



HEALTH AND WELLBEING VOLUNTARY ORGANISATIONS FORUM

Tuesday 17 April 2018, 10.00am – 12.30pm
Committee Room 1, Kensington Town Hall, Hornton Street, W8 7NX

Chair: Jamie Renton, ADKC
Minutes taken by: Alice Lowry, KCSC

Item	Notes	Action
1	Welcome and introduction and apologies	
	Jamie opened the meeting and everybody in the group introduced themselves. Apologies were received from Becca Van Klinken and Thelma Matthews.	
2	Minutes of meeting held on 23rd January 2018 and matters arising from the minutes	
	Action from last meeting for Alex (AS) – hasn't been done but Kalwant (KS) to follow up with him.	KS to follow up action from previous meeting with AS
3	Exploring Integrated Care and what that means for the voluntary sector – Baljeet Ruprah – Shah and Hayley Turner (KCSC)	
	<p>Integrated Care Presentation</p> <p>Hayley introduced herself to the group and explained that as Programme Officer for Health & Wellbeing she leads the self-care and mental health self-care projects. Baljeet also introduced herself as the new Transformation Leads at KCSC. Bearing in mind integrated care and working in partnership, participants were asked to form into small groups and respond to what:</p> <ol style="list-style-type: none"> 1. What works well in the Voluntary Sector? 2. What doesn't work so well? 3. What could we enhance or do better? <p>What works well?</p> <ul style="list-style-type: none"> • Direct referral systems not necessarily through GPs • Joint projects that have grown organically from the needs of the local community • We work collaboratively always have done • We tend to listen to the client or patient • We go the extra mile- if we can't help them we find someone who can • Great example of working with the community at the grass roots level and educating about health are the community champions • We can address issues without constraint- speak our minds- raising issues from the community • We don't get lost in jargon we are clear about what we can do • Community events for example KCSC do great events where we can showcase our services and also share our knowledge with others • Our understanding of the non-clinical model of wellbeing- is what we do well <p>What doesn't work so well?</p> <ul style="list-style-type: none"> • Boundary issues regarding services provided • Don't always know what other groups are providing hence the VOF being of 	

	<p>such importance</p> <ul style="list-style-type: none"> • Too many pathways – need fewer pathways • The pathway or client journey needs to be simpler • Too much change and lack of clarity about the changes in the system <p>What can we enhance or do better?</p> <ul style="list-style-type: none"> • A new directory which is extensive and updated regularly- just have the one- kcsc should lead on this online and share with referrers. • More social prescribing for other organisations and other age groups- with easy steps to follow • More meetings like this where we can talk about what we can contribute to changes • Learn from Grenfell however difficult this may be, not sticking to necessary a medical model- more about wellbeing- offer the kinds of services which are user friendly and wont label people • Use money/funding more wisely that includes the public sector and the voluntary sector • Make commissioning more appropriate to the needs of our communities • Train up front line staff more about what is available in the voluntary sector- build up those relationships • Training which includes how you work within the system and looks at a person as a whole • Could use the hubs to rotate charities that sit in their once a week so that referrers get to know services and patients can have a look • Could map out where could collaboration between sectors is already happening (e.g. Keep active, Maternity Champions, CNHLC screening) • Shared spaces <p>In addition further comments:</p> <p>It was important to note that the element of choice was possible. We don't have to participate in the new integrated care model. However it is important to be involved and understand how the changes affect us as a sector.</p> <p>We must not lose with the extensive integration of services our very clear mandate of working closely with our communities in a way which is sensitive and responsive. This has a strong history.</p>	
4	<p>Woman's Trust – Tracey Burke-Taylor, Therapeutic Services Manager at Woman's Trust</p>	
	<p>Woman's Trust Presentation</p> <p>Tracey introduced herself to the group and gave a presentation on the work that Woman's trust does. Woman's Trust is a charity based in Paddington which provides local specialist mental health support for women affected by domestic violence in West London and in seven boroughs in East London. She explained that Woman's Trust provide key services such as 1:1 counselling (18 weeks' worth), self-development workshops (aiming to educate women on the different types of abuse and the effects on the survivors and children) and support groups.</p> <p>A member of the group asked whether Woman's Trust helped a woman with leaving an abusive relationship. Tracey explained that Woman's Trust is a reparative service so they mainly help women after they have left their abusive partners. Tracey explained the process to the group. She said that if there is ever an emergency situation 999 should always be contacted. However, reporting abuse can make a woman very uncomfortable and many do not go through with reporting cases. Often IDVA's (Independent Domestic Violence Advisors) are used in helping women leave abusive relationships. IDVA's are a part of the police or voluntary sector and their main purpose is addressing the safety of</p>	

