

Healthwatch Kingston upon Thames Board Meeting AGENDA PART A and B

Published 12.09.18 on www.healthwatchkingston.org.uk
 For enquiries on this agenda, please contact: Stephen Bitti 020 8974 6629
stephen@healthwatchkingston.org.uk

To be held on Wednesday 19th September 2018, 5pm - 8pm
 In the Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT

PART A (OPEN MEETING): Members of the public are welcome to attend this part of the meeting.

No	Item	Lead(s)	Paper(s)	Time
PART A: STANDING ITEMS (30 min)				
1.	Welcome and apologies for absence	LM	-	17.00
2.	Declarations of interest	LM	-	
3.	Approval of PART A Minutes held 25.07.18	LM	✓	
4.	Action Log of PART A Minutes held 25.07.18 (at meeting)	LM	✓	
PART A: FOR DISCUSSION AND/OR DECISION				
5.	Adult Safeguarding and Community Reference Group (10 min)	GS	✓	17.30
6.	HWK Volunteering: Policy and Implementation (15 min)	NA	✓	17.40
PART A: FOR INFORMATION				
7.	Chair's report (10 min) (Includes Local Transformation Board and Kingston Health and Care Partnership update)	LM	✓	17.55
8.	Finance report (5 min)	NS	✓	18.05
9.	Chief Officer's report (10 min)	SB	✓	18.10
10.	Project and Outreach Officer reports (10 min)	ABY/LA	✓	18.20
11.	HWK Task Group reports (10 min) <ul style="list-style-type: none"> • Community Care Task Group • Mental Health Task Group • Hospital Services Task Group 	NS TW GG	✓ ✓ ✓	18.30
12.	AOB (5 min)	LM	-	18.40
13.	Confirmation of dates for 2018-19 meetings: <ul style="list-style-type: none"> • Tuesday 27th November 2018 • Wednesday 30th January 2019 • Wednesday 20th March 2019 	LM	-	
14.	Close of PART A	LM	-	18.45

Board Members (PART A):

Liz Meerabeau (LM)	HWK Chair/Trustee Board Member
Nigel Spalding (NS)	HWK Treasurer/Trustee Board Member
Grahame Snelling (GS)	HWK Trustee Board Member
Nike Alesbury (NA)	HWK Trustee Board Member
William Ostrom (WO)	HWK Trustee Board Member

James Waugh (JW)	HWK Trustee Board Member
------------------	--------------------------

Attendees (PART A):

Graham Goldspring (GG)	HWK Active Affiliate, Chair of the Hospital Services Task Group
Tony Williams (TW)	HWK Active Affiliate, Chair of the Mental Health Task Group
Stephen Bitti (SB)	HWK Chief Officer
Adelaide Boakye-Yiadom (ABY)	HWK Projects and Outreach Officer
Laila Awda (LA)	HWK Projects and Outreach Officer (Minutes)

**PART B
(CLOSED MEETING)**

The HWK Board has resolved to go into a private session because discussions might include prejudicial terms. Due to confidential nature of the business covered in this part of the meeting, only Board Members are able to be present for this part of meeting plus an agreed minute taker in attendance.

No	Item	Lead	Paper	Time
PART B: STANDING ITEMS (10 min)				
1.	Welcome and apologies for absence	LM	-	18.50
2.	Declarations of interest	LM	-	
3.	Approval of PART B Minutes held 25.07.18	LM	✓	
4.	Action log of PART B Minutes held 25.07.18	LM	✓	
PART B: FOR DISCUSSION AND/OR DECISION				
5.	New Opportunities Update (10 min)	SB	✓	19.00
6.	Projects & Outreach Officer Recruitment Update (10 min)	SB	✓	19.10
7.	HWK Strategic Development: Decision-Making Criteria (30 min)	WO/JW	✓	19.20
8.	Future Planning: HWK Board Meeting Agendas (5 min)	LM	✓	19.50
9.	AOB (5 min)	LM	-	19.55
10.	CLOSE of PART B	LM	-	20.00

Board Members (PART B):

Liz Meerabeau (LM)	HWK Chair/Trustee Board Member
Nigel Spalding (NS)	HWK Treasurer/Trustee Board Member
Grahame Snelling (GS)	HWK Trustee Board Member
Nike Alesbury (NA)	HWK Trustee Board Member
William Ostrom (WO)	HWK Trustee Board Member
James Waugh (JW)	HWK Trustee Board Member

Attendees (PART B):

Stephen Bitti (SB)	HWK Chief Officer (Minutes)
--------------------	-----------------------------

Healthwatch Kingston Upon Thames

Board Meeting, Wednesday 25th July 2018 5pm - 7.30pm

At Kingston Quaker Centre

DRAFT MINUTES FOR BOARD APPROVAL

PART A (OPEN MEETING)

Members of the public are welcome to attend this part of the meeting.

Present

Liz Meerabeau, HWK Chair Designate/Trustee Board Member	LM	Nigel Spalding, Treasurer/HWK Trustee/Board Member	NS
William Ostrom, HWK Trustee Board Member	WO	Nike Alesbury, HWK Trustee Board Member	NA
Stephen Bitti, HWK Chief Officer	SB	James Waugh, HWK Trustee Board Member	JW
Laila Awda, HWK Projects and Outreach Officer (Minutes)	LA	Adelaide Boakye-Yiadom, HWK Projects and Outreach Officer	ABY
Graham Goldspring, HWK Active Affiliate, Chair of the Hospital Services Task Group	GG	Tony Williams, HWK Active Affiliate, Chair of the Mental Health Task Group	TW
Winifred Groves, HWK Volunteer	WG		

No.	Item	Action
1.	<p>Welcome and apologies for absence</p> <p>1.1 Everyone was welcomed to the meeting. Apologies were noted for Grahame Snelling (GS), HWK Chair/Trustee Board Member and Ann Macfarlane (AM) Chair of the Community Care Task Group (CCTG). Liz Meerabeau (LM), HWK Chair Designate/HWK Trustee agreed to chair the meeting in the absence of GS. The HWK Board expressed gratitude to Ann Macfarlane for her hard work and commitment to the work of HWK, as Ann will step down as chair the CCTG at the end of August (Ann will however remain a member of the CCTG).</p>	
2.	<p>Declarations of interest</p>	

Healthwatch Kingston upon Thames Board Meeting 19.09.18 - Agenda and Papers

	2.1 No declarations of interest were made.	
3.	<p>Approval of PART A Minutes held 23.05.18</p> <p>3.1 Minutes of the previous Board Meeting were checked for accuracy and approved pending the following amendment(s):</p> <p>It was agreed that in item 9.3 should be deleted.</p>	ABY
4.	<p>Action Log of PART A Minutes held 23.05.18</p> <p>4.1 The HWK Board requested an update report from GS (as the HWK Adult Safeguarding Lead) at the next HWK Board meeting, on the role and activity of HWK as part of the Kingston Adult Safeguarding Board and the proposed HWK 2018-19 priority to develop an Adult Safeguarding Community Reference Group for Kingston.</p>	GS
	<p>4.2 HWK Board DBS checks was discussed. DBS checks for NA, WO and JW are outstanding due to access issues to the online DBS checking system which have now been resolved.</p> <p>NA, WO and JW to liaise with SB to book in 1:1 to process/finalise. And SB to check copies of DBS paperwork for GS are in the personnel file.</p>	NA, JW, WO, GS, SB
	<p>4.3 Closure of Murray House: NS also reported that the newly-created RBK Scrutiny Panel meeting on Monday 23rd July 2018 had considered a Community Call-In on the decision of the Children's and Adult's Care and Education Committee to close Murray House and the associated arrangements to settle the 5 permanent residents in alternative care home(s).</p> <p>The RBK Scrutiny Panel resolved to reject the request for the Community Call-In, so the closure of Murray House will go ahead.</p> <p>The RBK Scrutiny Panel considered that the Children's and Adults' Care and Education Committee should have oversight of the arrangements agreed with the residents on alternative homes and the associated financial appraisal and the Portfolio Holder confirmed that there would be a further report to that Committee.</p>	
	<p>4.4 The HWK Board noted that there had been a conversation between SB and Kingston Hospital to improve HWK's involvement in and response to the hospital's Quality Account 2018-19. LM asked how the Quality Account document is used. SB to take this question to the next Kingston Hospital Healthwatch Forum meeting (20.09.18). SB asked if any members of the board would like to join him at this next meeting.</p>	SB
	<p>4.5 LM has requested a short report on the impact of the Grassroots engagement events at the end of the delivery period. She agreed that impact cannot be assessed in any depth and that the most important thing was to have a summary record.</p>	SB

Healthwatch Kingston upon Thames Board Meeting 19.09.18 - Agenda and Papers

	SB stated that the last Kingston event is the Fastminds Neurodiversity Arts Festival on Saturday 15 th September. He anticipated that a Grassroots report will be completed by end of 2018.	
	4.6 SB to review the HWK Privacy Policy after the planned meeting between HWK and RBK contract holder Peter Taylor on Thursday 16 th August.	SB
5	Adult Safeguarding Presentation/ Q & A 5.1 It was agreed the presentation by Peter Warburton, Lead Nurse for Adult Safeguarding would be rescheduled for a later date.	
6.	Chair's report 6.1 The Chair's report was noted by the HWK Board. 6.2 NA suggested that we need to thank GS for his time as HWK Chair and to welcome LM as the new Chair and it was agreed HWK hold a public 'meet the board type session' where thanks and welcome can be made. LM suggested that SB look at a date in early to mid-September to arrange this. 6.3 Send out an invite to HWK stakeholders.	SB LA
7.	Finance report 7.1 The Board noted the contents of the Finance Report.	
	7.2 The budget will be revised as HWK receives further income.	
	7.3 The government is paying £3K of staff national insurance which has meant HWK has £3k additional funds to allocate to HWK budget 2018-19.	
	7.4 The Board approved the Report of the HWK Trustees and Unaudited Financial Statements for the year ending 31.03.18. GS is required to sign the paper document of this report upon his return, so this can be sent to the HWK Independent Examiner for submission. NS has left a copy with SB.	SB/GS
8.	Chief Officer's report 8.1 The noted the content of the report and the appendices.	
	8.2 NS and LM agreed to join meeting with new HWK contract holder Peter Taylor, the Commissioning Lead (RBK Communities Directorate) on 16.08.18. SB to discuss the role of the Data Protection Officer (DPO) with the HWK contract manager at RBK.	SB
	8.4 LM requested that all board members refresh their knowledge of the HWK contract.	ALL

