

# Agenda

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## Board Meeting

**Date:** Wednesday 16 December 2015

**Time:** 5pm - 7pm

**Location:** Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT

1. **Welcome, introductions and apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 21 October 2015**  
To approve the minutes of the last meeting
4. **Matters Arising**  
Not covered on the agenda
5. **Primary Care Strategy**  
To receive an update from Kathryn MacDermott (Kingston CCG) on emerging themes
6. **Chair's Report** **Appendix A**
7. **Manager's Report** **Appendix B**
8. **Task Group Reports** **Appendix C**
9. **Review of Policies & Procedures**
10. **Any Other Business**

### **DATES OF FUTURE MEETINGS**

Wednesday 13 January 2016 5pm-7pm

Friday 12 February 2016 10.30am-12.30pm

Wednesday 9 March 2016 5pm-7pm

## **Minutes of the Healthwatch Kingston Board Meeting**

**21 October 2015**

**5pm - 6.30pm at the Kingston Quakers Centre**

### **Present:**

Grahame Snelling (Chair, **GS**), Kim Thomas (Trustee, **KT**), Joel Harrison (Trustee, **JH**), Stephen Hardisty (Staff, **SH**)

### **1. Welcome and apologies**

The Chair welcomed those present. Apologies were received from Helen Gravestock (Trustee, **HG**) and Nigel Spalding (Trustee, **NS**)

### **2. Declarations of Interest**

There were no declarations of interest.

### **3. Minutes of the last meeting**

The notes of the last meeting on 23 September 2015 were agreed as an accurate record.

### **4. Matters Arising**

There were no matters arising not covered on the agenda.

### **5. Chair's Report**

GS introduced his report which was noted by the Board.

### **6. Manager's Report**

SH introduced his report which was noted by the Board.

### **7. Task Group Reports**

The Task Group reports were noted by the Board.

### **8. Performance Report (Q1 & 2)**

SH presented his report to the board. He explained that this new approach is intended to be a streamlined version that is user friendly and focused on important key developments over the reporting period. The report was endorsed by the Board subject to more detail being provided about website activity and a greater emphasis on detailing emerging themes and trends.

**ACTION: SH**

### **9. Mystery Shopper Proposal**

SH presented his report to the board. It was noted that the aim of the proposal is to explore the experiences of people who have difficulty communicating with health and social care staff for a variety of reasons. The report was endorsed by the board. SH agreed to recruit and train a number of volunteers to pilot a mystery shopper exercise in the new year.

**ACTION: SH**

#### **10. Any Other Business**

There was no other business.

Signed by the Chair of the Board of Trustees

Dated 16<sup>th</sup> December 2015

16 December 2015

**Agenda Item 5: 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.

**Health Overview Panel**

1. At its meeting on November 24<sup>th</sup>, the HOP agreed in principle to act as partners with Healthwatch (HW) to enable it to enhance its scrutiny role. Following consideration of a report about HW's Enter and View programme since April 2014, four councillors agreed to become Enter and View partners, and will receive the necessary training in the new year. This is a significant development and places HW at the heart of the health and social care scrutiny process in Kingston. Councillors expressed their appreciation of the contribution made by HW to this local agenda.
2. I as HW chair and Stephen Hardisty were present at the meeting. The agenda and the minutes of this meeting are available on the RBK website and can be accessed here:

<https://moderngov.kingston.gov.uk/ieListDocuments.aspx?CId=233&Mid=7766&Ver=4>

**CCG Governing Body**

3. The last meeting of the CCG was on November 3<sup>rd</sup>, where there was a very full agenda with a focus on key aspects of commissioning activity. These were:
  - The 2016/2017 commissioning intentions which were agreed. (These had already been discussed and refined at previous meetings)

- Delegated commissioning of primary care - a submission has been made to NHS England to enable the CCG to be responsible for commissioning local primary care services. This is an important development but one that needs careful scrutiny to ensure that there is no conflict of interest on the part of GPs in particular. Assuming the submission is successful Healthwatch will be represented on the over-arching committee responsible for overseeing the local commissioning programme and we are already represented on the Primary Care Quality Development Group which has been established to support the development of a service framework and quality standards
  - An update on the Southwest London Collaborative commissioning programme - this included the progress of the Healthy London Partnership and the proposed governance arrangements
4. As a member of the governing body I was present. The CCG noted that Michael O'Connor the lay member for engagement had resigned and plans were agreed for recruitment. Interviews took place on December 7<sup>th</sup> and an appointment was made. HW was represented on the panel by myself.
  5. The agenda and the minutes are available on the CG website which can be accessed here:

