**Healthwatch Newham Advisory Board Minutes**

**24th October 2022 3.00 – 5.00pm (Stratford Advice Arcade)**

**Present**  
Julie Pal (Co-Chair) – CommUNITY Barnet

Veronica Awuzudike – Healthwatch Newham

Farheen Ambia – Healthwatch Newham

Angus Davies – Co-Production

Sandra Amoah – Mental Health Peer Support Group, Co-Production

Taskin Saleem – SubCo Trust

Simina Neagu – ROMA Support Group

John Rooke – Director of Delivery, Newham Health and Care Partnership

Sam Walker – NHS North East London CCG

Alison Greene – NHS Newham Hospital and Patient Engagement

Zhenreena Muxhinga and Linda – Carers Mental Health Group

Angela Skrabania – Enabled Living

Herve Bessires –Westham United 150Club

Sarla Meisuria – Deafroots

Aisha Sadiq – Deafroots

Adeola Agbebiyi – Newham Council, Public Health

**Apologies**

Councillor Ann Easter (Co-Chair)

Fatima Sonko – Healthwatch Newham

Nicole Bello – Healthwatch Newham

Fiona Scaife - Mind in Tower Hamlets and Newham

Michelle Kabia – Mind in Tower Hamlets and Newham  
Edyta Gach – ROMA Support Group  
Idris Patel – Lay Representative NHS North East London CCG  
Steve Bynon – Bonny Downs Community Association

Claire Helman – Aston-Mansfield

Rukshana Ahmed – Enabled Living

**1. Welcome and Introductions**

Julie Pal welcomed all to the meeting and noted apologies.

**2. Minutes and matters arising from the last meeting**

The minutes were agreed as a true record.

**3. Newham Hospital Discharge Pilot Study – Veronica Awuzudike**

*In partnership with Healthwatch Newham, Newham Hospital are running a project looking at improving the discharge process.* *The project will start out as a pilot in one ward (the acute assessment unit (AAU)). At the point of discharge, patients will be asked if they consent to be contacted by a Healthwatch volunteer 7 – 14 days after discharge to answer questions in a survey.*

*These responses will then be anonymised and returned to Newham Hospital staff, who will analyse and assess the anonymous responses, identifying areas of improvement within the hospital’s discharge process.*

* An incident occurred in April 2020, regarding an elderly patient being discharged in the night without house keys and a guardian. The patient did not return home and had to sleep at the bus stop in the cold.
* This incident led to an investigation into looking at the discharge process in Newham General Hospital.
* In collaboration with Healthwatch Newham, since 10Feburary 2022, a 6 months pilot study launched in the hospital’s AAU ward.
* General positive feedback: 62% were content with discharge process and times, 63% understood the discharge process. As some quotes that “Nursing staff were supporting and [patient] felt that they were treated with dignity and respect”.
* General negative feedback: 28% have somewhat of the understanding of the discharge process while a remainder did not, 45% not happy mainly due to long waiting times. NHS is dealing with significant delays which is impacting residents’ discharge. Language barriers and communication issues is also a frequent complaint.
* Recommendations: Communication needs to be further looked at; hospital staff needs to make sure that the patient understood the information that is relayed to them. Better awareness of the discharge process with clear specified dates and times when patient gets admitted and when they are to be discharged.
* Sarla (Deafroots): In midst of talking about communication barriers, Sarla has raised that healthcare has been difficult for deaf people as they feel not listened to. They must rely on children or kin to interpret the communication with health professionals. There needs to be an update to current services to promote effective communication with the deaf community.
* Taskin (SubCo): “To start a care plan as soon as the patient is in the hospital. So that the patient isn't left at home without the support they need and the carer isn't left feeling frustrated and angry as to why this wasn't done beforehand. Care plan should not be just spoken and decided in the hospital; it should carry on till the patient is home.”
* Zhenreenah and Linda (Carers Mental Health Group): “Newham patients are not the best at sharing their experiences [referring to cultural and language barriers] nor do they do the surveys given to them [technological limitations]. Therefore, there is a tension between the system as there's staffing shortage. There needs to be accountability so that we can mobilise change. Bringing people together rather than keeping isolated is what needs to be done as these issues have been going on for a very long time and these are the basic needs that people are required to meet…..Carers feel as though their issues are being swept under the carpet, no one is listening, they are ‘being put into taxis with 4 black bags’”

ACTION: Experiences of deaf people; receiving feedback of experiences from a Newham resident- range of services particularly the hospital to share experiences of the deaf community.

**4. NEL NHS Integrated Care Service update – John Rooke**

*Since 1st July 2022, the new arrangements to take effect for the*[*North East London Health and Care Partnership*](https://www.eastlondonhcp.nhs.uk/)*(NEL HCP) to transition into the*[*North East London Integrated Care System*](https://www.eastlondonhcp.nhs.uk/aboutus/north-east-london-integrated-care-system.htm)*(NEL ICS) and the Clinical Commissioning Groups (CCG) to transition into the*[*Integrated Care Board*](https://northeastlondon-icb-recruitment.com/)*(ICB) has been legally established and fully operational.  
  
