Agenda

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Board Meeting

Date: **Friday 12 February 2016**

Time: **10.30am-12.30pm**

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 13 January 2016**
   To approve the minutes of the last meeting

4. **Matters Arising**
   Not covered on the agenda

5. **South West London Collaborative Commissioning** **Appendix A**
   To receive a report from Jill Mulelly (senior engagement specialist):
   - Developing community health champions through grassroots engagement
   - Healthwatch representation on SWL working groups (annex 1)

6. **Community Cafe** **Appendix B**
   To receive a report from RISE

7. **Chair's Report**

8. **Manager's Report** **Appendix C**

9. **Task Group Reports** **Appendix D**

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 9 March 2016 5pm-7pm

Minutes of the Healthwatch Kingston Board Meeting

13 January 2016

5pm – 7pm at the Kingston Quakers Centre

Present:
Grahame Snelling (Chair, **GS**), Nigel Spalding (Trustee, **NS**), Kim Thomas (Trustee, **KT**), Helen Gravestock (Trustee, **HG**), James Davitt (Trustee, **JD**), Mario Christodoulou (**MC**), Liz Meerbeau (**LM**) Graham Goldspring (**GS**), Marianne Vennegoor (**MV**), Sophie Bird (Staff, **SB**), Jenny Pitt (Staff, **JP**), Stephen Hardisty (Staff, **SH**), Eleanor Levy (**EL**), Rachel Bartlett (Kingston CCG & RBK, **RB**), Victoria Anaele (**VA**)

1. Welcome and apologies

The Chair welcomed those present. GS welcomed potential trustee Liz Meerbeau. Apologies were received from Glenn Davies, Joel Harrison, Kim Thomas.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the last meeting

The notes of the last meeting on 16 December 2015 were agreed as an accurate record, subject to a correction about Marianne Vennegoor's comment about a food establishment being in Kingston, not Surbiton.

4. Matters Arising

SH has been discussing community engagement with Kathyrn McDermott from the CCG – would like to suggest a future agenda item about strengthening community engagement. RB commented that this would probably be an evolution. GS said that RB had drawn attention to the proposal at a recent CCG Meeting.

5. Kingston Coordinated Care Programme (KCC)

RB said that when the programme started a big effort was made to listen to and understand local people's experiences. Staff were also consulted at the time and they were critical of the system. RB feels proud that proper attention is being given to keeping people well. People are saying the system is working in a better way than before, as trust and relationships are growing.

Brief update, **Active and supportive communities programme**: tried to use positive language, and 6 outcomes are being tested (keeping people in their communities, personal budgets etc). Need to build on places that can become 'community branches', which would involve the voluntary sector.

LM asked about the huge cuts that will be made to the social care budget. How will that impact on the work that is going on? RB responded that this is a fair comment, and the issues around this are under represented in the narrative. Commissioners will need to have clear understanding of each other's finances. Next year will see a significant decrease in the health budget. LM asked what can actually be achieved in light of diminishing resources. NS asked if the newsletter update is regular, and RB has asked for the comms team to produce a January one. RB will make sure that HWK affiliates are on the mailing list.

NS noticed that the wording of the aims in the newsletter and the papers supplied by RB are different – why is that? RB said that the aim is the same but the language is different for different audiences.

EL asked how will the systems gel, with different commercial frameworks providing services. What will the governance look like? RB said that the workforce leads are being brought together, with a development and education programme. Ideally working towards one set of competencies for staff. Clinical supervision and oversight is still owned by their employing organisation. Ultimate aim is to commission and contract in a different way. Hearing that staff are impeded by the way services are currently commission. Will have to bring together a wide range of funds for different services. In the next 15 months, will be continuing to work on this.

EL suggests finding a way to unify line management with clinical supervision. Otherwise you end up with a fracture of the two.

LM asked how was it decided which voluntary organisations and care agencies to involve in the process? Who speaks for these? RB responded that the 3 homecare agencies contracted by RBK have worked in relay to contribute to the programme. Staywell are the lead voluntary sector agency and bring a good range of experience and skills.

