

Advisory Board Meeting Agenda

Friday 19th September 2025, 2.00–4.00pm (by Zoom)

	Item	Presenter	Time	Paper/ Verbal
1	Welcome, introductions and apologies	LJW	2.00	Verbal
2	Minutes of last meeting	LJW	2.10	
3	Update on Plans to Abolish Healthwatch England and Local Healthwatch	MK/GA	2.20	Verbal
4	Update on The Advocacy Project Support	GA	2.35	Verbal
5	Update on Priorities 4.1 Childhood Immunisations 4.2 YPMH 4.3 Cost of Living Report RBKC	GA	2.45	Paper
6	Update on Programmes 5.1 Patient Experience Programme 5.6 Know Your Rights	GA	3.00	Paper
7	Staffing Update - Service Realignment	GA	3.15	Verbal
8	Advisory Board Member Appraisal	LJW/MK	3.30	Verbal
9	AOB	LJW/MK	3.50	Verbal
	Close		4.00	

Version 2 - September 19, 2025

Joint Advisory Board Minutes

In attendance

Gina Aston (GA), Healthwatch Impact and Involvement Manager

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

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

Minna Korjonen (MK), RBKC Advisory Board Chair

Anna Velkova (AV), Westminster Advisory Board Member

Fay Sandler (FS), Westminster Advisory Board Member

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

Ekwa Ameyaw, (EA), RBKC Advisory Board Member

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

Zara Tewolde-Berhan (ZTB), RBKC Communications and Engagement Officer

Apologies received

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

Welcome, Introductions, & Apologies

- Previous minutes agreed – it was agreed by all that the meeting could be recorded.
- A round of introductions were completed and Zara introduced herself to the Board and spoke briefly about her experience in her new role as Communications and Engagements Officer in RBKC.
- At the last meeting it was suggested that each Board meet separately now that a Chair has been appointed to Westminster. Members were asked to consider whether they would prefer to meet separately or jointly, as had been the case for quite some time. Members were asked to communicate their preferences to Gina
- Nobody reached out to express a preference on this prior to this meeting.
- FS said that she felt that we speak with one voice and she's happy to continue jointly.
- Other members, including VB, expressed a preference for joint meeting so the Board agreed to continue meeting jointly for the time being but in view of abolition thought that bi-monthly meetings would be beneficial.
- Our representative on the TAP Board, Helen, is leaving – we will liaise with KS and the TAP Board on her replacement.
- MK floated a suggestion more we should have more PPG involvement since they are a valuable source of information on patient voice. The Dash report requires that Healthwatch remain in close contact with the ICB and we will, of course, continue to attend all ICB meetings and actively contribute.
- FS is concerned that GP's have funding to enable active PPG's and not all GP's facilitate their PPG's in a meaningful way. This is something that FS and the Board would like Healthwatch to monitor and to work more closely on in future.

Update on abolition: GA

- There is still not a great deal of detail about what sort of framework will be developed to enable independent patient voice post Healthwatch.
- There is a great deal of activity by local Healthwatch nationwide in seeking to raise awareness about the issues that arise out of the Healthwatch abolition. Healthwatch colleagues are concerned that no impact assessment was undertaken by Government before these plans were finalised and announced.
- Our frontline engagement tells us that people are concerned by the digitisation of access and emphasise that digital tools do not work effectively for many. ZTB, our Communications and Engagement worked from RBKC, confirmed the degree of concern expressed by local people she has recently engaged with,
- It remains the case that local Healthwatch seems low on the list of priorities with the ICB because their merger is an enormous shift for them and is coming at a time when budgets are being slashed simultaneously.
- The Adult Social Care function of Local Healthwatch will likely be moving to Local Authorities but an update from Commissioners suggests that they have no detail to share as yet.
- There are Early Day Motions and active petitions being circulated by local Healthwatch but we have no legislative timetable published yet (not until after the Kings' speech).
- GHW – Raised the issue of the homeless as a particular concern to her given the changes that are happening to independent patient voice and the danger of the most vulnerable in society facing further barriers to accessing the help that they need.
- GA assured the Board that we are strengthening our partnerships with local organisations working to tackle homelessness
- FS added that she wants a template petition sent to MPs.
- Regarding homelessness, FS feels that there are effective charities. FS feels it's exacerbated by the cost-of-living crisis and FS mentioned that professional hospital workers are also losing their jobs. FS suggests that we should be more focused on these issues and the outsourcing of appointments on weekends. There is a whole cohort of communities that will be affected by Healthwatch abolition. Westminster is 2.5 times bigger than RBKC but FS added, has had more cuts. FS is concerned that the focus of Westminster is on the North of the borough.
- GA reminded the Board that she had circulated a petition previously and happy to go forward with MPs outreach – sending letters to all MP's locally to ensure they are aware of the necessity to ensure independent patient voice in the longer term.