<http://www.kingstonccg.nhs.uk/about-us/3-november-2015.htm>

### **Health and Wellbeing Board**

6. The board met on November 19<sup>th</sup>. As before HW had been invited to alert the Board to any emerging concerns or themes but on this occasion it was not possible to identify a single dominant theme, and so it was possible to highlight the work of the café which enables people with a variety of concerns to speak with HW staff about these, from which over time it will hopefully be possible to discern themes.
7. On this occasion there was significant discussion about winter planning and flu jab take up rates which have not been as good as in previous years. Members asked for more information about flu jabs. In addition representatives from SWLStG were present to update members on progress towards implementing their scheme to re-design mental health services on two key sites. To that end a visit for HOP/HWBB members has been arranged to Tolworth Hospital on January 5<sup>th</sup> 2016 so that members can see for themselves what is happening.
8. The board received the annual Local Safeguarding Children's board report which made very positive reading, and showed a welcome breadth of activity to address children's safeguarding issues from an early stage when concerns first emerge. I asked that in future the Adult Safeguarding Board Annual Report be presented to this meeting now

that such boards are a statutory requirement following the implementation of the Care Act 2014 in April this year.

9. I attended as a statutory member of the Board. The agenda and minutes are on the RBK website and can be accessed here:

<https://moderngov.kingston.gov.uk/ieListDocuments.aspx?CIId=488&MIId=7625&Ver=4>

### **Public Health Report launch**

10. The annual PH report was launched on November 25<sup>th</sup>. This year the focus was on eating healthily, exercising more and safe drinking. As usual this is a weighty tome, but one packed with very useful and relevant information that should enable HW, over time to ask key questions about progress in particular areas and what may be impeding it. The emphasis of the PH report is to illustrate where there are inequalities and then suggest ways to address these. The report is available here:

[http://www.kingston.gov.uk/downloads/download/306/annual\\_public\\_health\\_reports](http://www.kingston.gov.uk/downloads/download/306/annual_public_health_reports)

### **JSNA Community Voice sub group**

11. I continue to chair this sub group which aims to ensure that as the JSNA is developed and produced full account is taken of the views of patients, service users or carers. The group last met on December 2<sup>nd</sup>, and generally meets quarterly. The group acts to some extent as a clearing house by making sure that JSNA chapter writers focusing on a key area of health (e.g. cancer care or diabetes) are directed to local reports or studies that reflect the consumer voice, or alternatively, if such reports are not available, considers ways of ensuring that there is a mechanism to collect that data. The value of this group is making sure that the JSNA, as the source document for commissioners responsible for planning to meet local need, has up to date consumer feedback to inform their decision-making .

### **Contacts with the media**

12. Since our last meeting I have been contacted by the Surrey Comet to comment on the cost of the report commissioned to identify the causes of the Kingston Hospital financial deficit and how it could be addressed. I was concerned that the quote attributed to me did not reflect fully what I was aiming to say namely that the reported amount of money was very high and that it should not come out of funds earmarked for patient care. Nevertheless, such reports these days do seem, unfortunately, to be very costly. In future, in any similar circumstances, HW will aim to seek early clarification as to why internal auditors could not be used instead.

13. I was also contacted about reports of a small number of cases of TB in the borough, and the Director of Public Health was able to supply me with reassurance about their relative significance. Finally I was contacted about winter readiness issues and the cuts to the Public Health budget and the possible impact.

#### **Other matters**

14. Away from front facing consumer focused activities, I am pleased trustees were able to spend some quality time together on November 27<sup>th</sup> considering the future strategic direction of HW and its contractual relationship with RBK now and in the future. On that occasion we took the view that we wanted progressively to expand Board membership and capacity and so we will be taking steps to identify and approach potential recruits in coming weeks.

#### **Conclusion**

15. As ever thanks to my colleague trustees for their wisdom, support and guidance in the last two months.

16 December 2015

**Agenda Item 6: 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 setting priorities from April 2016**

1. At the board session held on 27<sup>th</sup> November it was agreed to set out a process that would influence the development of our strategy and associated work plans. It was suggested that the strategy should be cover a three year period with annual milestones that are focused on the needs of the community at an operational level and clearly show what our anticipated impact will look like. For instance priorities could be based on what matters most to our local community based on emerging these and trends. This could include setting out a Top Five list of priorities that is manageable within the limited resources that we have.
2. In order to take forward this proposal it was agreed to conduct a three month consultation period with our local community beginning on 1<sup>st</sup> January 2016. This will require the full involvement of our Task Groups, reaching out to our partners in the community and a website campaign. A key feature of this exercise will be the gathering of evidence from a range of sources (local, regional and national) and a clearly defined methodology for collating this information and how it will be used to shape a proposed priority framework.
3. Once these views have been collected it is envisaged that a number of themes will be identified that will be detailed in an interim strategy and may include proposals for restructuring the existing Task Group arrangements. To facilitate this process an open event will be held in early February to evaluate the process to date. Another event will take

place in mid March to present findings and proposed next steps. It is vital that this process is inclusive, listens to the views of the community, our volunteers and incorporates what has worked well in the past.