Now working with GPs in Surbiton, to scale up and offer the new model of care. Depending on the evaluation and the numbers, the ambition is to extend it across Kingston by the end of March 2017.

Information systems: a lot work to do around homecare, need to rethink the commissioning of the agencies. Working to have one occupational therapy team in Kingston, rather than three.

LM – will homecare be commissioned for longer time slots? What degree of churn is there in the homecare workforce? And what are the regulatory issues?

RB – would like to see homecare workers, to play a much more facilitator role, rather than just healthcare. Ambition to move away from restrictive time slots. Need to improve a recognition for homecare to ensure staff are valued.

MC – where does Housing fit into this? RB - team has made links with the housing team at RBK. Work is going on to get people to work to make right decisions.

HG – is it all adult focused? RB said at the moment is for over 18s, as Achieving for Children is working in a similar vein. RB would like to see the two systems working together. Testing around transition has taken place, and reinforced the importance of close working.

NS – can you give an overview of grants to commissioning? RB – need to recognize the change and shift is a big process. Doing it right and with sufficient engagement is priority even if this meant the time scale slipped a bit. Speaking about the carers work, lots of engagement and consultation has taken place. Evaluating bids for the carers work taking place, eg advocacy and carers support have gone out to open tender.

GS – would Pat's story be rewritten with better results? What about members of the community who have mental health conditions and are referred to services in another borough? RB - SWL&STG is a partner, trying to create a flexible service that accommodates cross borough approach. RB said the design team would say that its about giving people autonomy.

6. Chair's Report

GS congratulated MC on his award for his range of activities. MC said the award was for his passion and commitment, and working to support young people. Recent CCG Meeting involved discussions about the KCC programme, and a confidential part of the meeting was around finances. LM said that they need health economists to give some idea of what kind of savings can be made.

GS presented a list of future key issues that HWK needs to consider. Good to see lots of E&V visits taking place, and RBK councilors are up for training so they can take part. New board member for public engagement at the CCG has taken up his role – his name is Jim Smillie.

SH said that work is going on with carers procurement. For homecare, the Community Care Task Group can take forward its work and we can insist on co-production.

SH – in KCC paper it mentions about finance pool arrangement and there will be an arrangement around 'risk share'. This could be problematic as the CCG will want to protect it's share.

NS – the Trust Quality Account will need to be looked at by the trustees.

EL- we have been invited to participate in the Quality Group of the KCC programme and we need to find someone who will consistently attend.

7. Manager's Report

SH put forward his report.

NS – fully support the case for tablets. HG – mention to Parkwood how it improves the quality of data.

GS – how do trustees feel about meetings and times? NS – have a range of times to encourage everyone to attend. HG – needs to be an understanding that not everyone can attend all the time. GS – general consensus to have a range of times and days. NS – seemed the meetings are perhaps too frequent, maybe don't need monthly. GS – proposed that we stick with dates that are set up until March.

VA – is there any way we can look at more social care, rather than just health? SH said this a good point, and a way to do this by going to day centres etc. Has been in touch with stakeholders.

JD – people don't seem to know about our statutory power – doesn't seem to be in the local press. Look at ways to do this. What kind of feedback are we getting into the office? JP responded with examples.

SI – responded to JD's comment about profile – needs to be improved. GS said that we should do more work around this.

GS – could we make sure that we revisit promoting our profile at future meetings?

EL – in terms of HWK profile , should write something powerful about our E&V activity, do distill our successes.

GS – Once the councillors are on board, let's promote this to the press.

8. Any Other Business

There was no any other business.

Signed by the Chair of the Board of Trustees

Dated 12th February 2016

Healthwatch Kingston Board **Appendix A**

12 February 2016

Agenda Item 5: South West London (SWL) Collaborative Commissioning

Report by Jill Mulelly, Senior Engagement Specialist

Purpose

To update the Board on developing community health champions through grassroots engagement and Healthwatch representation on SWL working groups (Annex 1)

Recommendations

The Board is requested to note and discuss the report and make a decision on the funding proposal from SWL Collaborative Commissioning and to consider Healthwatch Kingston representation at a number of regional work groups.

