

Healthwatch Kingston Board Meeting (Part A)	Date: Tuesday 27th November 2018
Report Title: Chairs Report	Author: Liz Meerabeau (LM), Chair
PART A Agenda Item: 9	Appendix: No

FOR DISCUSSION AND/OR DECISION

The past two months have been extremely busy and exemplify Healthwatch Kingston's role as a critical friend to local health and social care services. We are pleased to welcome two new trustees, Winnifred Groves and Scotty McLeod, to help us in this work, and will in early December welcome a new Projects and Outreach Officer, Scott Bacon, to support of work with people who have a learning disability.

Working in Partnership

HWK has worked closely with RBK to submit a revised bid for funding as a Time to Change Hub, on 16th November. In the first, highly competitive, round we did not obtain funding but we did get Hub designation and access to advice and resources. The range of partners on the bid is clear evidence of the commitment to address mental health in Kingston, in particular ensuring that local mental health policies address stigma and discrimination.

Our Chief Officer, Stephen Bitti, has also led activity developing Youth Out Loud! with Healthwatch Richmond. A part of the focus is on young people's mental health, so it will complement the programme of work across south west London, centred on clusters of schools.

A further focus for partnership is learning disability. Stephen Bitti co-chairs the Kingston All-Age Learning Disability Partnership Board, together with a person who is living with a learning disability. A joint health and social care strategy for people with learning disability was endorsed at the Health and Wellbeing Board on 15th November and was praised for its easy-read versions.

Service Transformation

At the Board meeting I will be able to report on the consultation event for the Health and Care Partnership, which takes place on 21st November. HWK has been involved in the planning for this event and has offered to host the 60 'off the street' members of the general public after the

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event. In addition to this consultation, HWK has been included in more focused planning, for example on GP out of hours services, and Doctorlink, which is currently being piloted across south west London and should, by enabling online consultations, help with demand management in primary care.

The CCG and Kingston Hospital have also started work on the redesign of outpatient activity with public involvement, although the event was notified at too short notice for HWK to attend. It is likely that some patients can be followed up, or a second opinion sought, without them needing to attend the hospital.

Monitoring and Scrutiny

As a critical friend, HWK may occasionally hold partner organisations to account. An example earlier in the year was the introduction by Kingston Hospital of parking charges for blue badge holders. HWK, along with other bodies, raised concern about the adequacy of the consultation. KH suspended its decision and convened a reference group which included HWK, but at the Health Overview Panel (HOP) on 11th October stated its intention to introduce a flat rate charge for BBH. HOP has requested that this be reconsidered.

A current example of scrutiny is services for Special Educational Needs and Disability, which were on the agenda of the 15th November HOP. They were inspected in late September by Ofsted and the CQC and found to have significant areas of weakness, for example that the Joint Strategic Needs Assessment had not been used effectively and that insufficient therapies had been commissioned by the CCG. HWK will be paying close attention to the SEND transformation plan which is being produced in response.

A final potential example, for discussion by the board, is whether HWK is confident that we have a good grasp of social care provision in RBK. I requested a summary of social care performance measures at the 13th September HWB, although they have not yet been circulated. It would also be useful to know the extent to which RBK commissions places in care homes provided by any of the big firms which have subsequently been reported as financially unstable. Delayed transfers of care are regularly reported to the CCG and KH generally performs well in this respect, so a shortage of social care would not appear to be a problem locally, but hopefully we may know more after the HCP consultation event.