Healthwatch Kingston upon Thames Board Meeting 19.09.18 - Agenda and Papers

	<p>8.5 HWK and partners intend to submit another bid to become a Time to Change (TTC) ‘funded hub’. We appear to be in a stronger position this time around because Kingston is already a TTC ‘virtual hub’. TTC have been enthusiastic for us to apply. The deadline for the application is 16.11.18.</p>	SB
	<p>8.6 An inventory of all HWK equipment has been completed by LA and will be reviewed annually.</p>	
	<p>8.7 SB and LA attended a Youth Out Loud! (YOL!) introductory development meeting at Heatham House in Twickenham on 25.07.18. LA created a short film with some young people involved. This was shown to the HWK Board and will be available on the HWK website.</p>	
	<p>8.8 LA has arranged to meet members of YOL! to discuss/plan communications e.g. social media/webpages etc.</p>	LA
	<p>8.9 New opportunities</p> <p>Time was been allocated for an update in Part B of Item 2.</p>	
	<p>8.10 As a result of a recent review of health and safety at the HWK office, a revised ‘HWK Lone Working Policy’ has been approved by the Board. LA and ABY have been given a copy.</p> <p>In addition, it has been agreed that a Wi-Fi video intercom be installed on either side of the HWK office door. This work is provisionally booked for installation the week beginning Monday 13th August.</p> <p>The PATS testing of all the HWK equipment was done in June.</p> <p>NA suggested that work station assessments for staff /volunteers need also to be included in future health and safety reviews.</p> <p>NS suggested a review of Health and Safety related policies and procedures take place every 6 months with a proviso that this can be altered to meet organisational requirements.</p>	
	<p>8.11 The Board agreed a short Business Continuity Plan needs to be written and a process needs to be put in place. JW suggested that this could be put together prior to the next Board meeting in September.</p>	SB
	<p>8.12 The Board discussed HWK reputation management and external media communication.</p> <p>WO felt that although only a medium risk, all points of interaction with the public need to be looked at.</p> <p>HWK should have a readily available holding statement in the event of the HWK reputation being challenged. WO offered to draft.</p> <p>It was agreed that if such a situation were to arise, it would be the Chair’s responsibility to speak to the press.</p>	WO

	<p>8.13 JW agreed to be the Board Member responsible for the HWK Risk log. NS suggested that he sends it out to staff and Trustees 3 weeks in advance of the November Board meeting for their input/update using the agreed HWK template. It was agreed that the log should then be reviewed every other meeting (every four months) with the bulk of discussion should be by email prior to the relevant meeting.</p>	JW
	<p>8.14 The allocation of the £3k mentioned in minute 7.3 above was agreed by the Board as follows:</p> <ul style="list-style-type: none"> • Staff training and attendance at conferences / workshops be increased by £1000. • IT facilities and Helpdesk - increase of £1500 agreed, e.g. for potential new website. • Hospitality for Meetings - increase of £500 to support volunteer recruitment events agreed. <p>The HWK Budget and Accounts 2018-19 need updating to reflect changes.</p>	SB
	<p>8.15 The full HWK staff team will be attending the Healthwatch Conference 2018 on 3-4 October in Stratford upon Avon (HWK office will be closed from noon on 02.10.18 as staff will be travelling to Conference that afternoon).</p> <p>The Board agreed that the meal subsidy for staff and volunteers would be £20 max. for an evening meal and £10 max. for any other meals required within that day. SB to update the relevant HWK policies.</p>	SB
	<p>8.16 The Board and staff agreed that the recent student work experience placement was a very worthwhile exercise and mutually beneficial. SB has agreed that HWK be considered for future placements.</p> <p>NA asked what the consent process is for younger volunteers below the age of consent. SB said that as on this occasion the work experience was arranged by the school so this was dealt with by Achieving for Children. In relation to our work with YOL! LM felt that HWK should either have a copy of the AfC parental consent on file or have an HWK written consent form completed.</p>	
	<p>8.17 NS agreed to attend the Healthwatch England Committee on 21.07.18, as LM is unable to go and SB is on holiday. At present the topics for discussion are not known.</p>	NS
9.	<p>Project and Outreach Officer reports</p> <p>9.1 The contents of the two Project and Outreach Officers' reports were noted. WG commented on the importance of grassroots views.</p>	
	<p>9.2 The Enter & View Report for Kingston Adult Community Mental Health Services at Tolworth, has been sent to Richard Dalton, Clinical Manager for Kingston & Richmond Community Services at Tolworth Hospital and they now have 20 working</p>	

	<p>days to respond to the report recommendations. This should be by the first week in August.</p> <p>ABY to check on the process and timescale for the report to be sent to HWE and be published on the HWK website.</p>	ABY
	<p>9.3 LA has been doing some work on the website and feels that it may be worth looking at the template provided by HWE. It was agreed that we would discuss this further at the next meeting.</p>	LA
10.	<p>Volunteering</p> <p>10.1 NA has redrafted the policy using more lay rather than legal terms and has taken out some of the procedural items. The Board was happy with the changes and agreed the document was clearer.</p> <p>10.2 It was agreed that both ‘volunteer’ and ‘active affiliate’ terms would be used. A sentence needs adding that volunteers are not employees and NA will look at the age section of the policy to ensure HWK has the proper procedures in place for working with young people under 18 years.</p> <p>10.3 NA suggested that there be a volunteer expenses policy (there is one for staff) NS suggested that a guidance document that states what volunteers can claim should be drawn up.</p> <p>10.4 There was discussion about the list of names of our affiliates both on our website and in the annual report. With the GDPR regulations it was agreed that consent is recorded.</p> <p>10.5 SB suggested that we need to include ‘gender and gender identity’ and ‘intersex’ in our Equality and Diversity and Inclusion section of the draft Volunteer Policy.</p> <p>10.6 NA and LA are drafting a volunteer role profiles and also putting together a volunteer induction pack for the next meeting.</p>	<p>NA</p> <p>NA</p>
11.	<p>HWK Strategy</p> <p>11.1 Following the workshop meeting, it was felt that we needed to improve strategic reach, it was noted that HWE have recently published their strategy and that we might use it as a template, although views were mixed.</p>	
	<p>11.2 LM felt that we should consider raising our profile.</p>	
	<p>11.3 SB stated that HWK needs 2 strategies: -</p> <p>a) An operational strategy (owned by SB)</p> <p>b) An organisational development strategy (owned by the board)</p>	

	And that any work done on the organisational development strategy needs to be aligned with the operational strategy and the contract.	
	11.4 JW and WO to work on the organisational development strategy aligning this with SB's operational strategy for November's meeting and to provide a progress report in September.	11.4 JW,WO SB
12.	Task Group Reports Community Care Task Group 12.1 AMF is stepping down as the Chair of the Community Care Task Group. The Board again thanked her all for the work that she has done for HWK.	
	12.2 NS, SB, LM, ABY and LA met Chris Jones (CJ) and Andrew Osborne (AO) to discuss the Social Prescribing work in Kingston and to find out how HWK might be involved in the evaluation. CJ and AO provided an update on the work and there was a discussion on the co-production and evaluation of KCC. NS would like HWK to explore this at the next CCTG meeting.	
	12.3 LM felt that this could be a large piece of work, and SB suggested that it could need extra funding and possibly another part- time staff member.	
	Mental Health Task Group 12.4 TW has circulated his report prior to the meeting.	
	Hospital Services Task Group 12.5 GG attended the Dementia Strategy meeting at Kingston Hospital and will discuss the report with SB and members of the Hospital Services Task Group.	12.5 GG, SB
	12.6 GG has been away for the last month but in his absence LA liaised with Kingston Hospital on moving forward with the discharge project. An email has been sent to Elizabeth Tsangaraki- Wilding (ET) and Nichola Kane has been copied in. ET is currently away - LA to follow up.	12.6 LA
13	AOB - No other business.	
14.	Confirmation of dates for 2018-19 meetings: Wednesday 19th September 2018 Wednesday 28th November 2018 Wednesday 30th January 2019 Wednesday 20th March 2019	
15.	Close of PART A	

Paper for the Healthwatch Kingston Board Meeting - 19.09.18

PART A - ITEM 5

HEALTHWATCH KINGSTON UPON THAMES SAFEGUARDING AS PART OF HEALTHWATCH ACTIVITY Report by Grahame Snelling, Board lead for Safeguarding 20.8.18

Purpose of report

This report has been written to brief trustees about the reasons for the inclusion of Safeguarding in our activities, and why the development of a Community Reference Group is a good fit with our strategic objectives.

Background

In the October 2016 bidding process to RBK, HWK was required to demonstrate that we had robust policies in place and show how good safeguarding practice would be applied in every aspect of our organisation from safe recruitment of trustees, staff and volunteers to the operation of Enter and View visits. Whilst this primarily focused on internal procedures and training to ensure that HWK remains a safe organisation and the opportunities for abuse are minimised, the safeguarding section in the bid also referred to our external relationships, especially in respect of our direct contact with individuals and organisation where we might hear or learn about abuse taking place or receive specific allegations that we would need to pass on to the relevant authorities. Therefore, HWK must demonstrate that it is a competent organisation in its ability to respond appropriately and promptly to any concerns that come to its attention. Anonymous surveys of service users, the observations of carers, direct reports, and the evidence from E and V visits are the potential primary sources of information that HWK may need to act upon.