Proposal for consideration by local Healthwatch organisations for grassroots engagement and development of 'health champions' in SW London and Surrey Downs

Purpose

1. The South West London and Surrey Downs Healthcare Partnership would like local Healthwatch organisations to consider a proposal to work in partnership to deliver a number of grassroots engagement activities. Our aim is to extend our reach into local communities by working with the voluntary sector to develop conversations with seldom heard groups. This paper sets out the background and parameters of the project – for consideration by local healthwatch governance committees/executives.

Background

2. NHS England (London) has made available funding of £99,000 for local public engagement work. South West London Collaborative Commissioning put forward a proposal on behalf the South West London and Surrey Downs Healthcare Partnership put forward a successful proposal for this funding

3. The engagement funding followed a report from the London Health Commission which advocated for: citizens and organisations to have a direct route to the heart of NHS decision making; there to be broad and deep engagement with diverse communities; the creation of new opportunities to empower the public to participate and hold services to account through bottom up initiatives working in partnership with the voluntary sector.

Our proposal

4. Our approach responds to the aspirations set out above. Our aim is to extend our reach into local communities by working with the voluntary sector to develop conversations with seldom heard groups. Through this, we would like to build a base of local health champions who can be involved in future work and strengthen our connections to local communities. A number of these champions will be invited to join a Citizens' Panel, which will act as a sounding board and reference group for the programme.

Underpinning principles

- An approach based on community development – to build and deploy community resources through working in partnership with the local voluntary sector
- Focus on reaching diverse and seldom heard groups
- Create meaningful discussions with range of people (broad and deep)
- Develop sustainable, continuous engagement, including local health champions and a regional Citizens' Panel
- Narrow the gap between patients and the public and healthcare services.

Our ask

5. We would like the 7 local Healthwatch organisations to manage a pot of funding (10k per borough) that local grassroots organisations can apply for to run events/activities suitable and enjoyable to their population – extending our reach into local populations and developing our, and Healthwatch organisations', relationships with local groups.

6. We would like each Healthwatch organisation to use their connections and communication channels to promote opportunity to local groups, particularly those groups with protected characteristics/seldom heard voices.

Key elements of the work

7. The money is intended to fund a range of local activities, run and hosted by local groups that their local people would find positive and enjoyable. (Examples could include: a dinner dance for older people with dementia, a homeless drop in, afternoon tea for a local elderly group, fun day for children and young people. Grassroots organisations are best placed to know what kind of activity would be suitable for their client groups.)

8. During the events/activities we would like a dedicated **slot to discuss local health issues** and to listen to the views of those participating.

9. **All feedback will be recorded** and fed into the development of the strategy – helping to ensure patient voices are at the heart of service change.

10. During the events, we will invite participants to continue to be involved and become local **'health champions'**. We will provide training for these health champions and work with them throughout the development of plans for local health services

11. A **Citizens' Panel** will be drawn from local health champions and will continue to meet throughout the life of the programme, acting as a sounding board for the programme.

The detail

12. **Money** - Each Healthwatch organisation will be given £10,000. Of the £10,000, up to £3,300 can cover costs incurred by Healthwatch for administrating the funding pot. The remaining £6,700 should be used on engagement activities and events:

    - We anticipate that each activity or event will cost between £350 - £750.
    - The majority of the funding should go directly to grassroots groups and organisations for them to organise and run activities relevant for their community
    - Some of the money can be used to fund collaborative initiatives across boroughs (for example, where there is value in running an event for a particular population/client groups, across borough boundaries)

13. **Number of events** - We anticipate each Healthwatch organisation coordinating the delivery of between 7-12 activities/events (the majority to be delivered by local grassroots groups and the remaining being collaborative events across boroughs).

14. **Communities we would like to reach** - Our aim is that through this project we will be able to speak to seldom heard communities. We recognise that these will differ across boroughs. In general, we would like particular focus on:

    - Those people from groups with protected characteristics – including: older people; younger people; people with physical disabilities, people with learning disabilities; people with mental health conditions; transgender people; LGBQ communities; pregnant women and those who have recently given birth; people from different races and of different religions; men and women)
    - Carers
    - Socio-economically deprived
    - Working population
    - Groups identified by local Healthwatch organisations as seldom heard

15. **Timing** - We need the money to be in Healthwatch accounts by 31/3/16. We need to have held at least one event/activity in each borough by 31/13/16. All events/activities need to be held by the end of the year (31/12/16)

16. **Our role** - We will:

- Coordinate and provide programme/CCG attendance at each of the activities/event
- Capture feedback which will be shared with the programme
- Provide one point of contact for all queries concerning this initiative
- Provide background information and text that can be used to promote the opportunity
- Produce reports (probably mid-way and at the end) that details what we have heard and how it has influenced our work and the development of local services.

17. We would like local Healthwatch organisations to:

- Agree their own local process for allocating the funding to local groups
- Nominate a key person (per Healthwatch) to liaise with us about the work
- Act as the main point of contact with local groups
- Promote and encourage the opportunities with local groups populations
- Provide a reasonable level of support to ensure delivery of activities
- Work with neighbouring Healthwatch organisations, where they think this is appropriate, to deliver joint events.

ANNEX 1

Healthwatch representation on SWL Collaborative Commissioning Work Groups (January 2016)

Introduction
This annex includes details about regional work groups that require representation from Local Healthwatch:

Maternity services

The maternity services work group builds on the purpose of the South West London Maternity Network (www.swlmaternitynetwork.nhs.uk) to provide high quality, safe and sustainable maternity services to women, their babies and families across south west London.

The working group will include members of the Maternity Network which has so far, helped develop ideas to increase the types of care available to women, as well as improve maternity services across south west London to make them more consistent.

The membership includes enthusiastic midwives, doctors, GPs, commissioners (commissioners are the people responsible for deciding what care is 'purchased') and service user representatives.

The focus of the maternity group will be to verify that the clinical views on what the future maternity services might look like are in line with the views of women using maternity services. Your role as a service user representative will be to share your experiences and help shape what types of maternity care are needed and wanted by local women.

It is anticipated that the maternity work group will meet twice with an option for a third meeting if it is needed during January – March 2016. Members will help to provide information that will help to clarify the types of maternity care wanted and needed by local women.

Frequency of Meetings	**3rd February 2016** 5pm – 7pm, 120 The Broadway	**24th February 2016** 5pm – 7pm, 120 The Broadway	**17th March** 5pm – 7pm Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ

Paediatrics and Neonatal Care (a medical area that looks after unwell children and newborn babies)

The Paediatrics and Neonatal Care work group aims to improve access to services, quality of services and health outcomes for local children up to the age of 18. Our vision is to give children the best start in life for good physical health, mental wellbeing, educational achievement and transitioning to adult services. We have also built in initiatives to improve children's urgent and acute provision.

To achieve this vision, we ensure that children are kept at the centre of our work. Our group will be in partnership with key stakeholders; local authorities, health and wellbeing boards, mental health trusts, primary and community care providers, local hospitals, patients and neighbouring Clinical Commissioning Groups (CCGs).

The work group will build on the work of the Children and Young People's Network which launched in January 2015. To date, progress has been made by sharing best practice. We have focused on working together to prevent ill-health, manage long-term conditions, improve mental health, acute care and complex needs provision. Work to monitor standards around quality outcomes for children and young people is also being taken forward. Meetings are every 8 weeks, with opportunities to attend best practice workshops and contribute to improving the quality of children's services.

Frequency of Meetings	**26th January 2016** 6.30pm – 8.30pm Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ	**25th February 2016** 5.30pm – 7.30pm Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ	**24th March 2016** 5pm – 7pm Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ

Planned Care

(Services and treatments that are arranged in advance, such as a hip replacement).

