

Agenda

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Board Meeting

Date: Wednesday 13 January 2016

Time: 5pm - 7pm

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 16 December 2015**
To approve the minutes of the last meeting
4. **Matters Arising**
Not covered on the agenda
5. **Kingston Coordinated Care Programme**
To receive an update from Rachel Bartlett (RBK/CCG) followed by Q&A session
6. **Chair's Report** **Appendix A**
7. **Manager's Report** **Appendix B**
8. **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

Friday 12 February 2016 10.30am-12.30pm

Wednesday 9 March 2016 5pm-7pm

Minutes of the Healthwatch Kingston Board Meeting

16 December 2015

5pm - 7pm at the Kingston Quakers Centre

Present:

Grahame Snelling (Chair, **GS**), Nigel Spalding (Trustee, **NS**), Kim Thomas (Trustee, **KT**), Ann Macfarlane (**AM**), Santosh Beharry (**SBa**), Mario Christodoulou (**MC**), Indu Kapoor (**IK**), Glenn Davies (**GD**), Jo Boxer (**JB**), Graham Goldspring (**GS**), Marianne Vennegoor (**MV**), Juliet Matthews (**JM**), Sophie Bird (Staff, **SB**), Jenny Pitt (Staff, **JP**), Stephen Hardisty (Staff, **SH**), Kathryn McDermott (Kingston CCG, **KM**)

1. Welcome and apologies

The Chair welcomed those present. Apologies were received from Helen Gravestock (Trustee, **HG**) Joel Harrison (Trustee, **JH**), James Davitt (Trustee, **JD**) and Eleanor Levy (**EL**)

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the last meeting

The notes of the last meeting on 21 October 2015 were agreed as an accurate record.

4. Matters Arising

There were no matters arising not covered on the agenda.

5. Primary Care Strategy

GS welcomed Kathryn MacDermott from Kingston CCG to the meeting. He explained that he provided a presentation highlighting emerging themes regarding primary care at the first workshop held to support the development of the primary care strategy. **KM** added this workshop was one of three and has proved to be a very good opportunity to engage with the community. **KM** proceeded to provide a presentation on emerging themes. Key points included:

- Move towards delegated commissioning
- Robust needs assessment processes
- Vision to provide the best primary care services based on the patient experience
- Improved doctor/patient relationships
- Development of a patient forum

GS thanked KM for her presentation and invited comments from those present at the meeting. Contributions included:

- It was agreed there needs to be a change in attitude from primary care providers which could be supported by the “coaching for health” initiative from Health Education England (KH)
- It was noted that the strategy is focused on GP and pharmacy services (NS)
- It was stressed that the strategy should include healthy lifestyle initiatives such as targeting unhealthy eating and tackling the predominance of fast food establishments in Kinston (MV)
- It was agreed that the strategy should contribute to meeting the public health agenda and focus on areas of high deprivation (JB)
- It was noted that the role of nurse practitioners is very valuable and effective (KH)
- It was agreed that the strategy needs to take into account feedback from patient satisfaction surveys and that monitoring processes reflect and act on this feedback (GG)
- It was agreed that there should be better use of IT solutions and supporting people to access online resources such as NHS Choices (JM)
- It was agreed that more effective evaluation processes need to be in place that involve patients, practice staff and the community (AM)
- It was agreed that the strategy needs to prioritise which areas to improve over its lifetime (JB)
- It was agreed that the proposed patient forum should be considered alongside strengthening of community engagement across the system (SH)
- It was agreed that prevention should be at the heart of the strategy (GD)
- It was agreed that any conflicts on interest should be carefully scrutinized with respect to delegated commissioning (NS)

6. Chair’s Report

GS introduced his report which was noted by the Board.

7. Manager’s Report

SH introduced his report which was noted by the Board. A key requirement was for the Board to approve the publication of a number of Enter & View reports which was provided as was to invite RISE representatives to the next meeting to discuss the evaluation and development of the community café.

