

# South-East London Healthwatch Reference Group Meeting

17:30 pm –19:00 pm

7 August 2023

## NOTES:

### **Present:**

Folake Segun (Chair) (FS)	Trevor Begg (TB)
Graham Head (GH)	Fran James (FJ)
Katie Barratt (KB)	Toby Aigbogun (TA)
Alex Camies (AC)	Michael Kerin (MK)

Nakkita De Silva, Notes

Leanora Volpe, Anchor System Programme Lead (LV)

**Apologies:** Saby Ghosh (SG),

### **Welcome**

FS welcomed everyone to the meeting. 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.

The agenda items for the meeting were:

- Welcome, Introductions & Apologies
- Notes of the 05.06.2023 meeting and matters arising
- SEL HW Reference Group Action Log
- Local Healthwatch Priorities, Update and Insights
- Healthwatch Collaboration update
- ICS Anchor Programme – Lea Volpe, Anchor System Programme Lead
- ICS Strategy Development Update
- SEL HW Reference Group Work Plan – For Information

- London Health Data Strategy Annual Report to Citizens – For Information
- AOB

### **Notes of the 05.06.02.23 meeting and Matters Arising**

Notes from the last meeting were reviewed and approved.

### **Reference Group Action Log**

Reading group update

FS informed the group that the co-production group will be meeting later in the month for an initial discussion around terms of reference. FS is waiting on an update from RW to relay back to the Reference group.

Increasing Collaboration amongst SEL HW

FS to relay to COs the Reference Group's view on the importance of using individual resources to better effect, whether together or separately – This item is on the agenda and an update provided at that point.

FS to continue the conversation on HW collaboration with chief offers and update the Reference Group – This item is on the agenda and an update provided at that point.

### **Local Healthwatch Priorities, Update and Insights**

KB: Healthwatch Bromley have three ongoing projects, Ophthalmology, Mental Health and Patient Transport. A project on MECS- minor eye conditions, is being discussed for later in the year but would request any knowledge on the topic to be shared by members, if possible. Enter & Views will be conducted over the next 8 months in care homes.

TB: Mental health programme is delayed as the project will link with mental health hubs across the borough. HW Bromley is waiting on the outcome measures to be established and for the scope to be narrowed down. The programme will look across from the community pathway to emergency department, within adult services.

TA: Healthwatch Greenwich is continuing with its GP re- registration programme following the Clover Health Centre closure. We are running two research projects, one on Maternity experiences of Refugee, Migrant and Asylum-seeking women, and birthing people. The second project is on improving services for unpaid BAME Carers. HWG continue to publish monthly feedback reports. The Engagement Manger has been accepted onto the system's leadership programme - Collaborate.

FJ: Healthwatch Lambeth has a primary care patient engagement project, which has been commissioned by the ICS for all 9 Lambeth PCN's to engage better with their patients. The summer and autumn period will be focused on planning and engagement, with a final report expected in the winter. The Maternity Services project is continuing with 5 target communities and in partnership with 5 VCS organisations, with a report expected to be published in October. The Hospital Discharge project is in report stages. Various outreach activities have been planned and conducted.

MK: Healthwatch Lewisham are still awaiting the appointment of a new CO. The HW Lewisham contract is up for tender. The change in contract holder for Carer's Lewisham may mean HWL relocates. The digital exclusion report has been integrated into local place system and is a standing item on The Quality and Assurance board, has been fed into provider quality groupings and primary care are now acknowledging the importance of it. Priorities for the coming months include an LGBTQ+ needs assessment. Attention has been drawn to Lewisham and QE hospitals on the issue of parking and the inequity of their charging policy around drop off points and the needs of disabled patients. Enter & Views are being conducted in local SLaM Mental Health units.

GH: Healthwatch Southwark continue to recruit members for their Advisory Board. The Latin American Community project & Black Mental Health project are progressing. CO Shamsur Chowdry has left HWS, so we will begin to recruit for the position. The recent Strategy Day was very successful and there was discussion on how HWS can work with and engage the VCSE sector more.

FS noted that she had a sense HWS had lost some of its institutional memory, regarding the history of the work it had done previously, due to the frequent roll over of staff. KB suggested that to retain history, staff and board members should

periodically review and refresh their organisational understanding. KB felt this should feature on the revised Quality Framework from HW England.

### **ICS Anchor Programme**

Lea Volpe introduced herself as the Anchor System programme lead at SEL ICS. The programme looks at how the NHS and the wider public sector in SEL responds to health inequalities and focuses on the social determinants of health. This has manifested in the form of a listening campaign that is being conducted to understand what residents express as causes of those issues. Residents will also be included in co-designing solutions.

Lea gave a brief overview of the campaign in greater detail which outlined the process for developing the aims and scope of the project. The aims of the project are to build community relationships, gain insight and inform anchor system priorities. The programme will ask residents one question 'What makes it harder for you and your community to thrive?' and will conduct a broad listening exercises alongside a smaller group one with seldom heard communities. A plan will be developed from this and implemented at the start of 2024.

#### *Questions & Comments:*

TB queried if there would be the involvement of housing associations to include any resident groups. LV responded that she had only had one conversation with a housing association but will note the need to build further relationships with housing associations moving forward.

FJ asked if the listening campaign and programme would include businesses that may be anchors in the area. FJ also asked how the information gained from engagement will be shared. LV stated that the ICS has considered engagement with small businesses and what the role of anchor institutions may be in supporting them and what role that may play in the social and economic development of the system. LV noted that considering larger businesses within the programme could be beneficial. In regards to information sharing, LV explained that Citizens UK are collecting the information and conducting data analysis which they will then update the ICS on, covering emerging themes and borough wide participation. LV will be invited to a future Reference Group meeting to provide an update on the insight gained.

AC asked if the PPG's based at GP's surgeries would be a useful source for conducting listening exercises and LV noted that she would share this with primary care colleagues at their next meeting.

MK queried what the role of Healthwatch was in the programme. LV acknowledged that Healthwatch hasn't been as engaged as they could have been.

### **Healthwatch Collaboration update**

FS informed the group that she has met with CO of each SEL HW during 1 on 1's to discuss and explore how we could increase collaboration. FS fed back that CO's shared their concerns about capacity and resources. COs also recognised that each HW is, to a degree, in competition with one another over contracts, which poses for a barrier for sharing best practice. There was also a general agreement that greater resources are needed to support more collaboration.

FS also relayed that she discussed with COs how we might share insight better with each other. There are fewer barriers to increasing this amongst SEL HW.

Following the 1-2-1s the regular CO meetings now include an agenda item asking how each HW can help one another. FS emphasised that there is a willingness to build a better collaborative relationship amongst SEL Healthwatch.

HW Staff Group meetings will be restarting soon, to better aid collaboration and communication amongst local Healthwatch. COs have also agreed to see how priorities can be aligned going forward..

### **Strategy development update**

FS updated on the progress that was being made in the development of the ICS strategy. HW is fully integrated in this process as members of the Steering Group, and through regular meetings with the ICB staff leading the work. The next iteration of the strategy will go to the Integrated Care Partnership meeting in October.

### **AOB**

None.

