

Healthwatch Kingston Upon Thames

Board Meeting, Wednesday, 27 January 2021, 5.00pm - 8.00pm

DRAFT PART A MINUTES from 24th November 2020 FOR BOARD APPROVAL

Meeting held remotely on Zoom

PART A (OPEN MEETING)

Present

Liz Meerabeau, HWK Chair/Trustee	LM	Nigel Spalding, HWK Treasurer/Trustee	NS
Board Member (Board Lead for		Board Member/Acting Chair of the	
Primary Care)		Community Care Task Group (Board	
		Lead for Social Care)	
Grahame Snelling, HWK Trustee Board	GS	Nike Alesbury, HWK Trustee Board	NA
Member (Board Lead for		Member (Board Lead for Volunteering)	
Safeguarding)			
James Waugh, HWK Trustee Board	JW		
Member (Board Lead for Risk			
Management)			
William Ostrom, HWK Trustee Board	WO	Tony Williams, HWK Active Affiliate Chair	TW
Member (Board Lead for		of the Mental Health Task Group	
Communications)			
Stephen Bitti, HWK Chief Officer/Acting	SB	Graham Goldspring, HWK Active Affiliate	GG
Chair of the Learning Disability Task		Chair of the Hospital Services Task	
Group		Group	
Jaimy Halliwell-Owen, HWK	JHO	Candy Dunne, HWK Deputy Chief Officer	CD
Communiucations and Engagement			
Officer			
Kezia Coleman, HWK Projects and	KC	Persephone Pickering, Time To Change	PP
Outreach Officer (Disabilities and		Kingston (TTCK) Hub Coordinator	
Mental Health)			
Rona Topaz, HWK Learning Disabilities	RT	Scotty McLeod, HWK Trustee Board	SM
Support Officer - minutes		Member	
Helena 'Hen' Wright, HWK Projects and	HW		
Outreach Officer (Young People and			
Safeguarding)			

DRAFT for APPROVAL - HWK Board Meeting PART A MINUTES from 24th November 2020

Agenda No.	Item No.	Actions
1	Welcome and apologies for absence (LM)	
	1.1 WG and JHO	
2	Declarations of interest (LM)	
	2.1 None	
3	Minutes from 30.09.20 for approval	
	3.1 Board agreed these would be approved at the Jan 2021 PART A Board.	JHO
4	 Chair's Report 4.1 The main focus of the Chair's Report was the recently issued House of Lords Public Services Committee Report, A Critical Juncture for Public Services: Lessons from COVID-19. The committee found that during the pandemic service innovation, particularly digital, flourished, but that public services had entered the pandemic with low levels of resilience, central public health responses were poorly coordinated, and inequalities increased. The committee considers that fundamental reform is necessary, and makes the following recommendations: the Government and public service providers should recognise the vital role of preventative services in reducing the deep and ongoing inequalities that have been exacerbated by COVID-19; central Government and national service providers must radically improve the way that they communicate and cooperate with local-level service providers if they are to deliver effective public services. They should analyse where services are best delivered from the centre, where local-level service providers are better placed, and where visible accountability sits. The Government should acknowledge that local providers are equal partners in the delivery of services; charities, community groups, volunteers and the private sector must be recognised as key public service providers, and given appropriate support to deliver services to the challenges posed by the COVID-19 pandemic and ongoing demographic changes will require a fundamentally different, vastly more flexible approach to the sharing of data; the integration of services to meet the diverse needs of individuals and the communities in which they live is best achieved by public services and autonomy to innovate and improve the delivery of public services, while mechanisms to ensure the accountability of local service providers should be improved; advances in digital technology should be used to increase access to public services if to do so would disadvantage the	

	The last recommendation is of particular interest to Healthwatch, and Healthwatch England gave evidence on evaluating the digitisation of GP services. Particularly telling quotes are (para 83) 'Using 'co-production to design public services can help resolve the weaknesses of public services that the pandemic has exposed' and (para 85) 'Local authorities and central government should set out how they involve people with lived experience of homelessness, mental health and addiction and their advocates in service design.' In addition, a place-based approach is advocated, working collaboratively with people who live and work in the area.	
5	Finance Report (NS)	
	5.1 NS presented his report providing an update on the finances.	
	5.2 Our bank had rejected a cheque from 'Enterprise Car Rental' that had "Kingston Healthwatch" written on it instead of Healthwatch Kingston upon Thames. A new cheque was re-issued by the provider and has now been banked. The reason for the donation on the paperwork was not initially specified but has now been identified as funding for TTCK Champions Activities. (HWK received a similar amount via the same donor previously).	
	5.3 LM thanked NS for writing to thank the donor.	
	5.4 The Board:	
	• Noted the Finance Report statements of income and expenditure for April to October 2020.	
	• Noted The receipt of the Enterprise Car Rental cheque.	
6	Activity Report (SB)	
	6.1 SB talked through the report.	
	6.2 The Board:	
	• Reviewed and Noted the Activity Report.	
	• Considered HWK participation in an inclusive exercise (see 1c "South London Listens").	
	• Nominated WO to work with the staff team to develop the HWK 'Mental Health in the Workplace Policy' which HWK committed to in our Time to Change Employer Pledge Action Plan.	SB/CD/ WO
	 Nominated Trustees to sign off - on behalf of the Board - upcoming HWK reports (see January 2021 Board Activity Report). 	SB
7	AOB 7.1 None.	

DRAFT for APPROVAL - HWK Board Meeting PART A MINUTES from 24th November 2020

10	Re-confirmation of dates/times for quarterly meetings: (5 min)	
	 January 2021 - tbc March 2021 - tbc 	
11	Close of PART A	

Signed:

Liz Meerabeau, Chair HWK

Approval Date: