
The Golborne Medical Centre	Good	12 - 16 Golborne Road, London, W10 5PE	7 December 2023

Care Homes:	Rating:	Location:	Date:
Farm Lane	Not yet rated	Fulham, London, SW6 1PX	To be confirmed
Barlby Road Care Home	Requires improvement	37 Barlby Rd London W10 6AN	To be confirmed
St Teresa's Care Home	Not yet rated	42 Roland Gardens, SW7 3PW	To be confirmed

Intended outcomes:

- Highlight the areas of best practice and poor practice and the effect on vulnerable groups
- Identify whether these practices meet the satisfactory level of ensuring access and quality of care.
- Establish a network of primary and secondary care services

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; input from local services (Healthshare) that digital exclusion has impacted some patients accessing their services

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
- Identify the solutions that patients feel would best address issues caused by 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

The costs and time associated with this project fall under our existing budget for 2023–2024 project work.

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
- We will also update the Health & Wellbeing Board on the outcome of this work

Anything else the Advisory Board needs to know?

NA

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Decision from the Advisory Board and agreed next steps

Approved

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

Approved