

## Healthwatch City of London Annual Conference

**Friday 20 October 2017**

**The Dutch Centre**

### **Feedback report including question and answer sessions**

The Healthwatch City of London annual conference was held on 20 October at the Dutch Centre. There were around 80 attendees including residents and patients from the different wards of the City and other boroughs that use services in and around the City; service providers many of whom had information stalls, staff from the City of London Corporation and City workers. Stalls held included City Advice, Victim Support, the Advocacy project, WDP square mile health, Maytree, City of London Carers Network, City & Hackney CCG and the City of London Corporation.

The Chief Executive of Age UK London, Paul Goulden, introduced the day and set the scene for the discussion groups in the morning on the focus of Healthwatch moving forward and the afternoon session on mental health services.

#### **I. Department of Community and Children's Services (Ellie Ward, Integration Programme Manager, City of London Corporation and Sarah Greenwood, Commissioning Manager)**

##### **a. Coproduction**

- i. The patient/resident voice needs to be heard.
- ii. What do you think when you hear the word coproduction?
  1. I thought it was a word that someone made up
  2. High values and sharing
  3. Joining up things with CCG with voluntary bodies- people need to be more joined up.
  4. What's wrong with the word collaboration?
  5. It means cooperation.

*Ellie Ward:*

- Professionals working with as equals with residents/patients to design services together.
- People aren't just recipients, they have skills and assets.
- Building on people's existing skills

*Sarah Greenwood:*

- Discussed the links between coproduction and HW.
- Outcomes versus outputs (Sunday roast lunch example).
- How do we want to shape HW specification going forward?
- We need members of HW, and organisations who work alongside HW to deliver change.

#### **II. Consultation Exercise**

## Healthwatch City of London Annual Conference

### **Q1: What has worked well?**

- There was more engagement with acute providers, particularly looking at the City, work with younger people was really positive.
- This is the first meeting where the CCG has attended, which is very pleasing.
- More people are attending the conference, and there is more diversity present at this conference.
- There us a lot of positive feedback about the amount of information being pushed out by Healthwatch. HW has a really good finger on the demographics in the area to understand the nature of the City.
- Lots of good contacts in the City.
- We thought that HW is on a more stable footing, and there is a wider recognition that the City should have a voice. HWs attempts to work with City Workers.
- I was shocked at how little funding the City of London gets, considering how rich the City is. Wealthy firms don't engage or chip in.

### **Q2: Focus**

- Social prescribing and keeping people healthier. Additionally, the other issue is how we get more people involved in engagement, because it's quite hard in the City.
- We think HW should try and organise trainings to enable residents to get involved in committees in other things.
- We'd like another GP in the city
- I'd like to see more attention on the suicide rates of workers and visitors to the City.
- Maybe do a conference twice a year, instead of just one event a year.
- Issues: people stay in hospitals longer than they need to, we shouldn't use the term bed blockers, add-ons to the GP (hearing clinic) have been really good.
- Mental health is important, especially with the ageing population in the City.

### **Suggestion:**

- HW could champion workers more, not enough GP services, more community health services.

### **Q3/Q4: supporting coproduction**

- The challenge of some of the jargon, it's really difficult in meetings
- Be mindful in coproduction that people understand what is being talked about.

## Healthwatch City of London Annual Conference

- STPs are used as a means of getting great involvement in engagement- HWs around the City can work together.
- How can we get more people involved and engaged in coproduction, it's difficult to get a high public profile in the city, but how can we get our message across?
- They are speaking a language different from what we understand.
- We are acutely aware that properly consulting the population requires more resources than HW has available.
- If you're working with coproduction, you have to be convinced that your contribution can make a difference. And that professionals will treat you as equals.
- If coproduction is a matter of designing for the future, members of HW need to know what the design is. Lots of feedback needed.
- Understanding jargon, and not having 300 pages of paper to work through.
- More representation

### **III. Ian Winter CBE, Chair**

- Bed blocking is system failure, nothing to do with patients.
- Jargon pushes people away. What actual involvement and influence can you have? Be honest about it. People think that partnership means you're in the room all the time. Because you're not. This is what you can influence, this is what you can change, these are the decisions you may be involved in. And there will be some things you are not involved in. And that's okay.

### **IV. Patient Story- journey through the mental health system**

- Martha's story- generalized anxiety and depressive disorders.
- Gaps in services, gaps in handovers:
  - At the last appointment before discharge from hospital – more helpful to have new key worker or community team member present as an introduction
  - Crisis number – a name or number to contact to prevent a crisis and give guidance is needed as well
  - The crisis café at the Homerton is inaccessible as the journey is too long. Could there be a support group in the City?
  - Length of time between acute hospital/crisis care and community care is too long

## Healthwatch City of London Annual Conference

### **V. Briony Sloper, Deputy Director of Nursing and Quality, London Ambulance Service: Finding the right solution for the psychiatric patient in crisis: Mental Health Nurses in The London Ambulance Service**

-London has one of the busiest ambulance services in the world.

-Mental health nurses in the London ambulance service

What drives people to the emergency department, care pathways?

- Nearly 2 million annually
- 400 a day from mental health crises
- Challenges in accessing pathways, trying to get a social worker, trying to contact crisis teams, particularly after 4 in the afternoon
- Mental health nurses know the pathway, and the right language to use.

#### **Questions**

-Congratulations

-Mental health professionals in police cars- winter trial round (professionals will come from mental health trust)

-Really important to work with carers as well as patients. Briony noted that there was a paper for those who are carers with dementia.

### **VI. Andrew Horobin, Service Manager, Urgent Care and Specialist teams, ELFT Services for City Residents**

East London Financial Trust

Questions:

1. Push for a Crisis Café in the City. The City has the highest suicide rate in London. It would be amazing to have a crisis centre in the City. Answer: at least a satellite in the City, maybe 1-2 days a week.
2. Crisis café staffed by users is a good idea (like in Wandsworth, until they lost funding).
3. Running workshops or things for employees and staff in the Square Mile. Vast majority have no education about mental health, wellbeing, or health.
4. Business Healthy partners with City firms on health education. So there is good work going on.

-5am-3pm Wednesday/Thursday/Friday/Saturday Street triage team, partnering with police officers.

-If a police officer sees someone distressed, they use section 136.

## Healthwatch City of London Annual Conference

- Suicide rates/attempted suicide rates are rising, particularly on City bridges. Very small service- one person, one police officer 4 nights a week.
- Practitioners are assigned a car with a police officer,
- This reduces the burden on A&E.

### **QUESTIONS**

1. How are the mental health nurses linked with street triage? (unknown, as yet)
2. Suicide prevention organisation, maybe link in because they have a safe place for people.

### **VII. The Advocacy Project (TAP), Bonnie Studd, Mental Health User Involvement Coordinator and Sophie Hudson, Mental Health Peer Mentoring Worker**

- A charity offering advocacy and user involvement services.
- Support people to stand up for their rights and have a say on the issues that matter to them.
- We work with people with mental illness, learning disabilities and older people.
- Mental Health Voice is a pilot project that is user-led. People with lived experiences can use their experience and skill to shape the service going forward.

### **Questions**

1. Was there any formal association of the patient participation mechanism with the CCG/councils? TAP is funded by CCGs and councils, but is independent.
2. This is very exciting, from my own personal experience, it takes longer than you think. I recommend constantly looking for funding? This is a pilot, so we're not sure of the future, but we are setting things up and piloting it to see how it works.