The group aims to bring together clinical experts and patients in order to explore at a clinical level whether there are more efficient or effective ways to deliver planned surgical care in SW London and Surrey Downs.

Membership is made up of representatives from all acute hospitals in SWL (Kingston, Croydon, St. George's, Royal Marsden (Sutton) and Epsom & St Helier hospitals), including surgeons, anaesthetists, operational managers and senior nurses. Local GPs and commissioning managers will also attend.

Our five year plan sets out ambitions to centralise more planned surgery onto individual sites in order to decrease cancellation rates and improve patient outcomes and experience. This is a similar model to that of the South West London Elective Orthopaedic Centre in Epsom, which treats patients from across SW London and Surrey Downs. The group will reflect on these ambitions and undertake detailed discussions to see what specific clinical models for planned surgery might deliver these improved outcomes for patients.

The group will meet three times between mid-January and mid-March, 2016.

Frequency of Meetings	**27th January 2016** 5.30pm – 7.30pm	**17th February 2016** 5.30pm – 7.30pm	**23rd March 2016** 5.30pm – 7.30pm, Grenfell Housing, 16-

	Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ	120 The Broadway Wimbledon	20 Kingston Rd, London SW19 1JZ

Urgent and Emergency Care (e.g. A&E)

We are looking to recruit patient and public representatives to sit on both our urgent and emergency care network and work group.

The Urgent and Emergency Care (UEC) Network aims to improve the consistency and quality of local urgent and emergency health services, by looking at particular health needs or services that are difficult for individual borough-level NHS groups to address.

It was set up following an extensive national review of Urgent and Emergency Care in England, which recommended that regional networks be set up to "connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts…" (http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf)

The Network will next meet on 27th January where a plan for 2016/17 will be agreed, and mental health crisis care will be looked at in more detail. They will continue to meet on a quarterly basis.

The Urgent and Emergency Care work group will report back to the Network. It will meet three times between January and March to explore at a clinical level whether there are more efficient or effective ways to deliver local urgent and emergency care services.

Each group is made of various partners including GPs, commissioning managers, hospital representatives, mental health and community providers, London Ambulance Service, Metropolitan Police, local authorities and NHS England.

Frequency of Meetings	**28th January 2016** 5pm – 7pm, Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ	**18th February 2016** 5pm – 7pm, Grenfell Housing, 16-20 Kingston Rd, London SW19 1JZ	**16th March 2016** 5.30pm – 7.30pm, 120 The Broadway

Cancer services

The cancer work group is chaired by a doctor, with management support from a Commissioning Lead (commissioners are the people responsible for deciding what care provision is 'purchased'). Group members include patient representatives, clinicians, commissioning managers, managers from

organisations that provide the care, and regional representation from NHS England.

The key objectives of the group are to:

1. Review currently commissioned services to check they are doing what they have been contracted to do
2. Look at national guidelines that describe how services should be delivered, see how these match with the needs of our local population
3. Share best practice and innovation and check that this is being incorporated into the services that are subsequently commissioned.

The group is scheduled to meet once a month, next meeting is January 28th 2016, and the meetings are usually 5-7pm.

The latest piece of work by the CDG included prioritising what we need to do, from which the following two priorities emerged: 'prevention and early access' and 'living with and beyond cancer'.

Time Commitment	The cancer working group meets once a month and the next meeting is due to take place on 28th January 2016.
Venue & Time of next meeting	120 The Broadway 5pm – 7.30pm

Mental health services

The mental health group includes patient representatives, clinicians, commissioning managers, managers from organisations that provide the care, and regional representation from NHS England as required.

The key objectives of the group are to:

1. Examine the needs for mental health services and to identify key areas where these are not being met
2. Look at national guidelines that describe how services should be delivered, see how these match with the needs of the local population
3. Share best practice and innovation, and check that this is being incorporated into the services that are subsequently commissioned.

The group is scheduled to meet once a month. TBC

Primary care

(Which includes services provided in the community, such as GPs and pharmacists).

