

South-East London Healthwatch Reference Group Meeting

17:00–19:00

5 June 2023

NOTES:

Present:

Folake Segun (Chair) (FS)	Joy Beishon (JB)
Graham Head (GH)	Marzena Zoladz (MZ)
Katie Barratt (KB)	Trevor Begg (TB)
Alex Camies (AC)	Mairead Healy (MH)
Michael Kerin (MK)	Fran James (FJ)
Helen Norris (HN)	Rosemary Watts (RW)
Jessica Levoir (JL)	

Apologies: Tobi Aigbogun (TA), Saby Ghosh (SG), Shamsur Chowdry (SC), Jayne Garfield-Field (JGF)

Welcome

The SELHW Reference Group (the Group) is a collaborative mechanism of the six local Healthwatch in South East London to feed user experience into regional health discussions and decision making.

FS welcomed everyone to the meeting. The agenda items for the meeting were:

- Welcome, Introductions and Apologies
- Notes of the 03.04.23 meeting and Matters Arising
- Reference Group Action Log
- Local Healthwatch Priorities, Update and Insights
- Increasing Collaboration amongst SEL HW
- ICS Joint Forward Plan Update – Rosemary Watts and Jessica Levoir (SEL ICB)
- Update on ICS meetings (Information)
- ICS Data Usage Committee and London Independent Information Access Group
- SEL HW Reference Group Work Plan (Information)
- AOB

Notes of the 27.02.23 meeting and Matters Arising

Notes from the last meeting were reviewed and approved.

Reference Group Action Log

FS updated on the outstanding items on the Reference Group Action Log.

The SEL Healthwatch/ ICS accountability standard is pending. FS has read the HW Surrey document and noted that most of the accountability requirements are at local level as opposed to system level. It is necessary for us to consider how each local HW can contribute to holding the wider SEL system to account.

Item is pending.

Reading Group update: A system level group is now being hosted for the ICB by HW Greenwich. The group's first project is to look at defining co-production for use across the ICS. MK requested more info around how the group will disseminate information. The group is in early the early stages of development and are undergoing an induction stages. MK's point has been noted and clarification will be sought from the ICB and HW Greenwich.

Item is now closed.

SEL Insight Reports: FS noted that we are unable to produce an insight report as reports were not produced by several of the LHW for a variety of reasons. A summary annual report will be produced and shared, using the 6 HW annual reports. These will be shared with stakeholder and linked to the insights page being developed for the ICS.

Item is pending.

Work Plan: is now active and updated after each meeting

Item is now closed

Local Healthwatch Priorities, Update and Insights

Updates were provided on projects and programme delivery of each HW.

KB: HW Bromley are beginning to do a study of ophthalmological services. Two committee members have produced a draft paper on patient transport. A social prescribing report has been produced and waiting to be finalised.

JB: HW Greenwich has 3 main pieces of work; a maternity experiences project, BAME carers project and re-registering patients following the closure of a local

GP practice. A new diagnostics centre is being developed in Greenwich. Annual report being finalised. Monthly feedback reports are published regularly.

MH: HW Lambeth has a PCP project looking at GP surgeries across borough. A Hospital discharge report has been completed. A maternity project is underway. CYP work supporting commissioners. Dedicated information workshops being ran with specific communities. Enter and view follow ups.

FJ: Noting that Medequip has recently been replaced by NRS and a lot of poor feedback received and is affecting discharge. Interested if others are hearing this elsewhere.

MK: HW Lewisham is working on digital exclusion which started as a report, is now becoming a peg for following up in various places. Following up on the recent joint study on outpatients at Lewisham Hospital. Enter & Views conducted. Engaging with public health on the Joint Strategic Needs Assessment priorities. Providing advice to the development of local People's Partnership.

MZ: HW Lewisham also has ongoing engagement at various places, upcoming quarterly reports and supporting maximising of wellbeing at home.

GH: HW Southwark has new staff recruits. Looking for additional advisory board members. Restarted health and inequality projects looking at BAME and Latin American communities' access to mental health; outcomes likely mid-summer. Receiving a lot of support from local council for Health Ambassador's programme. Community Southwark are funding development of new HW strategy.

Increasing Collaboration amongst SEL HW presentation

GH presented a general exploration of the potential benefits of and barriers to more collaboration.

Members discussed the opportunities, recognising that this was a formal conversation on how we might look long term at strengthening local delivery. It was also an opportunity to explore how we might take on board when planning strategy and programmes what neighbouring HW are working. There is an opportunity to align planning and strategy processes.

