

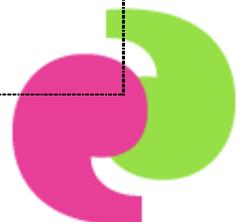
Healthwatch Kingston upon Thames

Minutes of the Healthwatch Kingston Board Meeting in Public
Held on Thursday 12/02/2015 from 10:30-12:30
At the Kingston Quaker Centre

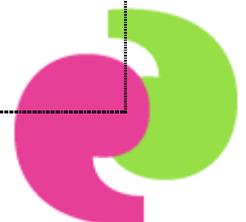
Present:

Grahame Snelling, Chair	GS	Graham Goldspring, Active Affiliate	GG
Kim Thomas, Trustee	KT	Mari Cameron Taber, Active Affiliate	MCT
Nigel Spalding, Trustee	NS	Tony Williams, Active Affiliate	TW
Rianne Eimers, Staff	RE	Eleanor Levy, Active Affiliate	EL
Jenny Pitt, Staff	JP	Maurice McCullough	MM
Sophie Bird	SB	Marianne Vennegoor, Active Affiliate	MV

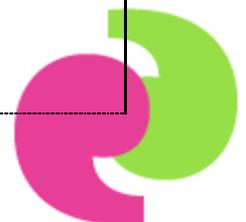
ITEM		Action
1.	<p>Welcome and Apologies GS welcomed those in attendance. Apologies were received from Caroline Cunliffe (Active Affiliate) and Jo Boxer (Active Affiliate).</p>	
2.	<p>Minutes of the last meeting held on 21/01/2015 and actions The minutes were formally approved by the Board and agreed as an accurate record. RE went through the actions, most of which were completed. Outstanding actions: <u>Care Act</u>: RE had been in contact with Hannah Doody from the Care Act Team who confirmed a protocol is being developed for young people transitioning to adult care, and that this will be shared with HWK when it is done. <u>Pharmacy Session</u>: RE confirmed she met with Terry Silverstone (CEO of the LPC) who is keen to work with HWK on another information session, and who also raised a number of concerns that the task groups could take up. RE to pass these on. <u>Meeting with Helen Gravestock (HG)</u>: RE is meeting HG next week to discuss the progress of the plan for Children & Young People.</p>	<p>RE</p> <p>RE</p> <p>RE</p>
3.	<p>Staff Updates <u>Monthly Staff Report</u>: RE highlighted a number of items from her report, including setting up a new Task Group with the Learning Disability (LD) Parliament, utilising their existing meetings; and a meeting with the SW London Healthwatches which was useful for sharing information and concerns and collaborating. RE confirmed that working with other HWs would focus mostly on Enter & View visits and sharing data from sites used by multiple boroughs. RE also reported on work being planned with the Challenge Society and the Challenge Network which promote volunteering for young people. GG suggested liaising with Michelle Johnson from Kingston CCG with regards to working with children and young people. RE will follow up. RE confirmed that two outreach/ Enter & View sessions are planned at surgeries (Groves medical Centre and Hook/ Chessington surgeries - which share a building), and an E&V session at A&E at Kingston Hospital. There will also be an E&V at the London Care Partnership in Surbiton, at the care home's request to help them improve their</p>	<p>RE</p>