	victims at high risk from intimate partners, ex-partners or family members. They put pro-active plans in place for the victims and their families which should help them in the long term. It is a statutory duty for counties and boroughs that IDVA's are available. Another member of the group asked whether Woman's Trust had an average age profile or age span of the women they work with. The group also discussed how long it would usually take after a referral before a woman would be able to see someone. Tracey explained that a woman would usually receive an assessment from Woman's Trust within 2 weeks of being referred.	
5	Home Energy Schemes – Anca Giurgiu, RBKC	
	Home Energy Scheme Presentation Anca introduced herself to the group and explained that she sat in the wider environmental department on the Council. She gave a presentation to the group on the Home Energy Scheme was started in 2015 as a pilot project. It succeeded after helping more than 500 residents. A home energy visit usually lasts approximately 90 minutes but can be tailored to suit residents. This visit is a consultation which includes advice on income and financial support; help with claiming benefits related to energy costs, signposting to health and wellbeing services and much more.	
6	Mental Wellbeing Self-Care – Hayley Turner, KCSC	
	Hayley updated the group on the Mental Wellbeing Self-Care programme. She said that 8 different organisations had been chosen to deliver mental health self-care projects. One of the innovative aspects of the Mental Health Self-Care programmes is that service users can self-refer or be referred by their supporting navigators.	
7	Attendance and feedback from other forums	
	<ul style="list-style-type: none"> • Health and wellbeing board – The last Health and wellbeing board meeting was focused on supporting Health & Wellbeing members with improving the structure of the board. • WLCCG – The group were reminded that weekend and evening appointments were still available by GP practices and if they were unavailable 111 could still be called. The group was also informed of a 10 week yoga programme which can take up to 30 people which ran in April. 	
8	Any other business and date of next meeting	
	AOB <ul style="list-style-type: none"> • Reaching Potential training was promoted to the groups • Social Cycling was promoted and a new 'Try before you buy' bike scheme • Total Family & Coaching were keen to speak at a future meeting • ADKC told the group about the Independent Living Project which was launched in January and their Grenfell Trauma Group (a support group for disabled residents affected by Grenfell). <p>Date of next meeting – Tuesday 10 July 2018, 10am-12pm, CR1, Kensington Town Hall, Hornton Street.</p>	

ATTENDANCE LIST

	Name	Organisation
1	Tracey Burke-Taylor	Womans Trust
2	Erin Carlstrom	The Reader
3	Iain Cassidy	Open Age
4	Beth Colquhoun	Age UK Kensington & Chelsea
5	Zohra Davis	Al-Hasaniya
6	Vittoria De Meo	Mad Alliance/NSUN
7	Justine Dornan	Healthier Homes
8	Emily Engel	Citizens Advice Kensington & Chelsea
9	Lizzie Fletcher	Paddington Development Trust
10	Arantxa Gaba	Citizens Advice Kensington & Chelsea
11	Maria Carmen-Garrido Montoya	Healthwatch + Spanish Senior Citizens
13	Zara Ghods	Kensington and Chelsea Forum for Older Residents
14	Adam Gill	WLCCG
15	Anca Giurgiu	Royal Borough of Kensington and Chelsea
16	Gillian Hawdon	Xenzone
17	Carrie Hirst	Volunteer Centre Kensington & Chelsea
18	Emily Ingrams	Mytime Active
19	Muskaan Khurana	Community Living Well
20	Marina Kroyer	Royal Borough of Kensington and Chelsea
21	Jessica Lawn	
22	Naomi Line	Healthwatch Central West London
23	Thelma Mathews	
24	Emer O'Neill	Depression Alliance
25	Laura Radley	Kensington and Chelsea Forum for Older Residents
26	Jamie Renton	Action Disability Kensington & Chelsea

27	Rosie Ridgway	ACAVA
28	Kalwant Sahota	West London Clinical Commissioning Group
29	Maton Sowatshey	
30	Nafsika Thalassis	The Health Forum
31	Shivata Thind	Total Family Coaching & Parenting

The information above will appear in minutes for this meeting which will be made available to all the attendees and published on KCSC's website.