

Agenda

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Board Meeting

Date: Wednesday 27 July 2016

Time: 5pm - 7pm

Location: Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT

PART A

1. **Welcome, introductions and apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 25 May 2016**
To approve the minutes of the last meeting
4. **Matters Arising**
Not covered on the agenda
5. **Refugee and Migrant Strategy 2016 to 2021**
To receive an update from Martha Earley (Public Health Manager for Inequalities and Team Leader for Community Development)
6. **Annual Report 2015-16**
7. **Chair's Report** **Appendix A**
8. **Manager's Report** **Appendix B**
9. **Task Group Updates**
10. **Any Other Business**

PART B

Due to the confidential nature of the business to be conducted only Trustees are to attend this part of the meeting

DATES OF FUTURE MEETINGS

Wednesday 28 September 2016 5pm-7pm

Healthwatch Kingston upon Thames
Board Meeting
 Wednesday 25th May 2016 5- 7pm
 At Kingston Quaker Centre

Present:

Graham Snelling	HWK Chair	Pippa Collins, Affiliate	PC
Kim Thomas, HWK Trustee	KT	Marianne Vennegoor, Affiliate	MV
Anne Blanche	AB	Nigel Spalding, HWK Trustee	NS
Graham Goldspring, HWK Affiliate	GG	Diva Shah, HWK Staff	DS
Anne McFarlane, HWK Affiliate	AM	Glenn Davies, Affiliate	GD
Patricia Turner, KVA	PT	Tony Williams, Affiliate	TW
Liz Meerabeau, HWK Trustee	LM	Sophie Bird, HWK Staff	SB
Stephen Hardisty, HWK Manager	SH		

ITEM		Action
1.	Welcome, introductions and apologies Apologies from HWK Trustees Joel Harrison & James Davitt. Shane Brenan- Staywell, Rianne Eimers- Mind in Kingston, Moira Ford-Your Healthcare, Tony May, Kingston CCG.	
2.	Declarations of Interest No declarations of interest	
3.	Minutes of the meeting held on 12TH February 2016. To approve the minutes of the last meeting <ul style="list-style-type: none"> • GG said there is a problem with patient's information being transferred at Kingston Hospital. Patients progress is not adequately being passed on to patients family members. At a previous Enter & View visit it was found that staff revealed there is not an adequate system in place to enable them to transfer patient information efficiently. • SH said we can raise this kind of issue and others we pick up on at the Kingston Hospital Healthwatch Forum. • MV said that SW London Hospitals are currently implementing an IT system to better this situation. GS agreed, they are working on implementing a Hospital Passport system which will improve this. • MV said this bettering communication should be at GP level too not just at Hospitals. 	
5.	Matters Arising	

	<p><i>Gosbury Hill GP closure</i></p> <ul style="list-style-type: none"> • Tony May, Kingston CCG was scheduled to give a presentation to explain latest progress but cancelled. • LM stated there is still confusion over the situation with Gosbury Hill GP Surgery. • It is not clear whether the consultation to get people’s views has adequately influenced the progress. • The CCG intends that GPs will extend to Saturday openings. • There are concerns that Surbiton Health Centre will not have capacity to take on the extra services being lost at Gosbury Hill Surgery. • GS will circulate the Minutes from the latest meeting to compile a response from HWK and forward it to the CCG. 	GS / HWK
6.	<p>Chair’s Report</p> <ul style="list-style-type: none"> • The Parkwood contract will finish 31st March 2017. The Board plans to bid to take over the Healthwatch Kingston contract. The Board attended a soft Market Testing event held by RBK and will pursue this application. • GS attended the Kingston Primary Care Commissioning Board, which HWK has a place on. It involves a Board of GPs which commission local services • GS gave special thanks to all HWK Affiliates who carry out all the HW work; we could not do it without you. • GS gave congratulations to the success of the Homeless in the Royal Borough Exhibition. 	
7.	<p>Strategy 2016-17</p> <ul style="list-style-type: none"> • SH stated we need to ensure the HWK Strategy Document is kept live and referred to regularly to keep HWK work on track, and reach the objectives set within the HW England priorities. • SH explained that project plans be implemented in all Task Groups which is an important change. • The Task Groups will also implement forward plans Collecting feedback and information, this will include a regular outreach session at Kingston Hospital. 	

