

South-East London Healthwatch Reference Group Meeting

17:30–19:00

3 April 2023

NOTES

Present

Folake Segun (Chair) (FS)

Fran James (FJ)

Polly Bishop (PB)

Tobi Aigbogun (TA)

Saby Ghosh (SG)

Graham Head (GH)

Katie Barratt (KB)

Trevor Begg (TB)

Alex Camies (AC)

Michael Kerin (MK)

Apologies: Carly Roworth (CR)

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 and Apologies
- Notes of the 27.02.23 meeting and Matters Arising
- Reference Group Action Log
- ICS Digital Delivery Plan
- Local Healthwatch Updates and Feedback
- SEL HW Reference Group Moving Forward: Collaboration and Representation
- ICS Data Usage Committee and IIAG Update
- London Care Record RBAC
- ICS Strategic Priorities for 2023–28 and ICB Joint Forward View
- SEL HW Reference Group Work Plan
- AOB

Notes of the 27.02.23 meeting and Matters Arising

Notes from the last meeting were reviewed and approved.

Note: AC stated in an email ahead of the meeting that re the Klinik system notes from the last meeting: "Klinik is an AI driven online triage and patient flow management software, which directs patients to the right point of care. When a patient asks to see a GP they are triaged by the system, and if a GP appointment not necessary will direct to where needed i.e. pharmacy, mental health support etc. The Portland Clinic in Croydon were visited by Modality Lewisham, to see how the system works with them and they were extremely impressed. Our patients were consulted, and the system goes live at the surgery on 17th April but will be closely monitored and adjusted as necessary. It will take time to embed but looks good so far." <https://klinikhealthcaresolutions.com/>

Reference Group Action Log

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

In terms of the Reading Group, FS is still having discussions with the ICB. There is potentially another group in existence, which could morph into a suitable group. There is potential to broaden out to includes patient groups in local NHS Trusts.

FS to keep all updated as conversations progress.

It was noted re the SEL HW Insight reports that the Group's previous comments were to be taken on board. There has been no subsequent report since the comments, as FS/CR waiting on Bromley and Lewisham (who are having challenges with the new template). Most likely, there will be a joint Q3/4 report.

FS stated that a doodle poll had been sent to the Chief Officers to join a Reference Group meeting but is still awaiting a couple of responses. Chairs are now to be invited as well, having discussed with the Chief Officers.

FS to send extended doodle poll to chairs.

ICS Digital Delivery Plan

Polly Bishop (Interim CDIO SEL) from the ICS joined for this item. She is at the ICS to review the digital strategy and develop a delivery plan for the upcoming year, and to put governance in place.

Background/history:

PB gave an overview regarding the background of the document, and key changes and issues around the strategy. There was a strategy developed and published in August 2021, but there wasn't capacity within the system to develop the delivery plan at the time (66 commitments were agreed, but no plans against them). Nonetheless, quite a lot of related work had been happening, particularly relating to the One London Care Record. (i.e., ensuring there is data at point of care for individuals). Also, there has been work happening to develop infrastructure for population health management.

PB spoke about the Apollo system – all providers should have their own electronic health record; this is a national priority as well as for SEL. Kings are working on rolling out an electronic health record with EPIC, with delivery planned for October. There is extra funding in this area for mental health services (e.g., Oxleas and Slam). KB raised the issue of mobile phone incompatibility and PB responded that this is a national issue and is engaging with the ICB to resolve these issues.

GH asked:

1. He didn't see any channels mentioned in the slides regarding outside learning (e.g., past implementation of Epic) and wondered if this had been considered.
2. As roll out progresses, he noted the ongoing need for prioritisation and decision making and asked what plans were for patient involvement in that process.
3. He commented on having a plan in place for resiliency to the unknown e.g., where is spare capacity, risk management planning.

The plan:

PB next discussed the priorities listed in the documents and why they are important, as well as proposed actions etc. She stated that they are currently with stakeholders for feedback (due mid-April). She will then start mobilising the plan.

In response to GH's questions, she responded that they will be developing a proposal regarding governance and would expect patient involvement to be included. The permanent appointment of the CDIO has now been announced and they will join in June. She has also been involved in EPIC rollouts and assured the Group that there had been discussions and lots of attention re prioritisation.

The priorities:

7 priorities had been identified; a number are already underway.

1. Understand our current digital maturity. A digital maturity assessment has taken place over the last month, including 'what good looks like'. This is the approach followed in primary care and the system.
2. Digitising and sharing care records (i.e., care homes, voluntary sector, pharmacies into One London Care Record).

3. Developing data infrastructure in a broader sense. PB suggested arranging for Dean Holiday to join another session, as there is mixed knowledge in the Group.
4. Enabling interoperability. Making sure teams can work across different services.
5. System resilience and cyber security.
6. Empowering people to manage their health and care. Noted as particularly important for this Group. There is no coordinated system approach to this; PB expects HW to be reflected in governance of this programme.
7. Establishing our digital governance and operating model.