The group's main focus is to lead improvements to local Primary Care services. It is made up of staff, including GPs and other clinicians, from the local Clinical Commissioning Groups (responsible for buying local services) NHS England, Healthy London Partnership and the London Local Medical Committee (LMC).

A key part of its role involves developing plans to meet the 17 Specifications set out in the document 'Transforming Primary Care in London: A Strategic Commissioning Framework'. These activities are designed to improve primary care for patients and their families, so that it is:

- Accessible – providing a personalised, responsive, timely and accessible service;
- Coordinated – providing patient-centred, coordinated care and GP/patient continuity;

- Proactive – supporting and improving the health and wellbeing of the population, self-care, health literacy and keeping people healthy.

In summary, the key role of the Primary Care Group is to oversee that plans are being developed and implemented. These plans include:

- GPs and practices working more jointly with community services, mental health, social care, specialist services and the voluntary sector;
- Increasing the use of technology to support greater access to services;
- How GP practices can better work together to take collective responsibility for the health of their population.

Date TBC

Healthwatch Kingston Board **Appendix B**

12 February 2016

Agenda Item 6: Community Cafe

Report by Tony Williams from RISE

Purpose

To update the Board on the development of the community café and to seek approval for Healthwatch Kingston to fund the venue for a year from April 2016.

Recommendations

The Board is requested to note and discuss the report and make a decision on future funding.

Scope and purpose

1. This paper has been produced for the Healthwatch Board on 12th February 2016. It supports a bid to continue funding "Community Cafe", a drop-in event which has occurred weekly at the Quaker Centre since 7th October 2015. The bid is to seek funding necessary to continue to deliver the Cafe from April 2016 until the end of March 2017. This would incur an outlay of £3,600 (50 x 3 hour sessions in the hall @ £24 per hour).

Background

2. Community Cafe has been operated by Recovery Initiative Social Enterprise (RISE), a social enterprise, community interest company (no 07873610), since 2011. The cafe was formerly delivered in Room 22, Richard Mayo Centre, in Eden Street, Kingston.

3. The cafe provides an informal and fun environment with a policy of total inclusion. The cafe is staffed by RISE volunteers and aims to provide simple fellowship and light refreshments at no cost to anyone who needs it.

4. In late 2015 RISE concluded an agreement with HealthWatch Kingston to move the venue of the cafe to the Quaker Centre on Fairfield East, Kingston.

Benefits

5. The cafe provides a welcoming social environment to anyone who needs it. Most significantly it helps socially, culturally and economically disenfranchised people with a place to go and to be together and to mix

with a diverse group in a fun atmosphere. Tea, coffee and healthy food is provided. It is however just as important to feed people's spirits as their bellies. The cafe operates a policy of empathy, is "real" and demonstrates unconditional positive regard.

6. Visitors to the cafe bring with them stories, good and bad, of the dealings they have had with the health and care system in the Royal Borough of Kingston (RBK). These stories are captured and can be used as part of HealthWatch Kingston's requirement to hear the experiences of users of the local health and social care system.

7. A range of cultural stimuli have started to be introduced at the cafe; music is played, video is shown; poetry readings are now given every week, by members of the community who use the cafe.

8. The cafe has started to become a place to exchange experience and ideas between community, and various institutions and organisations operating in the health and social care sphere in Kingston. Frequent visitors to the cafe include staff and customers of the Surbiton Health Care Centre, YMCA Surbiton, Kingston Churches Action on Homelessness, MIND in Kingston, Fusion Arts and Kingston Independent Network of Creatives (KINC), the Environment Centre, Transition Town Kingston, various personnel from RBK, students and academics from Kingston University and Kingston College.

9. An initiative to capture testimonies and perspectives from communities in Kingston and to develop them into the basis for initiatives to promote social change and system improvements is under discussion. This would employ social reporting to develop a "community voice" or "community conversation" based on perspectives of people whose thoughts and views are often not represented in decision making in the Borough. This approach fits the aspirations of Healthwatch Kingston to ensure a system-wide grassroots led approach to community engagement.