	<ul style="list-style-type: none"> • It will also include how we can make best use of Affiliates participation. • LM stated that the NHS Transformation and Sustainability Plan is upcoming to help manage the financial cuts to acute care. • GS stated that the HS and CC Task Group need to consider this within their priorities and project plan. • PT stated that HWK should be presented on the SW London CCG Patient & Public Steering Group in order to influence the Transformation Plan • HWK presence at the Statutory Boards is key to ensuring we are visible. • GG stated that Enter & View is a core priority and the methodologies in the work plans should reflect this • SH could look at the headings and readjust the language around the outcomes so that it is clear for people outside of the meeting • PT said about the RBK broader outcomes, it could be useful to state how HWK is helping RBK to achieve these. • GD said that the visits could be coded for planned / unplanned work. • SH stated considerations need to be made around the structure of the Task Groups. SH is to consider possibly creating a new group to share the remit of community care. • NM stated that the strategy should be published with invitation for public comment • PT offered to circulate the strategy document to consult on stakeholder contributions and ideas 	SH
8.	<p>Review of Work Programme 2015-16</p> <ul style="list-style-type: none"> • SH stated this Review is a self assessment tool • There is extra work which has emerged which is not in the initial work plan so can't be assessed. • This review is crucial for transparency and to be viewed of the public. • The Board thanked SH for producing this • NS stated It is a useful tool for self evaluation and learning • LM stated It will be useful to use as material to bid for funding in the future • GG said it would be good to specify the start and end 	

	<p>date</p> <ul style="list-style-type: none"> • The Board endorses the recommendations in the review. 	
9.	<p>Performance Report (Q3 & 4)</p> <ul style="list-style-type: none"> • SH has included a section around emerging themes, which are presented at the Health & Wellbeing Board • SH and Sandra Hickey are meeting to discuss this method of assessing HWK KPIs • The Board thanked SH for producing this performance report • The Board endorsed the Performance Report 	
10.	<p>Any Other Business</p> <ul style="list-style-type: none"> • Trustee Helen Gravestock has retired from the HWK Board due to family commitments. The Board thanks her for her hard work and wishes her good luck for the future • SH stated for Volunteer Week HWK will hold a lunch to celebrate their hard work • PT mentioned the recognition for HWK volunteering as HWK has achieved the KVA Go Volunteering Kitemark 	
11.	<p>Date of the Next Meeting 27th July 2016 5- 7pm</p>	

Signed by the Chair of the Board of Trustees

Dated 27 July 2016

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Agenda Item 7: Chair's Report

Report by the Chair of the Board of Trustees

Purpose

To update the Board on the Chair's involvement with local strategic partnerships, governing bodies, scrutiny processes and other matters of interest.

Recommendations

The Board is requested to note and discuss the report.

Introduction

1. Probably the two most important issues for Healthwatch Kingston this month are a consideration of the future of Primary Care in Kingston and a chance for us to reflect on the outcome of the Kingston Hospital CQC inspection.
2. In respect of Primary Care, the outcome of the Gosbury Hill practice issues will provide evidence of the extent to which the CCG and the Primary Care Commissioning Committee demonstrate their commitment to maintaining consumer focus.
3. For the hospital, we need to recognise a group of 'good' and 'outstanding' judgements, whilst noting areas that require improvement. We shall use the Hospital Task Group and a meeting I have with the Ann Radmore the Chief Executive on July 20th to ask the questions about these areas that have been identified for action and improvement.

Primary Care Commissioning (PCC) Committee

4. The first meeting of the PCC committee in public took place on July 5th. The agenda and full reports are on the CCG website. The PCC was established to enable the CCG to commission primary care services in line with an NHS initiative launched in 2014, and right from the start of proceedings there was an acknowledgment that the committee was feeling its way forward especially where there potential areas of conflict of interest for GP members. This will likely be characteristic of proceedings in future with numerous

declarations of interest, but the Terms of Reference (ToR) confirm that Kingston GPs will not have votes. HWK also has a seat on the PCC as a non-voting member as well and I attend on our behalf.