It brings together NHS organisations, local authorities and community organisations to work in partnership with our local people to support them to live healthier and happier lives.*

* John gave explanation about the ICS and how they are keen to working on in building a strong community partners and challenge how things are currently being delivered.
* What has been done: New diagnostic centres put in place, increased capacity to deal with pressure. Prioritising investment to reduce waiting times especially for disabled people, wheelchair users for example. Focus on variations of experiences. Peer led service-user informed methods. Managed to attract lot of speech and language therapists. GP appointments can be booked through online.
* Goals: Tackle the inequal access to GPs in Newham and increase the number of practices. Basic services such as sorting out broadbands and digital communications, design GP practices to be more comfortable and appealing. Leaflets and letters are written in other languages.
* Challenges: Sector by sector there is a staff shortage, there has been efforts to contract healthcare professionals who are not doctors. A&E waiting times.
* Cannot ignore the growth in population of the borough. In 2040, it is predicted that Newham’s population will increase to 600,000, similar to the size of Edinburgh.
* There is a demand for a 2nd hospital in Newham.
* Although technological advances, it is difficult for elderly people to navigate digital communications meaning people are missing appointments (texts, emails), not being able to make appointments. Digital bookings are cheaper and quicker on computers, less time consuming for youths but difficult for the elderly community.
* The future is becoming more digital, more emphasis needs to be put into learning and training people to use smart devices.
* Waiting times in A&E needs to be investigated, 6-8 hours ambulance wait due to the number of people that require care, since population is growing it will only get worse.
* Newham Hospital’s A&E was only built for half the people attending there. There needs to be a change that can allow all patients that attend A&E to get seen.
* Sarla suggested to employ more deaf people in the workforce, as they represent the community and can help many people.

ACTION: ICS to increase employment opportunities for the deaf community to work in NHS, as it’s essential representation and inclusion.

**5. Introduction to Deafroots – Sarla Meisuria and Aisha Sadiq**

*Deafroots is a charity that works to address Deaf and Hard-Of-Hearing people’s long-term needs, to ensure they have access to the opportunities and services they need in order to have a fulfilling life and become integrated into their local communities.*

* Sarla and Aisha introduced themselves and explained what Deafroots do as an organisation, presented slides.
* Spoke about the inequality of access and challenges deaf community face. People who are deaf or hard-of-hearing experience barriers in accessing services, there is lack of BSL interpreters, technology availably to communicate, and staff lacks training.
* Intersectional stigmas, as deaf people of colour have cultural expectations imposed on them and experience racial discrimination -> quote stats in how 12% of South Asians avoid or not interact with NHS services. White service-users are more heard and recognised in comparison to BAME service-users.
* Deaf community feels disconnected in public and lack of trust towards public services
* Demand: There needs to be positive and engaging deaf identification so that deaf people know that they are being heard and supported. There is not many mental health support networks for deaf people. NHS needs to include the deaf community more and collect their feedback. Older people are at risk of being deaf, increasing aging population. Assisted technology needs to be expanded eg. flashing doorbell.
* Deaf people hated lock down; they were struggling to cook, clean and do the basics. They were not able to do anything and felt isolated.
* Deafroots connect with the community, hosted cooking sessions, CV and employability training and day out events.

ACTION: Healthwatch to speak to Deafroots about future collab in work.

**6. Newham Health Equity Programme - Adeola Agbebiyi**

* Newham Health Equity Programme was launched after witnessing the health disparities during the pandemic. The grassroot programme aims to understand what are the drivers and causes of health inequalities and feedback their findings to the health care system in Newham.
* Co-Production, collaborative, transparent frameworks, interested in outcomes.
* Health inequalities exist in illnesses and can be worsen by number of barriers such as low income, sensory in access or English being the only language.
* Carry out workshops, training, data toolkits, campaign with community

Accessibility, relevance, trust, stigma.

* Things that have been learnt: provide documents in other languages, don't do survey online if you want detailed responses.

**7. Community Listening Ears – Farheen Ambia**

* CLE project was proposed by volunteers in 25th August Drive meeting, it is a grassroot initiative.
* Volunteers will engage with members of the public asking questions about a topic of mental health
* Current 3 topics of mental health: Cost of Living, Long term Conditions and Relationships
* Newham is very diverse borough and high levels of deprivation. Crucial to collect voices that not being heard volunteers come from different backgrounds and are able to connect to people of their own culture or community.
* Data collected will be synthesised, analysed and generated into a report, that will feed into our annual report.

ACTION: Post CLE article on website, host briefing session.

**Next meeting date**: Monday 12th December, 15:00 – 17:00