	<p>services. RE reminded all at the group of the KVA annual conference on the 3rd of March, which has mental health as its theme. <u>Data Report</u>: JP presented a quarterly breakdown of the enquiries we've received, cases we have worked on and issues that have been raised. She reported we now have 316 affiliates and 402 stakeholders on our database. Feedback has been steady; it tends to spike when we hold outreach events or Enter & View visits. TW asked if any of the data can be shared; he will speak to JP about this at a later time. <u>Community Engagement Update</u>: SB updated the group on her recent activities. She has worked on two new partnerships, one with the LD Parliament (see RE's report) and one with Refugee Action Kingston. Three areas have been identified: access to primary care services, focus group to gather in-depth feedback and mystery shopping to see how people experience local health services. SB has also been working on the Care Act Engagement project; she has sent out details of the information sessions which have been tailored to different groups. MV and MCT both highlighted the need to be sensitive to BME community, such as the Korean community.</p>	JP/TW
4.	<p>Chair's Report (verbal) <u>Health & Wellbeing Board</u>: NS attended the H&WB Board on behalf of HWK. NS provided an overview of the main points discussed which included the peer review of the H&WB Board, the draft strategy of the Care Act work on prevention and information & advice, council budgets, screening (health conditions) and the pharmaceutical needs assessments. NS stated that the H&WB strategy is due to be refreshed with a focus on children and young people. NS also confirmed that the Better Care Programme is in its final stages of collecting feedback from a range of people and he is particularly interested to find out how their findings will be used. EV noted that Kingston did very well in cardiovascular screening which appears incongruous with the H&WB report. NS further highlighted the results in screening of other conditions, including bowel cancer and breast cancer. <u>Health Overview & Scrutiny Panel</u>: GS reported that the meeting focused on the new car parking system at Kingston Hospital and transport links to the South of the Borough. The main item at the meeting was a report requested by Cllr Pickering about inappropriate referrals to the Kingston Wellbeing Service. GS asked the HOSP why HWK was not consulted, and separately raised a number of issues with the report which Alan Moss and Sue Ilsley from the MH Task Group had highlighted. The HOSP agreed to involve HWK in the next steps. GS suggested that the MH Task Group makes a formal response to this report. GG agreed to put this on the agenda for the next MH Task Group; it was noted the next HOSP meeting was on the 12th of March. NS stated that the HOSP is not a decision making panel, and that any recommendations would need to go to the committee that will consider and possibly implement these. MCT stated that the report was requested a year ago, and it would have helped the MH Task Group's work to have been made aware of this. GS acknowledged this and agreed that communication could be</p>	GG/ MH Task Group



	<p>improved. He suggested sending all the task group members a synopsis of the agenda of each major committee (such as the H&W Board, CCG Governing Body, HOSP) to highlight areas that might be of interest and invite suggestions and comments that can be raised at these meetings. Active affiliates all agreed this was a good idea. RE to implement. <u>Better Care Programme</u>: GS reported that there will be a workshop in May focusing on pulling together all the different engagement strands in a bid to improve how the Kingston CCG engages with service users. There is a discussion about the future of health and social care in Kingston, and senior leaders are considering a new model. TW would like RISE to be involved in this, and stay connected to these issues. Staff to keep him up to date, and these issues to be reported to active affiliates and in newsletter.</p>	<p>RE</p> <p>Staff</p>
<p>5.</p>	<p>Task Group Updates - Annual Reports <i>All task groups were asked to present an annual report with their activities in the past year, achievements and to consider priorities for next year.</i> <u>Mental Health Task Group</u>: GG is the chair of the MH group and thanked the members of this group for their contributions. TW presented the report, and highlighted the work being done on the Wellbeing service, and that they now have a seat on the Wellbeing Service Partnership Board. He also stated that the relationship with mental health providers has improved but more work needs to be done on the one with commissioners. GG confirmed that an E&V visit is planned for Tolworth Hospital, and that further visits and outreach are on the list of priorities. <u>Hospital Services Task Group</u>: GG presented the report, and listed the current priorities which include A&E at Kingston Hospital, After Care and Discharge, and Communication on Appointments. The group is planning an E&V in March, which has been the main focus of recent meetings. There are number of suggested priorities including ambulance services, weekend services and holistic care. GG thanked JP for researching the archives and assembling the report. <u>Community Services Task Group</u>: EV presented the report, stating the group was relatively newly formed, but has recently agreed its priorities focusing on the RBK commissioned care agencies initially. Other work included E&V visits of surgeries and care homes. NS reminded all present that there is currently no chair for this group, and that this vacancy needs to be filled. The Board thanked all the active affiliates for their input and contributions to the three task groups, and for using their personal experience and expertise to support HWK in its work. RE agreed to pull together these reports together with other priorities the Board has highlighted and produce a strategic plan by April. The draft plan will be sent to active affiliates and the board by the next board meeting in March.</p>	<p>RE</p>
<p>6.</p>	<p>Q&A There were no questions. GS reported that at the next Kingston CCG meeting, the main discussion will focus on the 6 SW London CCGs jointly commissioning</p>	



	primary care services for SW London. GS is meeting with Naz Jivani, the Chair of the Kingston CCG.	
7.	Dates of the next meeting The next Board meeting in public is on 14/05/15 from 10:30-12:30 at the Kingston Quaker Centre. The next board meeting is on 18/03/15.	

DRAFT

