

Joint Advisory Board Meeting Agenda

**Friday, 5 December 2025, 2.00pm–4.00pm at Stowe Centre, 258 Harrow Rd., W2
5ES or via Zoom**

Joint Advisory Board Minutes

In attendance

Katherine Shaw (KS), The Advocacy Project Chief Executive Officer

Laura-Jane Wareing (LJW) (hosting), Westminster Advisory Board Chair

Minna Korjonen (MK), RBKC Advisory Board Chair

Gaenor Altonen (GAI), Westminster Advisory Board Member

Poornima Devi (PD), Westminster Advisory Board Member

Fay Sandler (FS), Westminster Advisory Board Member

Gaenor Holland-Williams (GHW), RBKC Advisory Board Member

Margaret Cairns-Irven (MCI), RBKC Advisory Board Member

Abderrahman Elguerbouzi (AE), RBKC Advisory Board Member

Gina Aston (GA2), Healthwatch Impact and Involvement Manager

Maria Ghaly (MG) Healthwatch Kensington & Chelsea Manager

Apologies received

Cass Cass-Horne (CCH), Westminster Advisory Board Member

Anna Velkova (AV), Westminster Advisory Board Member

Suvina Salins (SS), Westminster Advisory Board Member

Ekwa Ameyaw, (EA), RBKC Advisory Board Member

Jill Brown (JB), RBKC Advisory Board Member

Heena Bellara, (HB), RBKC Advisory Board Member

Rachel Hutchings – new TAP representative

	Item	Presenter	Time	Paper/ Verbal
1	Welcome, introductions and apologies	LJW	2.00	Verbal
2	Minutes of last Meeting	LJW/GA2	2.15	Paper
3	Update on The Advocacy Project	KS	2.25	Verbal
4	Update – Staffing & Recruitment	GA2	2.40	Verbal
5	Project updates 5.1 Young people’s mental health project (YPMH) 5.2 Cost of living project 5.3 Childhood immunisation	GA2	2.55	Verbal
6	Programme updates 6.1 Know Your Rights sessions 6.2 Patient Experience Programme	GA2	3.15	Verbal
7	Update – Appraisal	LJW	3.35	Verbal
8	Future of Independent Patient Voice	LJW	3.45	Verbal
9	AOB	LJW	3.55	Verbal
	Close		4pm	

1. Welcome, introductions and apologies

- LJW welcomes everyone and starts a round of introductions.
- KS introduces The Advocacy Project (TAP) and its focus on different types of advocacy.

2. Minutes of last Meeting

- Minutes of last meeting accepted by board members.

3. Update on The Advocacy Project

- KS emphasises the importance of capturing the legacy of Healthwatch and who we should be talking to with regards to the future of the organisation. Given the ICB merging we know that there will be a big area to cover. Being on different scrutiny boards enables KS to champion the importance of Healthwatch.

- FS: should we be lobbying our individual MPs with regards to the future of Healthwatch since it's the individual patient voices that will be gone? We need to get together to increase our numbers in this petition and create an impact.
- LJW: in our last meeting, it was agreed that people can personally take action, such as writing to their local MPs, because patient voice matters. There are lots of provisional plans for the future but nothing has been agreed yet. Thus, LJW and MK believe that, as a board, it would be best to wait until we are given more information. In the meantime, we should continue to be cohesive and work together to strengthen our presence locally.
- FS agrees that strengthening our local position is vital, but we also need to save the name of Healthwatch across other parts of England.
- GHW: it's important that we get personal messages such as support available to local communities.
- MK: we need to concentrate about what we are doing now – fulfilling our current duties well and maintaining our relationships. As KS said, a lot of lobbying is happening behind the scenes so we must focus on our core responsibilities because the decision about the future of Healthwatch is in the hands of the government.

4. Update – Staffing & Recruitment

- GA2: we have had some issues post abolition, including a knock-on in terms of staff moral and absences due to sickness. CW, our RBKC Manager, has handed in her notice. Thanks to TAP, we have had extra funding and support so that MG now appointed as RBKC Manager, as well as Zara, our Communications & Engagement Officer. However, with MG moving across teams, there is now a gap in the communications and engagement function in Westminster so we will be recruiting for this in the new year.
- LJW: we have a new representative from TAP who is very keen on voicing our messages and ideas to TAP.

5. Project updates

- *5.1 Young people's mental health project (YPMH)*
 - GA2: we were expecting to have been further ahead in this project but this has been a challenge due to the recent circumstances. We are really keen to be working with AE to meaningfully attract young people, particularly young men. This project is a follow-up from a

previous project so we would like to delve deeper into young people's mental health.