8. Task Group Reports

The Task Group reports were noted by the Board and it was noted that a report will not be submitted for the next Board as the Groups will not have met prior to this meeting.

9. Review of Policies and Procedures

SH reported that the draft policies and procedures need to be signed off by the board. NS proposed that board members should send any final comments to SH so that he can amend and circulate amended versions for board approval in January.

10. Any Other Business

GS reported that he has been approached by two people interested in becoming trustees. He will meet with them in the near future to discuss the role, expectations and commitment requirements.

It was noted that a visit to the Teddington Walk-In Centre is planned to take place in January. The purpose of the visit is to identify areas of good practice which could influence the development of the proposed new centre in Surbiton.

Signed by the Chair of the Board of Trustees

Dated 13th January 2016

13 January 2016

Agenda Item 6: Chair's Report

Report by the Chair of the Board of Trustees

Purpose

To update the Board on the Chair's involvement with local strategic partnerships, governing bodies, scrutiny processes and other matters of interest.

Recommendations

The Board is requested to note and discuss the report.

1. The purpose of this report is to give details of the chair's activities in the last month, with particular reference to the business of groups where I am a member. However given the Christmas and New Year break, there have been no further meetings of the Health and Wellbeing Board, The Health Overview and Scrutiny Panel, nor the CCG Governing body for me to report on since our last Board meeting on December 16th.
2. I have however attended a meeting of the Primary Care Quality Development Group, on December 17th. This group is the one which Kathy McDermott spoke about during her presentation to the Board on December 16th, and is concerned with the development of the Primary Care strategy following a public consultation exercise earlier in the autumn. My role on this group, as I see it, is to ensure that the high level strategic proposals are 'grounded' in the experience of patients and service users, and that their needs and aspirations, as reflected in the conversations we have with these groups, find their way into the detailed plans that follow the development of the strategy. As this group develops momentum, and as an over-arching board is developed we will learn more about the published intentions.
3. This report, briefer than usual, now focuses on some of the key issues that are coming up that we shall need to address. These reflect national as well as local issues and concerns, and at the same time may not be fully comprehensive. Others may have other ideas as well which we can add. We shall also be setting aims and objectives for ourselves as Healthwatch Kingston as part of the usual planning cycle.
 - CQC Inspection of Kingston Hospital - linking the results with our own E and V visits and contributing as necessary to improvement planning

- The next stage of the SWLStG Mental Health service developments especially at Tolworth Hospital
 - The impact of the cuts to Public Health funding in terms of reductions in service
 - The development of the above-mentioned Primary Care Strategy
 - The continued roll out of Kingston Co-ordinated Care
 - Developing and implementing our proposed integrated consultation network proposals
 - Monitoring the local impact of national savings targets
 - Continuing to engage with young people, especially to develop their contribution to the JSNA process
 - Broadening our capacity to conduct Enter and View visits partly in partnership with elected members from the Health Overview Panel
 - Participating in the Health and Wellbeing Board development programme to sustain progress towards fully integrated local health, social care and other key services.
 - Ensuring active participation in all consultations that are launched
 - Developing a working partnership with the new CCG Board member for public engagement
 - Monitoring CCG tendering processes
 - Strengthening our board and planning for the next few years.
 - Developing new task group areas and reviewing the role and functions of existing groups to ensure they retain their dynamism and critical appraisal approach, whilst seeking to sustain active and regular dialogue with managers in key services.
4. This is quite a substantial agenda for a relatively small organisation, but with a strengthened board, an increased number of active volunteers and always paying attention to streamlining processes to keep them simple and effective, I am confident that we can deliver consistently in all the above areas. In so doing we can continue to make a difference to the quality of local health and social care services for the benefit of current and future patients, service users and their carers.

13 January 2016

Agenda Item 7: 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.