5. On this occasion the agenda items included:
 - Agreeing the ToR
 - Receiving a report from the Primary Care Quality Development Group which sits below this committee as a more operational group - Liz Meerabeau now attends this for us
 - Considering a template for reporting the quality of general practice which revealed wide local variations but generally good performance when bench-marked against national practice
 - Reviewing progress on standardising GP contracts which revealed widespread lack of knowledge amongst the public and others about the different sorts of contracts currently applicable and what a patient would see at a particular practice according to the type of contract in place
 - Consideration of the GP service at Kingston Hospital A and E which is seen as a good thing but there appears to be an impasse in getting the hospital and CCG to agree how it can be sustained
 - Gosbury Hill - tracking progress following the decision to close with HWK concern being expressed that all those who wanted to transfer to the nearby practice of seeming general choice could be accommodated there, and that the process of re-registration was simple
 - Consideration of funding bids to improve facilities and IT systems at surgeries.

6. Following the PCC, The CCG governing body met and considered the development of the Primary Care Strategy which will both underpin Primary Care commissioning and link other services in a broader alliance to provide integrated models of primary care. Whilst there was some concern that Adult Social Care was not mentioned very much, this is a very thorough piece of work that recognises the ambition of the CCG. HWK's job will be to monitor its roll out and what it means in practice to service users.

Kingston Hospital

7. We note that the overall CQC rating for the Trust published on July 14th is 'requires improvement' despite the relatively high number of good judgements - clearly they did not outweigh the other areas in the scoring system. One area requiring improvement is Urgent and Emergency Care where through Enter and View we have devoted a good deal of time in the last year or two. The Hospital Task Group is well therefore well placed to continue to offer constructive scrutiny, and I would suggest that we aim to work with the CQC to develop an

achievable work plan for the group that will help the hospital to address the challenges it faces from a consumer perspective. I have copied the details of the inspection outcome to trustees for their direct perusal and go into no further details here.

Letters to the local paper

8. In the last month we have submitted two letters to the local press in response to news items concerning Gosbury Hill and proposed increased care charges. In the case of Gosbury Hill we confirmed our intention to scrutinise the recent decisions and their impact and make good use of the opportunities to raise emerging issues at forums where we are members. In respect of care charges, we are making the health case against increasing charges as these have the potential to limit personal choice about engagement in activities designed to support the delivery of the Active and Supportive Communities Strategy which is about promoting resilience and emotional wellbeing.

Future Plans

9. As the summer draws on we await the next step in the 2017-2010 contract bidding process. I am aiming to meet with Parkwood as soon as possible to clarify their position and the assistance we can expect from them as we prepare our bid. A planned meeting for July 8th did not happen, but a new date is being sought.

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Agenda Item 8: Manager's Report

Report by the Manager of Healthwatch Kingston

Purpose

To update the Board on operational matters that impact on the role of Healthwatch Kingston (HWK) and to keep the Board informed of development opportunities and useful resources.

Recommendations

The Board is requested to note and discuss the report and approve next steps.

Grassroots Engagement Update

1. As discussed and agreed at the May Board meeting Healthwatch Kingston has received £10,000 from South West London Collaborative Commissioning to fund a range of grassroots led engagement activities.
2. Since March 2016 Healthwatch Kingston has facilitated and/or supported the following activities:
 - March 2016 Homelessness Exhibition
 - April 2016 Carers Evening
 - May 2016 Pampering day for people with learning disability
 - June 2016 Health Fare for refugees and asylum seekers
3. NHS colleagues have collated feedback from all these events and included key points in a summary document under the following headings:
 - Experiences of accessing healthcare services
 - Identifying what works well and what could be better
 - Understanding what could be improved
 - Identifying issues that are frequently raised by service users
4. Further events are planned for the rest of the year up to March 2017. Healthwatch Kingston is keen to engage with as many grassroots led groups as possible and to encourage and support a wide variety of

opportunities for the community to get involved. At the time of writing plans are in place to support the delivery of the following events:

- Cambridge Road Estate Fun Day on 3 September 2016
- KCIL Health Workshop on 12 September 2016
- Vintage Banquet for older people on 22 or 29 September 2016