Measurement of outcomes and benefits

10. The collection of information from disenfranchised people is an activity which needs to be undertaken carefully as obvious sensitivities obtain in this regard. The following measures are proposed:-

    - **Numbers and demographics**: A simple contact sheet is used to capture attendance and some basic demographics of people attending the cafe.
    - **Social reporting**: stories of the performance of the local health and social care system will be captured and will inform issue logs of the HealthWatch Kingston Task Groups. Other dialogue which is not a commentary on the local statutory provision will be used to develop community perspectives on the borough which can be used to inform consultation processes and to contribute to local democracy.

- **Debates and decisions**: records will be maintained of ideas generated and partnerships formed, outcomes sought and contributions made to the social and care fabric of Kingston.
- **Kingston University** are to conduct a formal evaluation of the RISE methodology. We will seek to incorporate an assessment of the cafe as a component of that product.

Risks

11. RISE exists on a very small budget and its existence depends on the commitment of the time and effort of volunteers. Our mitigation is to seek to widen our volunteer base, one means being the use of the cafe itself. We will personally underwrite the cost of refreshments to cover the events over the period concerned.

12. DBS checks take time to process. Following on from risk #1, we will need to underwrite the availability of manpower resources by employing volunteers under supervision and to use existing volunteers from other initiatives if possible. Given the partnership we should be able to employ both RISE and HealthWatch volunteers if necessary.

Healthwatch Kingston Board **Appendix C**

12 February 2016

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.

Arrangements for future Board meetings April 2016 – March 2017

1. Following on from discussion at the last board meeting and further direction from trustees it has been agreed to hold future meetings bi-monthly commencing at 5pm. In order to make the best use of these public meetings and to attract as wide an audience at possible it is recommended that the meetings take place on the last Wednesday of each month to coincide with the community café (subject to board approval)). The proposed dates are as follows:

    - 25th May 2016
    - 27th July 2016
    - 28th September 2016
    - 30th November 2016
    - 25th January 2017
    - 29th March 2017

2. In accordance with our articles of association trustees can convene other meetings as and when required. This may be required if there is urgent business that needs to be transacted between board meetings or an issue has arisen that requires immediate attention.

Primary Care Strategy

3. An outcome following the CCG primary strategy development workshops held in October and November 2015 was a desire for a Primary Care Patient Forum to be developed with the purpose of providing service users, carers and residents of Kingston the opportunity to continue to shape their primary care services.

4. At the time of writing a meeting has been arranged to explore options and will take place on **Wednesday 10th February 6pm-8pm** in committee room 1 at the Guildhall, High Street, Kingston, KT1 1EU. An agenda and draft Terms of Reference has been produced. I will have an opportunity to talk about our vision to ensure local people have a say in what happens to their primary care services.

Kingston Coordinated Care

5. As previously reported at the last board meeting RBK and the CCG are keen to ensure that local people continue to have a say in the development of integrated treatment and care, a key driver of the Kingston Coordinated Care Programme.

6. Consequently an event has been arranged to invite the public to be part of the changes and make a difference. The event will take place on **18th February 2016 10am-1pm** at Sapiem, Conquest House, Wood Street, Kingston, KT1 1TG.

Adult ADHD

7. Healthwatch Kingston is working with a group of people diagnosed with adult ADHD who would like an opportunity to discuss with the relevant commissioner how they can be involved in the evaluation of current service provision, so that they can be reassured that the service available in Kingston is the best possible in accordance with recognised best practice. A request has been made to the relevant commissioner to meet with the group to agree a way forward.

Data Report

8. The following report (Annex 2) has been produced to show the types of activities undertaken by staff and volunteers between October 2015 and January 2016.

Annex 2

Data Report 1st Oct 2015 – 31st January 2016

Service User Feedback
1. We received 59 service user comments during this time period. The three top services we received feedback about were:

- Central Surgery, Surbiton
- Fairhill Medical Practice, Kingston
- Kingston Hospital

This is because we carried out Enter & View visits to these sites.