HWK involvement in Adult Safeguarding

There is a good deal of evidence that HWK personnel in many other parts of the country are involved in the work of local Adult Safeguarding Boards (ASBs). These boards were put on a statutory footing as a result of the Care Act 2014 with a view to coordinating local effort and holding partner organisations to account. Typically, HWK representatives are full board members or members of sub groups of these boards generally relating to public engagement. There are good examples in Sheffield, Richmond/Wandsworth, Devon, Lambeth, Dudley and Kirklees. The reason for HW inclusion is very similar to the points made in the above paragraph but can be summarised thus:

- Adult safeguarding is a social care/health service that merits scrutiny alongside other adult social care and health services;
- E and V offers a unique statutory opportunity to gather intelligence and the specific views of service users, carers and staff about the services they receive and how they are delivered, in which safeguarding concerns may come to the fore;
- HWs occupy positions of influence on their local HWBB, Scrutiny Panels and CCGs and so are well placed to bring concerns to wide attention;
- Being an ASB board member enables a HW to understand more about local safeguarding systems and be able to ask the right questions based on an informed understanding of partner organisational policies, practice and performance;

- Being a partner in the local ASB partnership requires us also to subject ourselves to scrutiny about how we conduct our own safeguarding activity through audit. This shows transparency and accountability;
- Being a member of an engagement sub group or coordinating a Community Reference Group as requested by Kingston ASB is a natural consequence of our local consumer champion role, applying it to a very specific service with a high risk public profile. HWs will generally have the skills and knowledge to develop engagement plans and offer them to local ASB partnerships.

Current situation in Kingston at August 2018

Julie Phillips, Head of Safeguarding at RBK approached the chair in December 2016 to see if HWK would become involved in Kingston ASB activities for the reasons outlined above. At the same time, and following submission of the bid in October 2016, the statements made in the bid and the then chair's professional background had persuaded him that HWK needed to become more active in this area as a contributor to the early spotting of potential concerns through regular service user and carer contact and so responded positively to this approach. This development was not predicated on a significant number of concerns being identified by HWK, but rather was based on the realisation that the organisation could offer input into prevention and early identification.

Consequently, HWK was invited to become a partner of the ASB and accept a place on the board. This was discussed with the board early in 2017 (although at the time other priorities were much in evidence) and the former chair started to attend ASB board meetings plus two annual development days. The board meets quarterly to receive confidential reports of critical incidents, learn about partner performance against a matrix of indicators and more recently, since March 2018, to consider how best to promote more service user/carers engagement so as to provide service feedback about ease of referral, assessment processes and whether the outcomes for the subject met the standard of 'making safeguarding personal, another Care Act 2014 principle. It is within this context that the current chair, Sian Williams, attended the board in March 2018 to ask HWK's board to consider developing a Community Reference Group (CRG), which she had pioneered successfully with HWs in two other authorities where she chairs the AS boards. A proposal about how to progress this is presented as a separate paper.

As the HWK board member with lead responsibility for safeguarding I am happy to continue to serve on the ASB and provide feedback. I am also happy to take the lead on developing the proposed CRG. I also sit on the Quality Assurance sub group of the Kingston Children's Safeguarding Board where the role is more limited as we have fewer E and V powers, but it is a forum to ask questions about performance.

Grahame Snelling

HWK Board Lead for Safeguarding

Paper for the Healthwatch Kingston Board Meeting - 19.09.18

PART A - ITEM 5

HEALTHWATCH KINGSTON/KINGSTON ADULT SAFEGUARDING BOARD PROPOSAL TO ESTABLISH A COMMUNITY REFERENCE GROUP

Introduction

The purpose of this paper is to propose a set of practical arrangements to convene and provide secretarial support in order to develop a Community Reference Group (CRG) to assist the Adult Safeguarding Board (ASB) in being confident that it is capturing the experiences and views of Adult Safeguarding service users, carers and referrers. From this it will enable the ASB to reflect these in its own strategy as well as being able to advise operational partners about how their service delivery is perceived and received. HWK sees this in the first instance as a one-year pilot programme, and then if after review it appears successful, then the board of HWK may seek to secure funding to provide this on an ongoing basis. Meeting possible unplanned expenditure in the pilot year, going beyond the in kind HWK contribution detailed, is referenced below.

Background

Healthwatch Kingston (HWK) has been asked by the ASB, through its chair, to facilitate the development of the CRG on behalf of the ASB, of which HWK is a member. HWK has the skills, knowledge and capacity to operate the group, and its inclusion in this process is reflective of the fact that a good number of Healthwatches in London and other parts of the country have led or participated in various engagement formats to promote the public voice dimension of the safeguarding agenda.

HWK's role as the local consumer champion for health and social care can therefore involve active scrutiny of adult safeguarding services but equally through its regular programme of community engagement, HWK may well provide a space in which service users can safely disclose information about their treatment by providers, which can in turn lead to HWK being a referrer to the Safeguarding service. Therefore, the request fits well with HWK's objectives and helps it to deliver an aspect of its statutory mandate. The ASB chair has good experience from elsewhere of Healthwatches delivering effective CRG's and this contributed to the request made to HWK to establish a CRG.

The proposal to establish a CRG contributes to HWK meeting another dimension of its service scrutiny requirement.

What is a CRG?

Essentially the proposed CRG will be a regular forum to which Adult Safeguarding service users, their families and carers, referrers and other stakeholders will be invited, aiming to provide a safe space in which to share stories of how easy it was to access the service, how well the service responded, whether the results of the intervention were helpful and critically whether the process and outcome of assessment, investigation and the consequent safeguarding plan reflected the Care Act 2014's guiding principle of 'making safeguarding personal'.

In summary the purpose of the CRG will be to:

- Establish a safe space for members to share their stories
- Provide feedback to the ASB and service providers about processes
- Indicate the degree to which services are user friendly
- Consider whether written information about services is clear
- Consider whether the process of referral is easy and straightforward
- Provide a means of engaging service users and others in service reviews
- Enable a public voice dimension to be included in the annual ASB report

CRG outputs

It is anticipated that the group will:

- advise on how best to communicate adult safeguarding messages to the public
- act as a critical friend to ASB partnership members as they review their services
- generally support the work of the board to deliver on its engagement responsibilities
- make contributions to other community safety initiatives

Practical arrangements

Facilitation

The forum will be facilitated by the HWK lead trustee for Safeguarding, who is a safeguarding professional in another setting and a member of the staff team.

Venue and frequency

The CRG will meet at the Quaker Centre, Fairfield North, Kingston upon Thames and it is proposed that it meets quarterly and shortly before the ASB meeting itself so that immediate feedback on current topics can be provided. At this point it is also suggested, based on research elsewhere, that a day time session lasting 1.5 - 2 hours will be the best model.

Safe space

HWK will develop an outline terms of reference for CRG members to consider at its first meeting. The group will be helped to develop a set of ground rules relating to confidentiality, the processing of sensitive information, reporting to the ASB and individual services, and consent to share information that could lead to an initial or re-referral to the relevant statutory agency.

Advertising and invitations to join

HWK has its own GDPR compliant communications network enabling details of the CRG to be sent to a generic group of health and social care consumers who may not have had contact with the Adult Safeguarding Service. Equally HWK does not know if they have or have not had such contact. Therefore, it is proposed that the Adult Safeguarding Service and ASB partners who deliver aspects of safeguarding services be invited to speak with and then give out an information leaflet to service users describing the CRG and what it offers. The leaflet – also available on line – will also contain practical details about dates and location

and a contact number which will be HWK's. HWK will design this leaflet in consultation with the Access and safeguarding Team.

Reporting

HWK will prepare a summary report of the CRG's activity and emerging themes at each ASB board meeting. The CRG will contribute to the annual ASB report and represent the public voice in that document.

Outstanding issues at 31.8.18

- Payment of travel expenses – some settings offer payment of expenses. If this an expectation HWK does not have the funds to do this
- Running cost are considered to be minimal at this stage with the costs of staff time, room hire, tea and coffee and stationery such as flip charts being absorbed within the HWK operational budget. If, however there is evidence of specific extra costs emerging such as printing, obtaining specialist resources, or the costs of an external speaker, then HWK will return to the ASB with costed proposals and a business plan.
- Clarification of nomenclature of the Adult Safeguarding Service, Access Team and the safeguarding teams or work of partner agencies, to determine the scope of the CRG's remit

Start date

With the support of the HWK board and the ASB for these draft proposals, it is intended to hold an initial meeting in late September/early October 2018.

Grahame Snelling

HWK lead trustee for safeguarding

31.08.18



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 19 th September 2018
Report Title: Volunteering Next Steps	Author: Nike Alesbury, Trustee (NA)
PART A Agenda Item: 6	Appendix: 6A

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to follow up on actions agreed at the Board meeting in July 2018. All items referenced in the meeting and in feedback following our discussion have been actioned and are included in this report.

The Board is requested to note the following requests:

1. **DISCUSS:** Clause 4, Volunteer Policy, Appendix 6A. Does this clause follow processes of engaging with young people engaged in Youth Out Loud?
DISCUSS: Clause 8, Volunteer Policy, Appendix 6A. What should be referenced if we include a clause on Conflict of Interest?
APPROVE: the rest of the updated version of the Volunteer Policy, Appendix 6A
2. **APPROVE:** the recommendation that we change from current Volunteering web content to this new format and request that these go live as soon as possible (even where there is text that is work in progress).
DISCUSS: Are there opportunities in the Borough where our volunteers could go out and speak on behalf of Healthwatch Kingston? Is this a role we would be keen to create?
INPUT: Please could James & Nigel let us know if there is anything specific that needs to be included to ensure that this form is GDPR compliant.
3. **APPROVE:** actions for NA and LA to complete before the next Board meeting

At the Board Meeting in July, NA agreed to review and update the following items in relation to volunteering with HWK:

1. Volunteer Policy
2. Website
3. Role profiles
4. Induction

1. Volunteer Policy

All feedback proffered in the Board meeting and in follow up emails have been included in the latest version of the Volunteer Policy. This is included as Appendix A.

Many thanks to all Trustees who fed back, particularly for Nigel's detailed comments.

FOR DISCUSSION: Clause 4, Volunteer Policy, Appendix A. Does this clause follow processes of engaging with young people engaged in Youth Out Loud?

FOR DISCUSSION: Clause 8, Volunteer Policy, Appendix A. What should be referenced if we include a clause on Conflict of Interest?

FOR APPROVAL: all other updates to the Volunteer Policy, Appendix A

2. Website

2.1 New template for Volunteering pages

Earlier this year, Laila started some fantastic work on updating our 'Volunteer With Us' web pages on our website.