Purchase request

1. The Board is requested to consider and approve a submission to Parkwood to purchase a number of tablets and associated software. The context for this request follows a trial carried out in April 2015 to see how effective this technology is at capturing feedback and to assess the reduction in workload inputting data. Staff and two volunteers had one hour's training on the tablets from Superhighways a week before the trial. They carried out an Enter & View visit to the Groves Medical Centre in New Malden and used the tablets to survey 50 patients. They noticed that people with a hearing impairment, or those who didn't have English as a first language found the tablets easy to read. The tablets looked modern, compared to using paper surveys and clipboards. Taking the surveys was quicker, and an estimate is that we completed each survey in 3-4 minutes, as opposed to 7-8 minutes with a paper survey - essential in a busy environment like a GP surgery. The raw data was uploaded to QuickTap and an Excel spreadsheet was produced for reporting, saving HWK Staff 7 hour's worth of office time which would have been used to input the survey data.
2. If approved the tablets will be used to:
 - to take notes and to capture feedback at community engagement events
 - to increase membership quickly with on-the-spot membership subscription
 - to provide instant access to social media (dependent on Wi-Fi connection)
 - for minute taking at meetings with stakeholders

- for responsive equalities monitoring (addressing language barriers)
 - for instant evaluation of meetings
 - for Focus Group feedback
 - to gather audio/video feedback for instant upload to social media
3. The estimated cost for this equipment is as follows:
- 4 x 8inch tablets @ £200 = £800
 - 2 year's subscription to QuickTap @ £15 per month = £360
 - Insurance for tablets out of office @ £20 per month = £480
- Total: £1,640

Arrangements for future Board meetings April 2016 - March 2017

4. The current round of board meetings ends on 31st March 2016. The Board is requested to agree dates and time of future meetings, frequency, venue and standing agenda items. As previously agreed by the board it is vital that future board meetings are arranged to attract as wider involvement from the community as possible.

Policies and Procedures

5. Further to the action from the last board meeting all relevant policies and procedures have been amended and republished on the website. The only outstanding document is the Task Group Terms of Reference which are currently being discussed by each Task Group.

Enter & View

6. As previously reported a number of Enter & View visits are planned over the coming months. These include visits to GP practices and a fact finding visit to Teddington Walk-in Centre to possibly influence the development of the new walk-in centre for Kingston. The purpose of this visit is to understand:
- the types of patients who attend the walk-in centre
 - the types of services used by patients
 - the reasons patients choose the walk-in centre over other providers
 - what the patient would have done if the walk-in centre was not available
7. Further to the Chair's report in December Enter & View training has been arranged for nominated Health Overview Panel members in January.

Community Café

8. Representatives from RISE will now attend the February board meeting to discuss performance, the evaluation process and a proposal to fund the room booking for 2016/17.

Strengthening Community Engagement

9. Discussions have taken place with RBK and CCG senior managers to develop proposals to strengthen community engagement. Healthwatch Kingston is keen to ensure that processes are in place to put the voice of the community at the heart of strategic decision making. This includes Active and Supportive Communities, Kingston Coordinate Care and primary care development programmes. Initial discussions have focused on how best to involve people on an ongoing basis and consideration has been given to developing an expert panel. The advantages of Healthwatch Kingston facilitating, supporting and developing this panel include:
 - strategic representation at high level meetings such as the Health & Wellbeing Board, Health Overview Panel, CCG Governing Body and commissioning boards
 - operational benefits such as statutory functions to visit health and social services, research and information, highly trained, skilled, experienced authorised representatives (known as active affiliates) and the national Healthwatch brand

Co-production

10. Co-production is built on the principle that those who use a service are best placed to help design it. Unfortunately there is little evidence of substantive co-production taking place within health and social health agencies in Kingston. Healthwatch Kingston has highlighted the need for a more cohesive, sustainable and proactive approach to coproduction which has been detailed in our integrated community engagement network model. There are some areas, however, where steps are being taking to improve the current situation. This includes Healthwatch Kingston facilitating and supporting an external panel of carers to interview bidders as part of the procurement of a Kingston wide carers support services. The interviews will take place on 28th January. Further initiatives such as supporting the co-production of the mental health strategy are planned as is the development of the expert panel mentioned above.