4. It is planned to have a draft strategy and new working arrangements in place from 1<sup>st</sup> April 2016.

#### **Enter & View visits**

5. October and November has been a busy time for Enter & View. These visits could not have taken place without the dedication and commitment of our volunteers. The following visits have taken place, reports written and responses received with the exception of Kingston Hospital (due mid January 2016):

- Tolworth Hospital (Lilacs and Jasmines wards)
- Fairhill Medical Practice (Fairfield branch)
- London Care Partnership care home in Surbiton
- Kingston Hospital (5 wards)

6. The reports have been previously circulated and the board is requested to sign off these reports so that they can be published on our website. Recommendations will be followed up by the relevant task group.
7. Plans are in place to visit Kingston Hospital A&E Department and Surbiton Health Centre in January/February.

#### **Community Café**

8. The community café has been running since early October and has been attracting a growing number of people from the community.
9. The board is requested to invite RISE to the next meeting to discuss performance, the evaluation process and a proposal to fund the room booking for 2016/17.

#### **Strengthening Community Engagement**

10. The integrated community engagement network model endorsed by the board in September has been shared with key stakeholders such as Rachel Bartlett, Niki Lewis, Cllr. Julie Pickering and organisations such as KVA. At the time of writing responses have been favourably and it is planned to discuss the paper at the next meeting of the community engagement steering group which has not met since July.

16 December 2015

**Agenda Item 7: 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**

1. The last meeting of the Hospital Services Task Group took place on 28 October 2015. Key discussion points included:
  - Enter & View - The group is planning its Enter & View visits to the Emergency Department and AAU at the end of February 2016. This is a return visit over a period of 5 days at different times as a follow-up to the visit last March.
  - Discharge - plans to develop a survey for patients and carers
2. The next meeting will take place on 13 January 2016.

**Community Care Task Group**

3. The last meeting of the Community Services Task Group took place on 9 December 2015. Key discussion points included:
  - RBK Care Agencies - ongoing work around developing a survey for service users of care agencies. Sue Redmond has declined offer to come to meeting in January to answer questions around staff training and communications but will send her team.
  - GP Enter & View schedule - plans to roll out a 2-3 year schedule of visits, kicking off with a visit to Central Surgery on 18<sup>th</sup> January
4. The next meeting will take place on 6 January 2016.

## **Mental Health Task Group**

5. The last meeting of the Mental Health Task Group took place on 2 November 2015. Key discussion points included:
  - Tolworth Enter & View - reports have been produced and action plans have been received from SWLStG MH Trust they will be reviewed at the MH task group meeting and monitoring plans will be put into action.
  - Discharge - Mental Health discharge is a project which is being undertaken by the group- feed back has been sought after from all the community organisations which support people with mental health. There has been negative feedback and the group continues to collect these experiences. The group has been having input into the design of the SWLSTG Discharge Planning from Adult Community Teams back to Primary Care: standards and pathways protocol . The final protocol has now been produced and the group are planning to monitor discharge in Kingston so that the protocol is followed
6. The next meeting will take place on 14 December 2015.

## **Learning Disability Project Group**

7. The last meeting of the Learning Disability Project Group took place on 7 December 2015. Key discussion points included:
  - Enter & View - on the 27th November Mario and Sophie carried out an Enter & View visit to London Care Partnership home in Surbiton. It is a 7 bed home for young men with learning disabilities and challenging behaviours. The report was very positive. It is planned to visit the Surbiton Health Centre in January to observe the environment and to talk to patients and staff. Further planning will take place at the next meeting.
  - Annual Health Checks and Health Checks and Health Action Plans- the group have produced a report which shows that some people with learning disabilities in Kingston are not having proper annual health checks. The head of Learning Disability commissioning in Kingston is coming along to the next meeting so that the group can ask why this is the case, and how we can make sure all people with a learning disability are getting their health checks followed up with an appropriate health action plan.
8. At the learning disability partnership board meeting on the 15 December the group will be reporting the findings of the annual health check and health action reports

## **Visual Impairment Project Group**

9. As reported at the September board meeting several people with visual impairment have been recruited and trained to participate in Enter & View. Their involvement has led to the establishment of a project group led by them. The group met on 20 November and discussed the following items:
  - Enter & View - The Group carried out an Enter & View visit to Kingston Royal Eye Unit on 14th August and have reviewed the action plan which was provided by the REU. The group plans to carry out visits the REU monthly beginning in the new year to monitor the improvements
  - Secret Shopper Visits - The group are planning to visit different GP surgeries to check how accessible they are for people who are visually impaired, and to check the customer service. They are having a meeting in the new year to schedule these
10. Then next meeting of the group will take place on 15 January 2016.