The draft of these pages can be found here:

<http://www.healthwatchkingston.org.uk/volunteer>

NA has fed back to Laila on minor amends to language, capitalisation, and layout.

Note that some pages are a work in progress. We aim to have copy for these by the next Board meeting.

FOR APPROVAL: I would like to recommend that we approve the change from current Volunteering content to this new format and request that these go live as soon as possible (even where there is text that is work in progress).

2.2 Volunteer roles

Whilst researching volunteer roles at other Healthwatches, Laila spotted an Ambassador role at Healthwatch Essex.

<https://www.healthwatchessex.org.uk/get-involved/healthwatch-essex-ambassadors/?platform=hootsuite>

FOR DISCUSSION: Are there opportunities in the Borough where our volunteers could go out and speak on behalf of Healthwatch Kingston? Is this a role we would be keen to create?

2.3 Volunteer data

As part of this process, we will be updating the Volunteer Application Form on the website and this will be mirrored in hard copy. My proposal is that the form is changed to include

- A drop down enabling people to indicate if they are interested in a specific role (e.g Task Group volunteer, Events Volunteer, Project Volunteer, Other)
- A GDPR compliant opt-in that asks whether people are happy for us to contact them about volunteering opportunities, or the wider work of the organisation
- Change the dates and times box to a drop-down which asks the nature of time available for them to volunteer (limited, extensive, ad hoc, regular?)
- A data protection statement?
- A tick box asking whether people would be happy to have their contribution recognised by being named in the annual review (as agreed at the Board Meeting on 25.07.18)

FOR INPUT: Please could James & Nigel let us know if there is anything specific that needs to be included to ensure that this form is GDPR compliant.

3. Role Profiles

When Nigel visited the Healthwatch England networking event, he reported back on several items that are relevant to volunteering at HWK. One was to highlight HW Ealing's website and volunteering opportunities.

<https://healthwatchealing.org.uk/get-involved/volunteer/>

ACTION: NA and LA to discuss creating individual role profiles for priority volunteering positions at HWK

4. Volunteer Induction

Nigel's attendance at the Healthwatch England Networking meeting also highlighted that 'HW England is preparing an induction pack for all new staff, volunteers and trustees in local healthwatches'.

ACTION: NA and LA to review this induction when it is produced by HW England and adapt for our volunteers.

In the mean time, when an individual approaches us about volunteering

- They should be asked to fill in the Application Form
- They should be given a copy of our Volunteer Policy
- They should be given a copy of our Code of Conduct
- They should be given a Welcome letter or email

Healthwatch Kingston upon Thames Board Meeting 19.09.18 - Agenda and Papers

ACTION: LA to

- create an updated hard copy of the Application Form, to reflect the web
- draft a leaflet version of the Volunteer Policy (with nice images)
- update the existing Member expenses form to be suitable as a general Volunteer Expenses Form
- draft a Welcome letter

Paper for the Healthwatch Kingston Board Meeting - 19.09.18 PART A - ITEM 6 Appendix 6A

HWK Volunteer Policy – for approval

1. Commitment to volunteering

We help make health and social care services work better for the people who use them. Everything we say and do is informed by local people.

Volunteers are vital to the work of Healthwatch Kingston (HWK). We value their passion, energy and ideas. We strive to involve a diverse group of volunteers who reflect the communities we work with.

This policy aims to ensure a safe & consistent approach to our involvement of volunteers.

2. Definition of a volunteer

Volunteers support HWK by giving their time freely to carry out roles that have been initiated by, or agreed with, the organisation. The volunteer relationship is based on trust, and does not involve the obligations associated with employment. No payment, other than the reimbursement of agreed expenses, is made to people who give their time as volunteers to HWK.

We have a range of different volunteer roles at HWK, these include our

- Trustees – who are responsible for decision making, as set out in the HWK’s Articles of Association
- Active Affiliates – who participate in our Task Groups and Enter & View visits
- Authorised Representatives – who are registered with us and attend & report back on external meetings, on behalf of HWK
- Young Volunteers – under the age of 18 years, who participate in Youth Out Loud or join us for work experience
- Time to Change Champions -
- Office Volunteers – who provide regular support in our office
- Event Volunteers – who provide ad hoc support when we attend events
- Project Volunteers – who engage with the organisation to support specific pieces of work
- Research Volunteers – who support our local activity by conducting 1:1 interviews and support focus groups
- Fundraising Volunteers – who deliver activity to raise additional income for HWK

3. Equal Opportunities and Diversity

HWK is committed to equal opportunities and diversity. We are committed to recruiting volunteers regardless of their race, colour, nationality, religion, ethnic origin, disability,

marital status, gender, gender identity, intersex, sexual orientation or offending background, in order to ensure HWK reflects the diversity of the community.

4. Age

In most cases, volunteers will need to be over 16 years of age to volunteer independently with HWK. Under 18s will be asked for parental consent. Younger people may volunteer with us if they are accompanied by a responsible adult.

5. Recruitment

Volunteers can choose how much time they wish to volunteer, their areas of interest and how they would like to be involved.

As part of the recruitment process, volunteers will be asked to undertake a Disclosure and Barring Service (DBS) check and provide two references (personal or professional).

Volunteers will be asked to complete an application form. Once this form has been processed, volunteers will be invited for an informal meeting with a staff member and / or Trustee. This meeting is to ensure that the applicant is suitable for the role in question and that the organisation can meet the requirements of the volunteer. Confirmation of appointment will be made in writing shortly thereafter or reasons provided for not doing so.

6. HWK responsibilities to our volunteers

6.1 Expenses

HWK will reimburse volunteers for reasonable expenses incurred while they carry out their role. The process will be described in detail as part of the induction, as well as the current allowances.

Expenses will only be reimbursed if they are:

- Supported by valid receipts
- Submitted using a HWK claim form
- Submitted within 3 months of the expenditure being incurred
-

6.2 Training and Development

Developing the skills and contributing to the personal development of volunteers is important to HWK. Volunteers will be notified of further training opportunities specific to their role but also to increase their knowledge and experience. This could include attending training sessions provided by the NHS, Local Authority and the voluntary and community sector.

6.3 Insurance

Whilst conducting their role, volunteers will be protected by HWK's organisational liability insurance. However, HWK's insurance does not cover your personal belongings.

6.4 Data protection and confidentiality

HWK will protect your information as part of our data protection responsibilities. All information provided by volunteers will be treated as confidential and used only for the purposes stated at collection, in accordance with HWK's data protection policy.

As a volunteer with Healthwatch Kingston, you may also be privy to confidential information and personal data. If this is the case, this will be signposted to you and you will be made aware of the relevant policies and procedures, to ensure that you understand how this applies to your role.

6.5 Health and safety

HWK is committed to ensuring your wellbeing and safety whilst you are volunteering and we expect our volunteers to contribute to maintaining a safe working environment, in accordance with HWK's Health & Safety and Lone Working policies.

6.6 Copyright & intellectual property

The rights to any original works that you may produce in the course of volunteering will belong to the charity, unless otherwise agreed, in accordance with our Communications, Engagement and Media Policy.

6.7 Media Relations

No comments or stories should be given directly to the media, unless your volunteer role specifically includes talking to the press or other local media.

6.8 Safeguarding

HWK is committed to safeguarding and promoting the dignity, wellbeing and safety of children, young people and adults at risk, across all its activities. All HWK staff, volunteers and Trustees are expected to protect the safety, independence and wellbeing of vulnerable people. Our safeguarding procedures can be found in our Safeguarding Policy.

7. HWK Expectations of our volunteers

7.1 Roles and responsibilities

In accordance with HWK's governance structure, all our volunteers are accountable to the Board of Trustees, except for Office Volunteers who will be accountable to a named

member of staff. As such, HWK expect all volunteers to understand their role and responsibilities, which include the following commitments

- To complete our volunteer induction
- To be aware of and follow HWK's organisational policies and procedures which are provided on the HWK website at <http://www.healthwatchkingston.org.uk/content/governance>
- To complete relevant in-house training, where required
- To ensure the views of the community are put before any personal interests regarding health and social care provision

7.2 Code of Conduct

HWK has a duty to protect its good name and reputation. We have a Code of Conduct which sets out the standards of behaviour expected of all those involved in the work of HWK. We expect all volunteers to adhere to this Code of Conduct.

7.3 Sickness and Absence

In order to plan for meetings, events and activities, it is helpful for HWK to have as much notice as possible from volunteers if they cannot attend. If this is due to sickness, it will be helpful to ring the office as early as possible, so alternative arrangements can be made. If this is due to absence, such as a holiday, it will be helpful to notify the office in advance.

8. Conflict of Interest

To be discussed at the September Board Meeting

9. Resolving concerns

It is the intention of HWK that all volunteers are treated in a fair and non-discriminatory manner. We strive to ensure that all volunteers find their roles interesting, rewarding and a positive experience that can lead to a greater awareness of the issues affecting health and social care services and the people who are using them. There may be times, however, when this is not the case and HWK will do all it can to resolve any problems as early as possible, in accordance with the Complaints Policy & Procedure.

10. Ending a volunteer position

All our volunteer roles may be terminated by the volunteer or HWK without notice. However, where possible HWK will give a minimum of two weeks' notice and we expect volunteers to do the same to ensure any work can be finished or handed over.

HWK will ask any leavers for feedback to help improve its services as well as its internal procedures and processes, but this is on a voluntary basis.

The Chief Officer of HWK reserves the right to terminate the role with immediate effect if a volunteer is:

Healthwatch Kingston upon Thames Board Meeting 19.09.18 - Agenda and Papers

- verbally or physically aggressive towards HWK staff, volunteers or trustees
- verbally or physically aggressive towards members of the public or professionals from other organisations or bodies
- using, or being under the influence of, illegal substances or alcohol during a HWK event, meeting or activity
- failing to abide by HWK's policies and procedures representing their own interests and not those of HWK
- committing any offences which put anyone working with or for HWK at risk

A volunteer can appeal a decision to terminate on the above grounds by writing to the Chair of the Board of Trustees as set out in the Complaints Policy & Procedure.