- AE: GA connected him with MG and Zara and all three met up recently to discuss how we can attract young people to this project. They also visited a youth centre that AE runs.
- GA: previously we have given vouchers and are happy to provide things like refreshments. We are also combining the work in Westminster with work around the wider VCSE work around developing a new mental health strategy. The Westminster focus groups will be held before the RBKC side.
- FS: happy to organise something at the Mayor's parlour but would like to know the dates in advance. She can also connect us with a service user who is very knowledgeable and can be involved this project.
- GHW spoke to someone who is a member from ambulance service whose sons are interested in volunteering.
- AE spoke about the importance of having people involved to support and to address safeguarding issues among young people, as appropriate.

– *5.2 Cost of living project*

- GA2: we have published our Cost of Living report for Westminster and did a lot of work with the Local Dental Committee. As part of our project, we heard a lot of issues about dentistry such as people's fears of visiting the dentist due to the high costs.
- Now that MG is in post, we will finalise our RBKC cost of living report in the coming weeks and will work with the community more to raise awareness about people's rights with regards to cost of living support from the council, eligibility to free prescriptions, dental care and other aspects of health. This has been an excellent opportunity to address the cost of living as a wider determinant of health as it has direct implications on health outcomes.
- MK: it was very touching to read some of the experiences that we heard from people such as the inability to take out prescriptions because of how expensive it is. The fact that people are publicly sharing their stories indicates the extent of the hardships faced by residents. It's important that this report is published to commissioners and shared with stakeholders to highlight the issues

that communities are facing and that we are the voice of people, particularly the most vulnerable.

- LJW, GA2 and PD highlighted that although children are entitled to free prescriptions, many medications now are not being prescribed by GPs such as painkillers and simple medicines for cough.
- MK is thankful that AE is with us because we have not captured a lot of insights specifically from men in the past which is important for us to hear from as wide a cross section of our local communities as possible.
- GA1 agrees with the points raised but added that the cost of heating is a major problem as well. She is happy for the team to reach out to her before publishing our Healthwatch reports for evidence that can support our reports, given her previous professional background. GA1 is also happy to provide resources that we can give to young people about key issues such as self-harm. She can also help with graphic design such as creating maps and other infographics. GA1 asked about the ways in which the reports on the cost of living make an impact.
- GA2: an example of the impact is that following our Cost of Living report in Westminster, we have worked with partners such as DWP, CAB and the Safeguarding Adult Executive Board to produce resources about this and we also share our reports with commissioners and other stakeholders. Having access to other resources that can aid our reports will be very beneficial.
- MK: the reports go back to commissioners and in RBKC back to the Cabinet Lead Member for Adult Social Care. Our reports are very important because we provide local authorities and stakeholders with the feedback that we have gained directly from service users. The chairs of the boards work very closely with the boroughs and the cabinet leads which has a direct impact on local decision-making. It's also important that we publicise our resources and research further. MK would also like the advisory boards to receive the reports at least one day before they are published.
- GHW: the cost of living can also affect people's confidence in speaking up about the issues that matter to them so Healthwatch can enable people to raise their voices.

– *5.3 Childhood immunisation*

- GA2: Charlotte previously did some research on childhood immunisation but we do not move forward with all our priorities at once, especially given the circumstances. With MG in post, we can take this work forward but we are focusing on the other priority areas, programmes and Enter & View. GA2's concern with this priority is that similar work is being done around this and we don't want to duplicate so GA will be able to come back in the new year with an update after working with RBKC staff to refocus this to decide how we can shape this work in a productive and meaningful way.
- MK suggests that we rethink this board priority because we need to consider our resources, particularly since in RBKC there are urgent reports such as the Enter & View that need to be urgently published. We also need to think about the wider work being carried out to avoid duplicating existing research. Finally, we need to consult with TAP board and KS to decide whether we would like to continue this work but from a different angle or focus on our other priorities.
- LJW: board members can respond to the proposal about the direction to take this work in.
- MCI notes that having a list of all the ongoing work will help board members to make a judgement on next steps.

6. Programme updates

- *6.1 Know Your Rights sessions*
- *6.2 Patient Experience Programme*
 - GA2: both programmes are running well. In Westminster, we are working closely with community hubs, food banks and others. With MG in post, we are refreshing our presence in RBKC.

Enter & View

- GA2: we are almost ready to publish the three Westminster Enter & View reports. The RBKC reports are too old so we will need a revisit and GA2 is contacting the providers to liaise. GA suggests that the next Enter & Views are conducted in GP surgeries by utilising our contacts with PPGs.

7. Update – Appraisal

- LJW asks MK and GA2 that we launch into appraisals.

8. Future of Independent Patient Voice

- LJW: Healthwatch abolition is still going ahead with the healthcare function moving into NHS bodies and social care into local authorities but nothing is set in stone. LJW and MK have agreed to not sign any further petitions yet until we have further information on the future of Healthwatch.
- MCI: we should highlight to decision-makers that the work we do is cost-effective.
- LJW: the work that we do is very vital and we must remember this.

9. AOB

- No AOB discussed.

10. Close

- LJW closes meeting and wishes everyone a happy holiday.