



HEALTH AND WELLBEING VOLUNTARY ORGANISATIONS FORUM

Tuesday 23 January, 10.00am – 12.30pm
Committee Room 2, Kensington Town Hall, Hornton Street, W8 7NX

Chair: Angela Spence, KCSC
Minutes taken by: Alice Lowry and Hayley Turner, KCSC

Item	Notes	Action
1	Welcome and introduction and apologies	
2	Minutes of meeting held on 21st November 2017 and matters arising from the minutes	
	Minutes of the last meeting were approved and there were no matters arising.	
3	Integrated Care Strategy Dylan Champion & Henry Leak, Hub Development Manager WLCCG	
	Dylan and Henry both introduced themselves to the group and gave an overview of the 'Integrated Care Strategy' using a PowerPoint presentation. They explained that the idea behind integrated care was integrated care teams working together and focusing on individual people and their needs. They explained that they had presented integrated care to Westminster Health and Wellbeing Board as well as Kensington and Chelsea's and stressed that it was a national imperative to deliver integrated care because care in the UK is fragmented. They stressed the need to improve the care system and avoid people being passed over. They explained that the system is so complicated and there is often duplication in services. Forum members were shown a diagram which depicted how the NHS hope to move forward with their strategy (see presentation). A forum member asked what the key headline to take away from the presentation would be and both Dylan and Henry said that they hoped the proposed changes would make people's lives easier.	
4	Public Engagement and Integrated Care Alex Silverstein, Patient & Public Engagement, WLCCG	
	Alex Silverstein introduced himself and gave the group a presentation on public engagement and integrated care. He explained the progress that had been made regarding integrated care and outlined the challenges faced (see slides). He explained that it was important for the VCS and NHS to build a coordinated response together by sharing resources and communicating. A key example he used in this was of Tower Hamlets and a leaflet they had created which highlighted all the health and wellbeing projects and initiatives being delivered in the community. He focused on the closure of the walk-in service at Half Penny Steps and the effects this would have on the area. He explained that the WLCCG plan to immediately begin engagement in partnership with local people, professionals and organisations to ensure clear information is developed in multiple formats and languages to reach anyone who may be impacted by the closure of Half-Penny Steps. He explained that they also plan to carry out targeted face to face engagement to reach the community groups highlighted as either: <ul style="list-style-type: none"> • Frequent users of Half Penny Steps (young mothers and people of working age 	

	<p>population who live or are registered nearby) or</p> <ul style="list-style-type: none"> Working age population who are not registered locally or people who are not registered. <p>Such patients will need to either register with a local GP, wait to see their own GP or use an alternative service like the Urgent Care Centre at St Charles or St Mary's.</p> <p>A member of the group asked whether you can register with a GP without having a registered home. He gave an example of somebody who is homeless or a migrant. Alex said that he would send the eligibility criteria out to the group soon. Another member of the group asked how those who were not confident or apt in using digital technology would be supported with accessing integrated care services. Alex said that the WLCCG were open to the community sector offering help and support to those who were struggling with the move to digital services. The Community Living Well Service was raised and Alex was asked how long a self-referral to this would take. He informed the group that it would take up to 5 days before a service user would gain personal contact and that the service user could wait up to 2 weeks before being seen. Another member of the group asked Alex how the VCS were being consulted on this. Alex stated that he hoped forums such as the Health & Wellbeing Voluntary Organisations Forum (as well as the BME Health Forum and Healthwatch) could be used as a platform for discussion and a way to involve the VCS in the rollout of integrated care.</p>	<p>Alex S to send eligibility criteria out to the group</p>
<p>5</p>	<p>Workshop session on integrated care</p>	
	<p>The session was introduced and the key issue discussed was where the group saw the Voluntary Community Sector fitting into integrated care and engagement. The group had a discussion based on the information provided in the presentations from Dylan, Henry and Alex. The key points and discussions made were:</p> <ol style="list-style-type: none"> 1) The importance of getting volunteers engaged and motivated in order to fully support the voluntary sector. 2) Simplifying the delivery of consultations and information of integrated care through regular feedback from consultations. It was agreed that the VCS needs to work out where it would fit in with integrated care. A lot of voluntary groups have been described by primary care services as duplicating each other and this language can also be very negative. 3) The fact that outside organisations and primary care don't understand what is on offer in the community. A key example of this being handled in a better way by outside organisations was through the Tower Hamlet picture guide to available services. 4) Continuity of care and discharging service users – the group said that the aim of the service needs to be really clear. Groups wanted to be clear with what the aim of integrated care was before becoming a part of it. 5) A concern that came up was the factor of shared risks such as who will pay for the training of staff, confidentiality and whether the VCS will be trained and funded properly to deliver integrated care. 6) Many felt that the presentations given to the group about integrated care weren't particularly clear due to a lot of jargon and complicated diagrams. They felt that the CCG's were assuming that a lot of the VCS have foundation knowledge of integrated care already in place, when this is not necessarily the case. 	
<p>6</p>	<p>Attendance and feedback from other forums, Any Other Business</p>	

	<ul style="list-style-type: none"> • Social Cycling for RBKC was promoted to the group. This takes place at Westway Sports Centre and is an opportunity to teach people to cycle and promote their health. It costs £20 a month to hire a bike for this. • Training on Code of Governance was promoted to the group on the 30th January by Siobhan Sollis. She also explained that KCSC could provide free health checks to organisations in the borough. • It was announced that there was recruitment for community/maternity champions. The job description would be sent to KCSC. 	
7	Date of next meeting: Tuesday 17th April 2018, 10am-12.30pm	

ATTENDANCE LIST

	Name	Organisation
1	Anna Porta	Westway Community Trust
2	Barbara Ofori-Boateng	Chelsea Theatre
3	Elita Bartholomew	Grief Encounter
4	Hollie Camilleri	Hestia Housing
5	Jackie Grant	Child Bereavement UK (Support 4 Grenfell)
6	Jamie Renton	Action for Disability Kensington & Chelsea
7	Jessie Bluer	Home-Start Westminster
8	Joy Orji	Home-Start Westminster
9	Kalwant Sahota	West London Clinical Commissioning Group
10	Laura Radley	Kensington and Chelsea Forum for Older Residents
11	Lizzie Fletcher	Paddington Development Trust
13	Lucy Warren	Westminster Arts
14	Marina Kroyer	Royal Borough of Kensington & Chelsea
15	Mark Hughes-Jones	Child Bereavement UK (Support 4 Grenfell)
16	Naomi Line	Healthwatch Central London
17	Pamela Carnegie	Chelsea Theatre
18	Ruth Ehrlich	Shelter
19	Sharon Cole	Place2BE
20	Simone Strachan	Shelter

21	Siobhan Sollis	Kensington & Chelsea Social Council
22	Syeda Aaminah Emer	Chelsea Theatre
23	Thelma Mathews	Help Counselling Centre
24	Vivien Davidhazy	The Health Forum
25	Yemeh Barlay	