11. Document Control

Title of Document: Volunteer Policy (replacing the Active Affiliate Policy & Procedure)

Board Approval Date: 19th September 2018

Review Date: September 2019



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 19 th September 2018
Report Title: Chair’s Report	Author: Liz Meerabeau, Chair, Trustee (LA)
PART A Agenda Item: 7	Appendix: No

FOR INFORMATION

Introduction

This is my first report as the incoming chair of Healthwatch Kingston upon Thames (HWK), so firstly I must thank our previous chair, Grahame Snelling, for his five years of leadership, and say how delighted we are that he has agreed to stay as a trustee, and to continue to lead our work on adult safeguarding, in particular the establishment of the Community Reference Group.

I have been a trustee at HWK for nearly three years and have a background of public health nursing, research and higher education, including a period as a workforce research commissioner at the Department of Health, so I have a keen interest in the delivery of health and social care locally, and our contribution to local reforms. Each member of our Board has a particular expertise and leads on an aspect of our work; together with our staff and volunteers we are a strong team. In addition, our work is strengthened by our links with other Healthwatches, particularly Richmond, and our opportunities to learn from other organisations.

It’s not quite ‘all change’ at RBK, but the political landscape altered greatly in the May elections, so the remit of the Health and Wellbeing Board and the Health Overview and Scrutiny Panel may well change. In addition, several senior officers retired after the election and HWK now has a new contract manager, with whom we have had a very positive first meeting.

Priority setting

In the near future we plan to increase our staff team, to refresh our team of volunteers, and possibly enlarge our Board. There is a balance to be struck between our own development as an organisation, and our engagement with the local health and care landscape, including sign-posting, task groups, Enter and

View, and contribution to a multitude of health and care meetings. The Board papers reflect this range of work. With so many opportunities for additional activity, we need to adopt a simple method of priority setting where we can add value and make an impact.

Transforming local health and social care

In November 2016 as part of an England-wide initiative a Sustainability and Transformation Plan was launched for south west London, with an engagement event in Kingston in early February 2017. There was considerable discussion of acute bed reductions before the agenda went into purdah for the 2017 general election, but the emphasis since then has been more on service redesign and more streamlined working. Since then, the STP Board has continued to meet intermittently and I represent the SW London Healthwatches on it, but much of the activity has been at borough level, often with Kingston and Richmond working together as both populations are served by Kingston Hospital and the service commissioners, the CCGs, are now co-located in Teddington.

A borough-based Health and Care Plan is currently being drafted, and will be discussed with stakeholder organisations, members of staff, and Kingston residents at an event in November, before being presented to RBK's Health and Well-being Board to sign off in March 2019. HWK has been regularly involved in HCP meetings, and we will have a particular role in reaching hard to engage residents to discuss local healthcare. We were delighted that our previous grassroots activity was recognised by the Department of Health in its response to a recent Health and Social Care Committee report on integrated care.

The transformation of local health and social care is already underway, although it is acknowledged that integrated care is a so-called 'wicked problem' which has been discussed by policy-makers for at least 40 years! However, improved IT systems now make this ambition more possible, as information sharing is easier, and patterns can be analysed. For example, the top 500 attenders at A&E have been identified so that general practice staff can discuss with them how their health problems could be better managed. Similar data will also underpin the redesign of out-of-hours services, currently underway. Other initiatives include better co-ordination of care through multi-disciplinary teams, and the establishment of social prescribing through Connected Kingston, the second tier of which is intended for people who have more challenging problems. HWK hopes to be involved in the evaluation of this initiative, and generally acts as a critical friend, seeking to increase the robustness of innovations. As Grahame Snelling said in his March report, 'it must continue to be HWK's role to ask the right questions that may at times put partners on the spot.'

<p>Healthwatch Kingston Board Meeting (Part A)</p>	<p>Date: Wednesday 19 September 2018</p>
<p>Report Title: Chief Officer’s Report (20 July to 18 September 2018)</p>	<p>Author: Stephen Bitti, HWK Chief Officer (SB)</p>
<p>PART A Agenda Item: 9</p>	<p>Appendix: 9A</p>

FOR INFORMATION

The purpose of this report is to update the HWK Board on recent HWK Team key activities and progress in relation to projects and action plans. The Board is requested to:

1. **Note** the contents of the HWK Chief Officer’s Report (20 July to 18 September 2018).

9.1 HWK contract meeting

HWK met with Peter Taylor (PT), Commissioning Lead, RBK Public Health, Communities Directorate on Thursday 16 August. PT was joined by a colleague Helen Tindall. PT agreed to process an HWK contract variation to incorporate the recently approved arrangements that HWK chair and provide secretariat for the Kingston Learning Disabilities Partnership Board and build organisational capacity to increase engagement and participation of people with learning disabilities in our work. PT also agreed to look into the Data Protection Officer relationship between HWK and RBK since the introduction of GDPR on 25 May 2018.

9.2 HWK Joint Task Groups meetings 2018-19

The third HWK Joint Task Group Meeting took place on Monday 20 August.

Presentations and discussions included:

- Highlights from the HWK Annual Report 2017-18.
- HWK Hospital Complaints Survey.
- Connected Kingston: An update on Social Prescribing.
- Mental Health Strategy 'One Year On' Event: Workshop Feedback.
- Becoming a Time to Change Champion.

It was agreed by attendees that the first part of this meeting would now be publicised as a 'Healthwatch Kingston - Community Event'. Followed by the individual HWK Task Group meetings. Next event date is Monday 15 October (11am to 4pm).

9.3 'Thrive Kingston' Mental Health and Wellbeing Strategy Planning and Implementation Group

MHSPiG met on Wednesday 22 August and has agreed Terms of Reference which can now be forwarded to Dr Phil Moore, Mental Health Clinical Lead, Kingston CCG and Amanda McGlennon, Head of Mental Health, Richmond & Kingston CCG to be escalated for approval within the CCG. It was suggested that Iona Lidington, Director of Public Health, RBK be copied in for reference.

The MHSPiG also agreed that approved MHSPiG minutes and associated meeting papers would now be published on the Healthwatch Kingston website, as part of our HWK secretariat duties for the group. It is intended this (along with 'Thrive Kingston' updates in the planned Healthwatch Kingston e-news) will help improve communications with local residents about progress against the strategy implementation plans.

9.4 'Time to Change' Kingston Hub

The TtCK Steering Group is due to meet for the first time on Wednesday 19 September. James Martin, an existing Kingston based TtC Champion, has agreed to Chair the TtCK Steering Group. A group of representatives from the currently unfunded TtCK Hub partnership organisations (which includes HWK) and local

residents met on Wednesday 12 September to review last year's application and to plan co-production of a new submission. The TtCK funding bid lead will be RBK (as previously). HWK is the current TtCK Hub Coordinator. The deadline for returned applications is Friday 16 November 2018 at 5pm.

Why apply? A Time to Change Hub is a way for local people and local public, private and voluntary sector organisations to come together to end the stigma and discrimination that stops people with mental health problems getting the support they need, at great cost to themselves and society.

By working together, and being genuinely co-led by local residents who have personal Lived Experience of mental health problems, Hubs:

- Maximise their impact on local attitudes and behaviour through public events.
- Make sure that local mental health policies address stigma and discrimination.

As NHS England's 2016 Five Year Forward View for Mental Health says, 'over the last five years, public attitudes towards mental health have improved, in part due to the Time to Change campaign', which is run by Mind and Rethink Mental Illness.

What is on offer? Successful applicants get 18 months of support from Time to Change designed to make them sustainable long term. This includes:

- £15,000 for administration costs such as staff time and travel expenses to help people with Lived Experience of mental health problems to fully co-lead the partnership.
- £10,000 for a local Champions Fund so that people with Lived Experience can apply for grants to run their own anti-stigma and discrimination activities.
- Connections with local people, organisations, employers and schools who are already part of Time to Change so that you can synergise and pool resources such as time and venues.
- An induction and training package to make all partners confident about working together to address stigma and discrimination.

- Support and online resources for events, activities and marketing.
- An online forum and a networking event to share learning with other Hubs.

9.5 Reference Group: Kingston Hospital Car Parking Review (includes Blue Badge Holders)

A fourth meeting of this reference group took place on Tuesday 28 August without attendance from HWK. In the lead up to this, HW Kingston and HW Richmond engaged with Sally Brittain (SBr), Director of Nursing & Quality at Kingston Hospital in an attempt to ensure what we considered an appropriate process for engagement for the meeting.

Unfortunately, SBr was unable, ahead of the meeting, to agree to our request that reference group members be allowed to take away the draft report after the meeting to facilitate detailed scrutiny, reflection, and feedback. And as a result, HWK and HWR decided not attend the meeting as the process outlined by Kingston Hospital (where the draft report of the research was to be provided to reference group members at the meeting, read and then discussed), did not in our view, sufficiently ensure meaningful public engagement.

We requested that an electronic copy of the draft report be sent to HWK, should Kingston Hospital value our further input on this.

9.6 ‘Youth Out Loud!’

Meetings with young people have continued over the Summer break and a schedule for future meetings to facilitate film production is now being created. A revised budget for the Well Happy Digital Youth Project has been sent to partners and commissioners for agreement.

9.7 New opportunities

Time has been allocated to update the HWK Board during Part B Item 5.

9.8 Health and Safety update

As a result of a recent review of health and safety at the HWK office, it had been agreed that a Wi-Fi video intercom be installed on either side of the HWK office

door. This work was provisionally booked for installation the week beginning Monday 13 August. Unfortunately, the contractor called to rearrange and communication since has not resulted in a response. Consideration now needed to recruit a different contractor to install the equipment and various office notice boards.

9.9 Healthwatch England Update - September 2018

An update from HWE is provided for reference in Appendix 9A.

9.10 Healthwatch Kingston upon Thames Annual Report 2017-18

Highlights from the report were presented at the Kingston CCG Governing Body on Tuesday 4 September. After the meeting, Tonia Michaelides, Managing Director Kingston CCG, suggested more regular HWK activity update would be useful.

PART A: Chief Officer's Report Appendix 9A

Healthwatch England Update for Network meetings September 2018

1. Conference

Conference is being held on 3-4 October 2018 in Stratford-Upon-Avon. Registration for conference is currently open and will close on 24 September 2018.