2. The top conditions that service users were associated with were:

- Cardiology
- Dementia
- Gastroenterology
- Respiratory
- Stroke
- General Health (in a primary care setting)

The specialisms appeared in the report because we carried out Enter & View visits to inpatient wards at Kingston Hospital.

3. The top Care Stage areas that were reported on were:

- Reception
- Clinical Treatment
- Clinical Nursing

4. The top trends by topic were:

- Personnel
- Quality
- Patient choice
- Access to services
- Environment

This was because patients were asked about booking appointments, waiting times, staff attitudes and having enough time with their clinician. 73% of comments were positive, and only 17% negative, with 10% classed as neutral.

Activity Report
During this time period, we conducted 39 activities, engaging with 549 individuals and assisted by 11 Active Affiliates.

1. The top activities we carried out were:
Enter & View visits (10)
Attended formal meetings/conferences externally to HWK (8)

2. Our top areas of engagement were:
Learning disability
Hospital services (both Kingston and Tolworth)

Membership
During this time period we acquired the following:
2 stakeholders
7 Affiliates
8 Young People's Healthwatch Volunteers

Healthwatch Kingston Board **Appendix D**

12 February 2016

Agenda Item 9: Task Group Report

Report by the Chairs of the Task Groups

Purpose

To update the Board on the work of the Task Groups.

Recommendations

The Board is requested to note and discuss the report.

Hospital Services Task Group

Enter & View visits to Accident & Emergency department at Kingston Hospital, 22nd-27th Feb. Volunteers signed up and will have a briefing session the week before.

Planning to liaise with patients about their discharge experiences.

Have sent feedback to the Trust to help set priorities for 2016-2017.

Awaiting draft Quality Account from the Trust to give input.

Community Care Task Group

Implemented a GP Enter & View schedule, and have to date visited Fairhill Medical Centre, Kingston and Central Surgery, Surbiton (awaiting response to recommendations). Next one is Village Surgery, New Malden on 19th Feb.

Have met with RBK to talk about the care agency survey and commissioning plans for care agencies in the borough.

Young People's Healthwatch

Enter & View visit to refurbished Children's A&E plus teenage section of Paediatric Wards on Weds 17th Feb to speak to families and make observations.

Visiting Public Health's Sexual Health young assessors team on 9th Feb at Guildhall to find out more about their projects and how the two groups of teenagers can work together.

Meeting with The Challenge on 25th Feb to plan event with teenagers in August.

Mental Health

Graham Goldspring has stepped down as Chair, Tony Williams is the new Chair.

The Task group are planning to restructure how they operate - to work in a more project based format and use the MH Task Group as the steering group, and to set up other project group meeting specifically to work on different themes.

The group has set up a project group to asses the action plan from Tolworth Hospital and is planning to carry out another Enter & View to check improvements have been implemented.

We are contacting the CQC to check what we do is in alignment with their inspection and to share our report and action plan with them.

The Group plans to monitor the Improving Access to psychological Therapies Service. We will create publicity materials to be placed at the service waiting rooms to ask for patients to provide their views and experiences.

The group is planning to monitor peoples experiences of secondary to primary care mental health discharge, and check that the newly implemented SWLStG MH Trust discharge protocol is being followed

Learning Disability Project Group

CCG Commissioning manager Roberta Cole attended the last meeting to answer questions about the availability and delivery of health action plans and annual health checks for people with learning disability.

The group is planning to attend different care homes and day centres in Kingston to talk to people with learning disability and staff members, to ask them about health checks and recruit new volunteers to the group.

Visual Impairment Group

The group are scheduling monthly visits to the REU to check they are implementing their action plan. They will be meeting the senior clinical manager to put forward questions about the service.

A member of the group and Sophie attended the REU to inform them how best to recommission new signs which are suitable for people who are visually impaired.

A member of the group has visited their GP surgery to carry out a secret shopper visit and is producing a report with suggestions for improvement