The Advocacy Project support – GA:

- KS is on leave this week so she could not join the meeting today.
- As CEO, she is continuing her work in strengthening the organisation to ensure longer term resilience.
- TAP are active in updating their website to ensure that it is engaging and informative to users as well as a showcase for the work we do.
- Funding challenges are a day-to-day reality in the third sector but delay in securing agreement from Commissioners on key contracts impacts staff morale and forward planning.
- We do not have a representative for Healthwatch on the TAP board as our representative left the Board recently. LJW and GA will attend the next TAP board meeting and intro LJW as new Chair for Westminster and will be a good chance for an update on when there will be a new Healthwatch rep appointed.

Project Updates

- *Priorities – childhood immunisation:*
 - We have updates from CW. We are coming into immunisation season now with the winter pressures inevitably looming. There is ongoing work on this across the ICB looking at the reasons for declining rates of take-up. We want to use our research to provide detailed insight on grassroots issues in specific communities,
 - GHW – feels a lot of older people are not being told by their GPs about vaccinations and about key info about pneumonia in RBKC. LJW feels that that is not the case with her experience in Hounslow. Interesting question for CW. Why are there differences in sharing info in different boroughs.
 - AV – Visited food banks a few years ago and feels that a lot of people are against vaccines but the views are mixed in all communities and the position is a lot more complex than the media suggests.
 - MK – Feels vaccine issues are also due to legislation, GPs nowadays have introduced AI and may tend to respond to issues that AI highlights with their practice rather than those experienced by ordinary residents.
 - GA – suggestions a strain of anti-vaccination disinformation through social media which breeds distrust.
 - MCI agrees with GHW's points – feels misinformation is being spread, in some cases by the practice. GP tried to give her anti-viral and found out some medicines not included in prescription, pharmacists giving disinformation to lots of elderly people. Elderly people – a target for misinformation. How do we tackle that?
 - The Board agreed that it is good for us to reflect on this, with an ageing population.
 - GHW – feels we need to find out who is responsible for the misinformation?

- The Board felt that the sources are likely manifold and that this is a complex issue we must remain mindful of.
 - MK – suggests that members discuss this with our GPs to understand the issues.
 - FS – suggests when we do hospital drop ins – ask if individuals have been offered a vaccine, and if so, find out who notified them.
 - Board agrees that we must work with community partners on misinformation and mistrust.
- *Young people’s mental health – GA update:*
- One of our priorities is to build on our previous report on Young People’s Mental Health and suicide prevention. We want to deepen our understanding and conduct further research on this. We are liaising with young people’s groups – building a cohort of young people to work with.
 - The last cohort (late teens) spoke about Kooth, an online resource for young people. We are interested in understanding the perceived value of this and face-to-face talking therapies, discovering what young people find really helps them most. We want to understand the stigma of mental health and how it manifests in the day-to-day life of young people. We are particularly interested in how young people become disillusioned to the point of disengaging with their programmes of study or work.
 - We will engage with community partners in the coming months to build on the research we have completed and plan the next tranche of work in detail.
 - FS – mentioned issues with apps, people accessing apps rather than in-person mental health support and she wondered how apps can address mental health problems effectively and tackle the underlying reasons why young people are feeling low, spiraling or self-isolating, for instance.
 - GA mentioned, as an example, that she also manages an autism navigation services in Brent and sees people who experience long waiting times where people report finding value in some online resources.
 - GA reminded the board that the research should afford us more valuable insight on the views of those experiencing these very difficult and potentially debilitating issues in early adulthood.
 - FS suggested that it might be useful to engage schools and colleges in our work,
 - MCI – child line was a telephone service previously; suggests they may know more info on this.
- *Cost of living report:*
- Updated RBKC report to be published this Autumn.