There are plenty of benefits to joining us at conference including:

- Opportunities to network, share best practice and meet other local Healthwatch leaders and colleagues.
- Developing key skill and discussing how to deal with the challenges facing the network in the year ahead.
- Helping to build strength and confidence in your ability to better support your local communities.
- Demonstrating the impact and importance of your work in the health and social care world.

Up to three people from each Healthwatch can attend per day of the conference. You can register for [conference online](#).

We currently have **244** people registered to attend conference.

2. Network Offer, Quality Framework and Competency Framework

We've been sharing early thinking of developing a Quality Framework for the Network (most Networks have been visited and had a presentation).

Feedback from strategy consultation included

- Network saying they want consistent high quality service across England
- Commissioners saying they want tighter relationship to know how to commission and monitor better quality HW without HWE interfering in local priorities

The Framework seeks shared understanding of quality across the Network; among local authority commissioners and Healthwatch England and builds on the quality statements.

It consists of **6 domains**: *Reach and Engagement; Influence and Impact; Collaboration: People (staff and volunteers); Leadership and Governance and Sustainability.*

We are using the feedback from our discussions with the Network to produce a first draft in October with the Framework using the learning gained over 5 years of what an effective Healthwatch looks like, considering the different sizes of HW and priorities being locally determined. The Framework will first be shaped by two working groups drawn from the Network and Commissioners. This will be shared with the Network who will help shape the details.

We intend to use the Framework to set out a set of competencies (including skills and knowledge) that link with running a Healthwatch to inform how learning and development is delivered across the network, including the Healthwatch England offer.

If you have got any questions or would like to be involved please email olly.grice@healthwatch.co.uk

3. Website

Over the past year we have worked with the Healthwatch network to develop a refreshed website template. This has included;

- research to find out more about who your online audiences are and what they do,
- testing and analysis to come up with a more intuitive navigation
- work to make sure the content management system is easy to use.

You can see an example of the new look and feel of the website on the Healthwatch England site www.healthwatch.co.uk

We're now working with the three local Healthwatch pilot groups to move across to the new template, testing and refining the process along the way. Depending on whether there are any major issues that we need to address, we hope to have the website available to the rest of the network in September.

We'll be creating a pipeline of local Healthwatch looking to move across to the new template to help manage the process and make sure you've got all the information you need to do so.

You can find out more about the offer and what's involved on the Hub. <https://hwhub.sharepoint.com/Healthwatch%20England%20documents/Guidance%20and%20toolkits/20180731%20Healthwatch%20website%20update.pdf>

If you've got any questions, you can ask in the digital group on Yammer or contact sarah.osment@healthwatch.co.uk

4. Commissioning

We continue to support Healthwatch providers who are going through contract and/or funding discussions with their commissioning local authority. We are here and happy to help anyone who wants to talk through their issues or has any questions about funding for local Healthwatch or commissioning.

If you would like any support, please get in touch with Julie Turner (julie.turner@healthwatch.co.uk), call 07789876581 or your regional lead.

We are also engaging with local authorities both at a leadership level (Chief Executives and Leaders of Councils) as well as commissioners of local Healthwatch. Over the last couple of months Imelda has sent letters to all councils in England, reiterating the value of local Healthwatch whilst also acknowledging the financial

pressures they continue to face. With this in mind, we have offered support to any council that want guidance around their local Healthwatch contractual arrangements and we are keen to make sure their commission secures a high quality Healthwatch with the maximum funding. In July, Imelda, Neil, Gavin, Julie and Bren attended the Local Government Association (LGA) annual conference and spoke to Chief Execs, leaders and cabinet members from around the country, so an excellent opportunity to get the message out about local Healthwatch. Based on the information you give us, we have a list of localities where we anticipate the Healthwatch contract will be up for renewal and our aim is to support good specification development and of course to influence funding levels.

What's coming up?

- **SEPTEMBER:** Annual State of Support briefing to the Secretary of State for Health and Social Care. We report the network finances in this document as well as key messages about the challenges the network is facing due to funding and wider sustainability issues.
- **SEPTEMBER:** we are holding workshops with commissioners of local Healthwatch as part of our engagement on the Quality Framework.
- **OCTOBER:** Series of four 'Masterclasses' aimed at helping those involved in responding to Healthwatch tenders/holding contract discussions etc to get insight into the world of local authority commissioning and procurement. We want to help position you to be as effective as possible.

5. Digital and CRM

Digital Discovery: We have experienced a delay in our digital discovery work due to staffing gaps however, we expect to have a new member of the team in post by November and also plan on bringing in external expertise to help take this forward. The discovery work will help us understand the data flow within a local Healthwatch, how they capture, record, manage and report on their processes and insight. Once done we will be able to begin modelling what the best digital solutions are and develop our offer to the network.

This important piece of work will help with local sustainability and as per our strategy is about creating a unified digital infrastructure that reduces costs both in terms of finance and resource for Healthwatch.

CRM: Usability: We've heard very clearly from local Healthwatch users that the sheer amount of on-screen information can make the system hard to use, so we've been working to declutter the CRM and make it easier to navigate. We are reviewing all roles and permissions so that people will see only what they need to, and a new theme (how things appear on the screen) will be introduced during September to improve the system's appearance.

Sharing Data: We have developed and are about to release (during September) an import function for those Healthwatch who do not use the CRM. Lots of Healthwatch really want to share their insight data with us and have it included within our reports - this will enable them to do this. They will have the ability to access a special page where they can import a csv file. We are asking for a very small amount of data from them and to minimise the amount of work necessary to

make this possible. The data requirement is based on the current enquiry feedback wizard and it should be as simple as changing column headers in their databases to enable the import to occur.

Where there is high usage of another system such as LHM/Ekko or Salesforce, we will begin to develop automated mapping functions. In the first instance we have used a LHM export and matched the LHM fields to the CRM fields so that it automatically matches up, enabling the import. This reduces the amount of work that a Healthwatch will need to do to share their data with us. The LHM import will also be ready very soon. Once we have evaluated use of the import function we will begin to invest more in making it easier to use.

APEX Reports Library: For many years Healthwatch have been asking for a way to view and share their publications in one place and importantly share good practice. We have spent a significant amount of time understanding what we mean by good practice to enable good search criteria to be built and we are now in a place where we can make the APEX reports library available on the HWE website. This is due for release and testing in October.

People will be able to search by topic, demographic, area, Healthwatch and will be able to look for impact and good practice. Over 2000 Healthwatch publications will be available and this will increase over time as we are now able to systematically crawl across all Healthwatch websites and retrieve newly published material to add to the library.

Users can access the pdf copies of the reports and see a summary of the content. They will also be able to say whether the report they accessed helped them with their work.

6. Intelligence Update

Intelligence Reporting - Closing the Loop: This year the Intelligence Team have been working on using the insight that we are receiving from the local Healthwatch network to identify those themes and issues concerning the public across the country. To close the loop between the local Network and Healthwatch England we are starting to publish some of the reports that we are producing on this feedback which includes

- **Weekly Intelligence Bulletin** - Here we identify key themes that we have heard about from the network in the week, we also identify what we believe to be good reporting from the networking to help share best practice. Please find our latest copy [here](#).
- **Quarterly Intelligence and Policy Report** - Here we look at some of the key trends and issues that we are hearing on a longer-term basis, this includes concerns we continue to hear about and also emerging themes. This report also identifies changes in the policy landscape across health and social care and outlines work we are undertaking in this area. Please find our latest copy [here](#).

We continually strive to make these products as useful for the local Healthwatch network and welcome any feedback to ensure this can happen.

Research Governance Framework

This autumn we will be launching a Network wide consultation on a research governance framework. Healthwatch England will host four regional workshops where we will talk about the Healthwatch approach to research, research training and support needs, and how impact can be achieved and celebrated.

Leeds 22/10/18	Birmingham 23/10/18	Bristol 29/10/18	London 30/10/18
The Met Hotel, Leeds King Street Leeds Yorkshire United Kingdom LS1 2HQ	Copthorne Hotel Birmingham Paradise Circus Birmingham West Midlands United Kingdom B3 3HJ	Mercure Bristol Grand Hotel Broad Street Bristol Bristol United Kingdom BS1 2EL	<u>Holiday Inn London Regents Park</u> Carburton Street, London W1W 5EE

7. Mental Health Programme Summary

In August Healthwatch England announced the scope for our new multi-year programme on mental health.

This short briefing explains how we will take a birth to death approach to looking at people’s experiences of support with both mental health challenges and formally diagnosed conditions. It also sets out our ambition to explore what this is like for different groups and communities, and how their broader needs can be supported.

The first area we are exploring in more detail is maternal mental health, covering the experiences of both mums and partners. We are keen to find out more about the experiences during pregnancy of those with a pre-existing mental health condition and those who experience a new mental health challenge during pregnancy or post birth.

We have also published what 34,000 people have told the network and what you’ve included in 229 reports, to help people understand the evidence base we’ve drawn upon for this programme.

We are asking local Healthwatch to help in two stages:

Stage 1 - Aug to October

- Share our public facing survey on social media and with local partners (charities, maternity services, mental health services etc.) to gather as many people's experiences as possible.
- Share our stakeholder survey with local professionals and partners to enable them to express their views
- Fill out our local Healthwatch survey which enables you to submit any insight you have on the topic - big or small - which you may not have previously shared with us.

Stage 2 - Nov to January

- We are looking for local Healthwatch who already have work planned visiting hospitals, mental health services, maternity wards etc. during this period to ask some follow-up questions based on the survey findings. Get in touch and let us know what you have planned.
- Those who have existing links with mother and baby groups etc to hold focus groups and support finding case studies willing to take part in more in-depth interviews. Healthwatch England is willing to cover venue cost etc to support this activity.
- Carry out targeted enter & view activity to look at areas where services have changed recently or where examples are being described as 'best practice'. We appreciate this may well be in addition to existing work plans and so some funding is available to support this activity.

We aim to publish our findings on maternal mental health in March 2019. We will also be kicking off a survey phase around the young people's experiences of support as they move from being children to adults.

