

<b>Healthwatch Kingston Board Meeting (Part A)</b>	<b>Date:</b> Wednesday 29 May 2019
<b>Report Title:</b> Chair's Report 29 May 2019	<b>Author:</b> Liz Meerabeau, HWK Chair, Trustee/Director
<b>PART A Agenda Item 5</b>	<b>Appendix:</b> No

### FOR DISCUSSION AND/OR DECISION

The Board is requested to note the content of this report.

We have now entered the third year of our Healthwatch contract and can reflect with some satisfaction on how we have developed as an organisation, with a strong team of staff and an augmented board. However, we now have more staff changes - we have recently said goodbye to Laila and will soon be saying goodbye to Adelaide. We have taken the opportunity to review our staffing mix, with a greater emphasis on communications and engagement, and are also recruiting the Time to Change Hub Coordinator and a Learning Disability Support Officer role to work with Scott.

Many of our activities, such as Thrive Kingston, have been closely aligned to our partners' priorities, but we have also been prepared act as a critical friend where necessary, for example in helping the local branch of Diabetes UK raise questions about the provision of services. I have also recently been included in discussions between the local NHS and the Royal Borough of Kingston on premises, particularly the creation of a better site for the Orchard practice, and the use of the Hawkes Road clinic site on the Cambridge Road Estate.

Two important elements of our recent activity have been our involvement in local engagement on the NHS Long-Term Plan, and in the formulation of the local Health and Care Plan, on which I will focus in this report.

### The NHS Long-Term Plan Clinically Led Conference

On 30th April a Clinically Led Conference was organised by South West London NHS at the Oval. Each of the six SWL Healthwatches was tasked with gathering the views of service users or carers on an aspect of health care (respiratory care, diabetes, mental health, cardiovascular disease, outpatient transformation, and end of life care). Healthwatch Kingston was asked to gather the views of carers on end of life care, and we are grateful to Princess Alice Hospice and Crossways care home for making the contacts for us to undertake telephone interviews. The national End of

Life Care Strategy, introduced in 2008, has led to a great improvement in care, and the local Health and Care Plan rightly advocates the greater use of advance care planning. End of Life Care is one of the services the new Primary Care Networks will be required to provide, and Dr Catherine Millington-Saunders, the EoL clinical lead for Kingston and Richmond CCGs, is pioneering the introduction of Daffodil standards for GPs. The themes identified from talking to carers were the importance of knowing the person and continuity of care, choice, quality of care, a good death, and uncertainty. The latter two themes were presented at the conference (insert link to PP); uncertainty about what to expect, and difficulty in knowing when the end has actually come, can make it a challenge to have a good death, in which family are able to be there and say goodbye. Flexibility of the care provider at that time was particularly appreciated.

The conference had many engaging presentations, including a joint presentation on diabetes prevention by Cllr Tobin Byers, Cabinet Member for Adult Social Care and Health, and Dr Dagmar Zeuner, Director of Public Health, both on the Merton Health and Wellbeing Board. Merton plans to become a sugar smart borough and has introduced the Merton Mile in schools (an idea which Kingston will also be adopting). Merton HWB members have also been paired with 'expert witnesses' living with diabetes, an idea which we could adopt here in Kingston.

### **The local Health and Care Plan**

The draft local Health and Care Plan was launched on 1st May, for comment by 24th May (insert link here). It is a two- year plan, with an emphasis on prevention, joined-up care, including better links between physical and mental health care, providing care closer to home and improved technology. Three broad age groups are addressed, under the rubrics of Start Well, Live Well and Age Well. Carers' needs are a cross-cutting theme (carers in Kingston have lower scores on Quality of Life than the rest of London or England). The HCP has had extensive discussion including a Kingston engagement event in November 2018 which HWK helped to organise, and the proposals seem very sensible. Specific elements include an increased focus on children with SEND, a commitment to reduce childhood obesity and to implement Thrive Kingston and expand IAPT, and a review of sheltered accommodation and the community offer for older people together with work to improve mental health in care homes. However, no specific financial information is provided, although there is a reference to significant financial challenges and the inevitable shift of services from high cost acute care. In addition, there is no chapter on staffing, and the national staffing strategy is delayed so it remains to be seen what the local position is and how the plan will be delivered. Other elements which need to be addressed are the implications for estates and information on the provision of social care in the borough, a topic which HWK has raised with the Health Overview Panel. The HCP will be the topic of a HWB seminar on 6th June, and I urge all Healthwatch volunteers and other interested Kingston residents to read the plan and send in their comments.