MK noted the issue with digital exclusion found in a Lewisham report and asked how this is addressed in this context. Issues with e-consult also raised by GH.

PB responded to questions, noting that she is aware of e-consult issues. Stated that the plan is high-level and whilst digital exclusion issues need to be included, this is the responsibility of the whole system, not just digital. The strategy doesn't own digital inclusion.

FS emphasised that now is the time for co-production with people and communities, at the start of this action planning process.

Local Healthwatch Updates and Feedback

Each member of the Group gave a brief update on behalf of their HW:

MK: HW in Lewisham is currently involved in a number of things that it is not traditionally involved in; this is a potential issue owing to capacity issues and there may need to be a more coordinated approach around capacity.

GH: No real updates: projects are on pause (learning disabilities, dental access) and currently recruiting for advisory board members and officers.

KB: Bromley will be reviewing its social prescribing work to determine phase 2. Also looking at a potential patient transport project with another borough.

FJ: HW Lambeth's new strategy is now live. The team has moved to Lambeth Town Hall, and there are 2 new members of staff. There are a number of projects in progress including one on maternity services with HW Greenwich.

SG: Still working on a commissioned work project on mental health, obesity, frailty, children and young people. There are 2 new members of staff.

TA: HW Greenwich recently took part in an International Women's Day event, is undertaking engagement work and lots of outreach work. Also partnering with Lambeth on a maternity care project.

AC: MK has covered this for Lewisham; nothing further to add.

FS noted that maternity project is a commissioned project for which Lambeth and Greenwich applied and were successful.

SEL HW Reference Group Moving Forward: Collaboration and Representation

FS noted that the Group had received a paper on this. Also, that she had circulated the work programme for the 6 SELHW, highlighting the projects that each are engaged in. Capacity issues have made collaboration difficult, but the HW are generally in favour.

TB discussed patient transport, suggesting moving forwards with a pilot project to untangle the associated challenges. He noted the conversation between 4 Group members, and asked whether agreement could happen during this meeting for the transport project to be taken forwards in the aforementioned manner.

GH noted that there is a need to focus on the priorities of local communities and is cynical about the usefulness of pilot projects. Suggested it may be more beneficial to start the process to align local SELHW plans.

MK noted the need to be able to work at both levels (local and system) with strong HW input at both. In particular, suggested that local HW may not always align.

FJ queried the role of the Group, including whether it is a decision-making group on projects. Had re-read the Group's Terms of Reference, but still not entirely sure. FS responded that it is not a decision-making Group but is able to influence at system level. Stated that discussions around projects need to happen with Chief Officers and their boards, and decisions cannot be taken at these meetings. Emphasised that HW are borough bound.

KB suggested that Chief Officers and Group members meet once a year to discuss a shortlist of projects. FS reiterated her earlier comment re the doodle poll and chairs being invited to meeting with Chief Officers and the Group. Discussed the representation of HW on various Groups/committees and her role re representation at system level.

FS to provide Group with list of where HW sit and any gaps for next meeting.

ICS Data Usage Committee (DUC) and IAG Update

GH updated that the DUC met on March 21st, and there was one application for data presented by ICS's business intelligence team. It was regarding the continuation of data usage, some of which related to direct patient care. They receive pseudo

anonymised data (don't see any patient data) and wanted to push data through another organisation (a central NHS body that takes anonymised data and reidentifies it for clinicians). There were lots of questions raised before this was agreed. GH summarised the key issue is that it makes that SEL Analytical Team part of the infrastructure, and therefore there is an argument they should be represented on that board and have closer connection with Data Usage Committee (which is the data controller). Finally, noted that it needs to be clearer to citizens, and lead times for such requests need to be longer.

N.B. GH asked that re the paper for item 7, please do not share the outcomes of the London IIAG meeting further, as the applicants may not yet have been informed of the outcomes of the meeting.

London Care Record RBAC

KB gave an update; at present, approximately half of the providers have not returned their 'how to allocate' sheet, with how they are allocating staff to each of four levels of access.

ICS Strategic Priorities for 2023-28 and ICB Joint Forward View

FS updated that the ICS Assistant Director for Engagement is attending June meeting with Joint Forward View. The Group will get copies in advance of the meeting, which are not to be shared outside the meeting. FS has asked for a list of all areas from the ICS, which will also be shared with the notes of this meeting. with the ICB has identified collaborative leads and clinical leads for each area. FS meets every 2 weeks (along with Director of VSE Collaboration and AD of Engagement) with the leads of the priorities (there are 2 leads across the 5 priorities). Two online webinars in May are planned at present.

Any Other Business (AOB)

The next meeting will be extended from 1.5 hours to 2 hours to accommodate the agenda.

Date of next meeting

June 5, 2023, 5.00-7.00 pm