- o We are working with Safeguarding Adult Executive Board (SAEB) on updating resources in partnership with other organisations, ICB and DWP colleagues. We will develop a resource pack and slide deck to take part in a webinar with partners later this year.

- *Patient Experience Programme:*
 - o CW has updated and we will share the latest report. GA feels Queen Charlotte Hospital may be a less valuable venue for us and we will be looking at all our hospital input.
 - o Homelessness outreach in Westminster – ongoing and increasingly successful in creating impact and useful collaborations with other organisations.
 - o Dr Hickey’s surgery is a particular useful site for our outreach work with some very effective work going on there.
 - o We see issues in our wider work in Brent around homeless people being barred from their GP surgery without the proper process being adhered to. We are mindful that this could be an issue in Biborough so are keen to gather feedback from homeless people or people with complex difficulties to form a meaningful picture. It may be the case that Brent could learn from good practice in the Bi borough, but we will see what the data tells us.
 - o Know Your Rights programme is ongoing. We are tailoring the information delivered to try to reflect the anticipated needs of the user group we are delivering to.

Healthwatch Legacy

- MK agrees that Healthwatch legacy is important. ICB will likely assume the Health-related responsibilities for patient voice undertaken by local Healthwatch and the Local Authorities will likely be responsible for voice in social care.
- MK - **Enter and View activity is highly important. Board needs to know why we have not received any published reports.** If visits have been undertaken more than six months ago – we will need to revisit. Enter and View is a vital part of Healthwatch and statutory duty commissioned by the Local Authority. It is imperative that we strengthen and exercise this power of Enter and View fully for the benefit of our most vulnerable residents in line with the contract agreed with the Royal Borough of Kensington and Chelsea.
- GA – Inherited this issue and is working to ensure that reports on the six Enter and View visits undertaken are published at the earliest opportunity. GA

concluded that revisits will be necessary for the RBKC care homes visited since so much time has elapsed.

- GA has formulated a plan with support from the Chairs to create a process that creates a more effective means of undertaking this work in a meaningful way.
- GA is grateful for Board support in carrying out visits as Authorised Representatives.
- **MK asked that GA focus her immediate attention on the resolution of the issue as a matter of urgency and the Board agreed. The required re-visits and delayed reports should now be prioritised accordingly, and the board be updated as the matter progresses.**

Board appraisal:

- LJW - We need to come together as a united and cohesive Joint Advisory Board and ensure a positive legacy for the future of independent patient voice. To this end, LJW asked each member to submit their updated CV and a short statement addressing how they will support Healthwatch meet the challenges that we face in approaching our abolition in 2026/27.
- The Chairs will then organise an appraisal meeting with each member to enable us to refresh our offer and formulate effective plans for the challenging times ahead.

Actions

- Enter and View activity is highly important. MK/LJW emphasised the need to know why we have not received any published reports.
- Vaccine hesitancy - Misinformation, distrust and communication issues to be explored with community partners as part of our work on this priority.
- Work with community partners such as Older People's Voice, Independent Age and Age UK to explore the vulnerability of the elderly to misinformation.
- Update on Healthwatch abolition - GA circulated a petition previously and happy to go forward with MP outreach
- Young people's mental health – priority work and planning to be further developed and focus groups arranged.

Close

- LJW thanked everyone for their time and contribution and ended meeting.