If you have any questions or want to get involved in the above please contact Jonathon.holmes@healthwatch.co.uk or Jacob.lant@healthwatch.co.uk

8. Social care

Last year social care climbed from 8th to 2nd place in the list of local Healthwatch priorities. Social care accounts for over a quarter of the requests for information and advice that local Healthwatch receive, it is clear and growing priority area for the public and for Healthwatch.

In recognition of this the government have committed to consulting with the public and the wider social care sector on the future of social care, and will be issuing a green paper on their plans for social care in the autumn of 2018.

Key Healthwatch England activity in this area has included:

- In 2017 we published two well received reports on social care, What's It like to live in a care home and Home care; what people told us about their experiences.
- Our National Director, Imelda Redmond, was invited to sit on the government's expert reference group to inform and shape the planned green paper. The group has met on several occasions over the last year and we have been able to feed in a lot of our insight, informed by the public and the network.

- In 2018 we conducted extensive research into what the public want and expect from social care to inform our future policy and influencing work. We have now published a summary of this research which includes findings from two deliberative events we held, public polling and data collected from councils under the Freedom of Information Act. The published summary is available here: <https://www.healthwatch.co.uk/report/2018-07-30/what-do-people-want-social-care>
- We are engaging more with key local government stakeholders on social care, this year we will be exhibiting at the Local Government Association conference and the National Children's and Adults Services Conference.
- In recognition of network L&D needs on social care we are running a regular 'Introduction to Social Care Webinar' and we have a social care policy forum planned for November.

9. NHS Long Term Plan

Earlier in the year the Prime Minister announced additional funding for the NHS and set out the Government's desire to see this used to create a long-term plan for the health service for the next decade. Read more about the announcement [here](#).

The NHS has been given until November to develop this plan, and at the end of August produced a [Discussion guide](#). This sets out a number of questions which they want answers on from stakeholders and people by the end of September.

We have written to Simon Stevens and stressed that given the tight timeframe for this work the NHS needs to make the most the existing insight that has been shared by people to shape the plan.

NHS England needs to then focus on creating a framework under the plan that mainstreams the use of feedback from people as part of the performance evaluation and continuous shaping of priorities over the next 10 years. This has been picked up in the last two questions in the discussion guide.

We would therefore suggest to local Healthwatch looking to respond by:

- Answering questions using the insight people have shared to date. (If you don't have an answer or view on a particular question it is ok not to respond to that one).
- Focus on the last two questions about engagement, but also pay attention to the emphasis on people's experiences in other questions.
- Use your response as an opportunity to stress the importance of proper investment in engagement work at this time of considerable change.
- Use upcoming Health and Wellbeing Board meetings and Overview and Scrutiny Meetings to discuss the plan and the engagement that will be happening in the run up to implementation from April next year.

We ask that you share any responses with us. We think it is valuable to have multiple responses from the network rather than one single response which may

not reflect all relevant local views. However, we will draw on your responses to form our further engagement with NHSE on this.

To be aware, our National Director is acting as an advisor on two of the workstreams under the long term plan:

- Engagement and the NHS Assembly
- Clinical priorities

If you have any questions you can speak with Jacob.lant@healthwatch.co.uk or bren.mcgowan@healthwatch.co.uk or share your thoughts directly with Imelda.redmond@healthwatch.co.uk

In addition:

Healthwatch paper - Congenital Heart Disease (CHD) in London

In November 2017, the NHS England board made decisions regarding the future provision of congenital heart disease (CHD) services for children and adults in England following a national consultation. The board decided that a proposal from the Royal Brompton and Kings Health Partners to develop a plan to combine CHD services provided by The Royal Brompton and Harefield (RBH) NHS FT and the Guy's and St Thomas' (GSTT) NHS FT as a joint venture, and deliver these services from existing and new facilities based at the Westminster Campus should be further developed to see if it could deliver the required paediatric CHD standards, which the Royal Brompton currently cannot meet.

The RBH / KHP proposal will involve a considerable reconfiguration of services if supported.

NHS England will need to look at all viable options available to achieve the colocation of paediatric services, to ensure that the option chosen is the best one.

NHS England's Board decision included a timeline to monitor progress of the programme of work that further development of the RBH/KHP proposal would involve, this included

- requirement for RBH to submit a strategic outline case (SOC) by 30th June 2018 - complete
- that there is an OBC (now called a Strategic Case) by Nov 2019
- and full paediatric colocation is achieved by April 2022.

NHS England is working with the RBH and KHP partnership team and also looking at all potential options to deliver the CHD standards and aims to consult on this in Spring 2019.

The proposal from The Royal Brompton and Kings Health Partners

In London a proposal had been received during the National CHD consultation that outlined a high level plan to combine CHD services provided by The Royal Brompton and Harefield (RBH) NHS FT and the Guy's and St Thomas's (GSTT) NHS FT through a 'joint venture', and deliver these services from existing and new facilities based at the Westminster Campus – opposite the Houses of Parliament.

The Royal Brompton are also proposing that all the other adult and paediatric, cardiac and respiratory services provided at the Chelsea site would also move to the Westminster campus to create a world leading Paediatric, Cardiovascular and Respiratory centre of excellence. The capital required to develop the 'centre of excellence' will come primarily from the sale of the Royal Brompton Fulham Road site. There will be no changes to the Harefield Hospital as a result of this proposal which is also managed by the Royal Brompton.

Any movement of services from the Royal Brompton site in order to achieve the Congenital Heart Disease paediatric colocation standards will have impact on CHD patients and families; and other services at the Royal Brompton impacting on the patients who use them and the clinicians who provide this care.

These impacts and the benefits of any move need to be considered fully; alongside any financial implications and the sustainability of all services provided, in the form of a case for change and pre-consultation business case to be produced by NHS England

A Clinical Advisory Panel has been formed including the national directors for service areas, leaders of Clinical Reference Groups, leaders and representatives of royal colleges and societies and patient groups, they will provide the clinical oversight and advice to the programme.

A Patient and Public Voice Group is also meeting made up of charities representing the interest of patients and families of particular conditions and of those who use the services of Royal Brompton and other provider trusts whose care may be impacted. A wider stakeholder engagement approach is underway to ensure that the proposed changes are widely known about.



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 19th September 2018
Report Title: Projects and Outreach Officer	Author: Adelaide Boakye-Yiadom (ABY), Projects and Outreach Officer
PART A Agenda Item: 10	Appendix: No

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to update the HWK Board on recent and planned Projects and Outreach.

Enter and View Visit Report - Kingston Adult Community Services at Tolworth Hospital

After a delay Mike Hever Head of Quality & Nursing or Gill Moore Head of Service Delivery has responded to the recommendations to the Enter & View Report. He has provided an action plan of the actions that the hospital will take to resolve the issues that were highlighted by the visit. The report will now need a final sign off by SB (and the board) before been sent to HWE, and then it will be published on the HWK website.

iCope Review

iCope -is part of the national Access to Psychological Therapies (IAPT) programme and is delivered by Camden & Islington NHS trust from Hollyfield Road in Surbiton. It was decided at the last meeting in April that the research project would be a review of this service which will be retendered in March 2019. As part of this work

Following on from a workshop which was held July with the affiliates from the Mental Health task group who will be involved in this review a list of question has been drawn up.

A meeting has also been held with Dr Alexa Edgley, (AE) Clinical Lead Kingston iCope and Maria O' Dwyer (MO)Kingston Borough Manager.

It has been agreed that: -

- AE and MO will provide an input to the questionnaires before they are circulated

- AE and MO have agreed to establish a link from the services website to promote and encourage people to complete the questionnaire, and also to put a paper copy in the waiting area of the service
- AE has also offered to provide HWK with relevant background documentation on the service, and also to invite those involved in the review an opportunity to spend some time/ shadow a therapist
- The review will be available online, in a paper format and people will also be able to book 1-1 sessions with a pair of interviewees. Tony Williams had made links with the Kingston library service and they have offered HWK the use of their library space to carry out these interviews across the 4 wards in the borough
- the review is also looking at whether it will carry out telephone interviews / focus groups
- the review will run from the end of September to mid - December 2018

Outreach

1. Fastminds, Grassroots event - Neurodiversity Arts Festival 14th & 15th September

Events

1. HWK had a stall at the CCG AGM on 11th September

Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 19th September 2018
Report Title: Projects and Outreach Officer	Author: Laila Awda (LA), Projects and Outreach Officer
PART A Agenda Item: 10	Appendix: No

FOR INFORMATION

The purpose of this report is to update the HWK Board on recent and planned Projects and Outreach.

Youth Out Loud

Ran a communications sub group with Youth Out Loud! Who decided to set up their own twitter account (@Youth_outloud), rewrote some of the content on the YOL section of the HWK site, and decided to set up own HWK email address (YOL@healthwatchkingston.org.uk). They also said that they prefer to be in touch over WhatsApp. We also discussed setting up a YOL Instagram account. For both of these things a work smartphone would be needed. I've sourced models for review.

Meeting with involve re. website accessibility

Met with Involve and we ran through some ideas together. Some of the feedback about the website included:

- It is better to make the whole website easy to read, rather than have isolated easy read sections
- Home page has too much jargon on the annual report section
- Time to Change Kingston block was confusing, and it wasn't clear what it was for. May be better to say 'find out about TTC Kingston'
- Volunteering section: an image for volunteer would be good

Discharge Project

Should be hearing from the hospital week commencing 10/09/2018 re. progressing this project.

Outreach

2. Fastminds, Grassroots event - Neurodiversity Arts Festival 14th & 15th September

Events

2. HWK had a stall at the CCG AGM on 11th of September.



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 19 September 2018
Report Title: Community Care Task Group Report 19 September 2018	Author: Nigel Spalding
PART A Agenda Item 11	Appendix: No

FOR INFORMATION

This is an update on recent and planned activity by the Community Care Task Group (CCTG)

The CCTG met on 20 August 2018. It was Ann MacFarlane’s last meeting as the Chair of the Group and we thanked for her time in this role. There being no-one willing to step into the role, NS has agreed to facilitate the Group for the time being. It was encouraging to welcome two new people to the Group making a total attendance of five.