Areas of possible collaboration included Enter and Views, perhaps sharing volunteers. Suggested sharing data, best practice training and holding account service improvements by raising concerns.

Chief Officers (COs) expressed strongly that they must prioritise their own borough and what they're commissioned to do at local level. Funding is restricted to borough activity. There was an acknowledgment of different levels of involvement from HW's depending on staffing levels and funding impacts.

COs also pointed out that collaboration needs resource behind it as it is much more effort and time consuming than individual action. This benefits of collaboration without additional resource to back it were difficult to see.

COs were asked how we collectively do the best for the voice of service users in each area and while the importance of lateral collaboration was acknowledged, the importance of methodical upward collaboration with the ICB was stressed.

The need of mechanisms for ensuring influence at regional level was also raised by the Reference Group.

FS to relay to COs the Reference Group's view on the importance of using individual resources to better effect, whether together or separately.

FS to continue the conversation on HW collaboration with chief offers and update the Reference Group

ICS Joint Forward Plan Engagement Update

RW and JL introduced themselves and their roles and shared background context of the development of the Joint Forward Plan, the key learning from engagement with the public, and how this had influenced the JFP. The key purpose of the JFP is to set out medium term objectives and plans of the ICB. It sets out what the ICB are aiming to deliver in the next 3-5 years, to ensure that they meet everything the ICB is responsible for including the SEL strategic priorities, national priorities etc. The JFP will be refreshed annually, and updates will reflect learnings of the previous year and changes needed to meet emerging needs, issues and requirements.

The key themes people raised during engagement was the need to build trust and relationships with communities across SEL, the complexity of navigating the system for those with long term and multiple health issues, Mental Health services for adults and young people and access to wider services. Others are access to services, need for more joined up and personalised care, difficulty of navigating the system and the need for more communication, information and engagement to support navigation around the system. The need for more focus on prevention and early intervention regarding. Details of all the themes

coming out of the engagement have been captured and will be published on the ICB Let's Talk Health platform. The issues raised will be considered and discussed for future iterations of the JFP.

Questions and Comments:

GH asked when numbers and targets would be published for the initiatives for them to be properly assessed.

FJ queried how finalised the plan was and how further iterations would happen and be updated.

RW stated that she couldn't answer about targets and metrics, but that HW managers had discussed how to better capture experiential outcomes as well as numbers. In the NHS, there is a lack of this, so conversations on how both can be done are being had. The JFP will be refreshed annually, and it could have a 'lessons learnt' section from the process to inform the refresh.

GH stressed that without targets or numbers to meet, managers will not focus on them.

RW said that targets and benchmarks probably will be included but that she is not involved in that level of detail. JL added that targets and metrics will vary from areas of work as to when the measures will be decided but they want to better improve, as a system, outcome measures that enable better partnership working with local people and other sectors.

TB asked for more detailed understanding around which areas were being changed and targeted within the system so that HW is aware of what to look out for in future work.

MK stated that he is concerned about repeat reengaging due to learnings not being captured and held within the system, especially with staffing changes within the ICB. He asked how learning can be better collectively preserved and utilised.

RW responded that in ICB engagement, communities also echoed this sentiment. Work is being done to grow the ICB insights webpage as a repository of insight gained across the system, regardless of who comes and goes. RW also coordinates an ICS engagement practitioners network which includes partner organisations, to help align engagement and avoid duplication across the system.

Update on ICS meetings

FS gave a brief overview of where HW has seats at SEL system level. During the ensuing discussion, members asked if the sheer number of meetings is extending FS's capacity too much, and how cover is managed when FS is not available. The need to begin thinking about succession planning was also identified.

FS responded that she has raised these issues with COs and with the ICB who fund the role of Director SEL Healthwatch.

Members wished to know if the ongoing ICB governance review, would free up resources for FS. FS answered that she thought this was a possibility as some Committees would likely be reviewing their frequency.

ICS Data Usage Committee and London Independent Information Access Group

GH gave a brief update, on the last LIAG meeting. All the assessed group have now had their results and reflection is ongoing around applications that required extra work, and how to better deal with such applications.

An Annual Report will be shared when published and, another work programme looking at standards or expectation of what citizens expect to happen with their data is planned for later in the year.

Participation in the LIAG is a paid appointment, GH has donated the money to HW Southwark.

The Data Usage Committee is considering one use case application asking to extend access to data to support improved waiting list management in local acutes.

AOB

GH shared that citizens and patients are being recruited as board members for the London Clinical Senate and information will be shared.