The CCTG’s agreed priority for this year - as described in the 2017/18 Annual Report - is the **‘Evaluation of the local impact of “Connect Well Kingston”, an emergent local online social prescribing tool’**.

Back in July, LM, the HWK staff and NS met with Andrew Osborn [AO] and Chris Jones [CJ] (RB Kingston - the commissioners of the service) to find out more about the development of what is now called “Connected Kingston” and the status of Kingston Co-ordinated Care (KCC). Connected Kingston is one of the priority themes within KCC. AO and CJ provided information on emerging plans to assess and evaluate the impact of Connected Kingston and the KCC and they confirmed that there was potential for HWK to contribute to the evaluation of Connected Kingston by obtaining and providing data on user experience. After the meeting, they also provided HWK with two draft questionnaires that they plan to use as part of this assessment/evaluation.

The CCTG meeting on 20 August considered the information provided by AO and CJ along with the information now being regularly received from Kingston Voluntary

Action on the development of Connected Kingston. The meeting then considered how HWK might go about obtaining user experience feedback on Connected Kingston - subject to any final comments from members of the Group - the ideas/proposals detailed on pp 3-4 will be sent to AO and CJ for consideration and response.

The Group also reviewed the two draft questionnaires received from AO and CJ. One appeared to be for use by the Community Champions that will be employed by Staywell for Connected Kingston and the other about Kingston Co-ordinated Care more generally. The Group is responding back to AO and CJ with the following questions:

- Regarding the 'Kingston Co-ordinated Care Survey' questionnaire - how do you intend to use it i.e. how and when would it be circulated and to whom?
- Accessibility; will the form be available in other formats? How are disabilities and health needs taken into account?
- What is the level of control / training that Connected Kingston have over the recruitment of Connectors via Staywell?
- What is the involvement of carers in the referral process for Social Prescribing.

Finally, in the meeting with AO and CJ, AO invited HWK to consider if and how it might collect User Experience data on the overall Kingston Co-ordinated Care programme to contribute to the evaluation of KCC. This was briefly considered by LM, SB and NS on 3 September where the conclusion was that, in view of the volume of work already being undertaken by HWK, this might become the priority project for the CCTG in **2019/20**.

Ideas/Proposals on gathering User Experience data on Connected Kingston

Healthwatch Kingston (HWK) Community Care Task Group would like to gather data on what users' think of Connected Kingston service, and what difference using the service has made to their health and well-being. In short, this would be a project on 'User Experience and Impact'.

It is anticipated that data on User Experience and Impact collected by HWK would enrich the evaluation of Connected Kingston that the commissioners and providers of the service are planning to undertake. As an independent body, data provided by HWK could add extra credence to the results of this evaluation.

We recognise that it will only be possible for HWK to gather data from a representative sample of service users if commissioners and providers are willing to work co-operatively with HW Kingston.

So, we want to start by inviting comments on the following proposals. In particular, is the approach proposed seen to be feasible?

On which users would the project focus?

- On both Tier 2 and Tier 1 users but keeping data on the two categories of users distinct.

Whilst it is recognised that Tier 2 users are more likely to be people who are significant users of health and social care services, we believe we should also focus on Tier 1 users because (a) Tier 1 offers a preventative approach in which HWK is interested and (b) because Tier 1 users could potentially become Tier 2 users at a later date.

How would HW Kingston contact users?

- Our preferred method would be for KVA / Staywell to ask all users if they are willing to have their details passed on to HW Kingston for the purposes of this piece of research. HWK would provide the wording of the request.
- An alternative method would be for KVA / Staywell to agree to mail or email all users, on an agreed date in the future, a letter or message prepared by HWK.
- A mystery shopper approach has also been considered but this appears to be inappropriate and impractical.

How would data be collected?

To make the research as inclusive as possible, three methods would be used. If possible, users would be invited to indicate which method they would prefer:

- Calling users by telephone. HWK could seek to recruit a cohort of volunteers who would receive training on telephone interviewing.
- Focus groups would also be used. Attendees could be offered a gift token to thank them for their time.
- Meetings would also be used in order to design an approach that is more appropriate to people with particular needs, eg learning disabilities and particular communication challenges. Attendees could be invited to bring a supporting person with them, if this would be helpful.

What sort of questions might be asked?

- A short series of open-ended questions would be prepared covering:
 - users' experience of using Connected Kingston (including the Community Champions for Tier 2)
 - the activities they consequently did or did not pursue and their impression of these activities
 - any psychological or physical barriers that they faced in accessing the activities
 - what impact they think the activities have had on their health and well-being, i.e. did they feel better?
- Using telephone interviews would make it possible to probe further for responses where needed.
- Consideration would need to be given to the arrangements for seeking information from people experiencing difficulties in communicating in English over the phone.



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 19 September 2018
Report Title: Mental Health Task Group Report 19 September 2018	Author: Tony Williams
PART A Agenda Item 11	Appendix: No

FOR INFORMATION

This is an update on recent and planned activity by the Mental Health Task Group (MHTG)

The Mental Health Task Group (MHTG) has pursued the following priority issues in the period since the last Healthwatch Kingston Upon Thames (HWK) Board:

- Issue of the final draft Enter and View (E&V) study of the Tolworth Hospital Community Service (2017/18 priority)
- Support for the implementation of Thrive Kingston, the Mental Health Strategy for Kingston 2017 – 2022.
- Development of a review of the iCope (Kingston’s Improving Access to Psychological Therapies) service.

This report also returns to the issue of provision of specialist Emotionally Unstable Personality Disorder (EUPD) services in Kingston.

E&V study of the Tolworth Hospital Community Service

A final draft of the E&V study was released to South West London & St George’s Mental Health Trust (SWLStG) to ensure factual accuracy. Two matters of accuracy have been identified and resolution actions taken. SWLStG has also prepared an action plan based on the recommendations. In the coming period we expect to engage with the detail of the action plan in order to confirm the appropriateness of the actions taken.

Support for the implementation of Thrive Kingston

Terms of Reference (ToR) for the Mental Health Planning and Strategy Implementation Group (MHPSIG) have been agreed and a meeting held. The meeting has been made contemporaneous with the Kingston Time to Change (TTC) Board. Consideration of a TTC bid for November 2018 has been a high priority. Engagement with TTC personnel over the development of a bid has been subject of meetings within the period.

Tonia Michaelides (CEO Richmond and Kingston Clinical Commissioning Group (RKCCG)) has agreed to attend the next Joint Task Group meeting where the MHTG hopes to obtain clarity over the status of Thrive Kingston in the planning processes which support the Health and Care Plan (HCP).

Development of a review of the iCope service

A questionnaire and publicity materials are in the late stages of development. This will obtain qualitative information on customer experience of the iCope service through a variety of channels:

- Face to face via interviews in four locations across Kingston borough
- Submission of paper or electronic copies
- Completion of an online form

RKCCG have asked that HWK include a new cohort of patients of the local diabetes clinic who are diagnosed with mental health co-morbidities. Subject to an assessment of the impact of this change we expect the data collection process to run until the end of 2018 calendar year, with analysis and report production in the last three months of the 2018/19 planning year.

Provision of specialist EUPD services in Kingston.

Following presentation of the issue at the Health and Wellbeing Overview Panel at the end of 2017, progress has been remitted to ongoing dialogue between Chief Officer HWK and the KCCG Commissioner for Mental Health. As we are now approaching the last quarter of 2018 calendar year it is suggested that a conversation on the pace of progress on this issue may be in order at HWK Board.



<p>Healthwatch Kingston Board Meeting (Part A)</p>	<p>Date: Wednesday 19 September 2018</p>
<p>Report Title: Hospital Services Task Group Report (23 May 2018 to 19 September 2018)</p>	<p>Author: Graham Goldspring, Chair HSTG (GG)</p>
<p>PART A Agenda Item: 11</p>	<p>Appendices: 11A - Discharge Questionnaire - final draft version</p>

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to update the HWK Board on the project on Discharge from Kingston Hospital and regular updates on Complaints and Concerns.

For consideration: As far as I am aware, this is the first time that collecting evidence for a project is dependent very much on close collaboration with Kingston Hospital. The outcome is that it has taken more than a year to develop the Discharge Project and we are still experiencing difficulties in getting surveys out and collecting data. Does the Board have further thoughts about what strategies could be explored to ensure that there is a tighter and quicker dialogue between HW and Kingston Hospital for now and future projects?

The following report is taken from the 20 August 2018 meeting notes recorded and produced by SB.

1. There is a delay in plans to progress with the Kingston Hospital Discharge Survey which has caused much frustration and is impacting the intended research methodology that was agreed with Kingston Hospital Discharge Team on 30 April 2018. Much of the delay was because the discharge lead fed back on the original survey and not the revised one we drew up on 10th May. It has been agreed, that in the absence of a further response from leads at Kingston Hospital about the Discharge Survey, SB would email Sally Brittain (Director of Nursing & Quality Kingston Hospital NHS Foundation Trust) to seek resolution.

2. I attended the July Dementia Strategy Steering Group meeting, at which there was a discussion around the issue of referring patients diagnosed with dementia when they are discharged back to their GPs. The issue of some concern was that it is difficult to be sure GPs do indeed follow the recommendations for follow up care and refer patients to the Memory Clinic. These recommendations for referral and follow up care have now been put on the front page of the discharge summary to draw GPs' attention to what needs to be done.
3. I suggested at that meeting that there might possibly be an opportunity for HWK to assist and support by talking or writing to patients, carers and GPs. HWK might then find out what practices are doing, what their procedures are when they receive discharge reports and issues around following up referrals. SB said he will send a letter to Olivia Frimpong, Dementia Strategy lead at Kingston Hospital, to ask about what hospital policies and procedures are in place for referring patients diagnosed with dementia when they are discharged back to their GPs and how comprehensive the information to GP practices is. HWK can then assess what, if any action might be required.
4. PC reported on the work that had taken place on the recent Complaints Survey. At the time of the meeting there were 6 pieces of feedback. We decided to rename the survey to read 'Hospital Complaints Survey' to focus on feedback only from Kingston Hospital. It was proposed that this be made available on the HWK website.
5. SB is to arrange a meeting between HWK and POhWER, Independent Health Complaints and Advocacy for Kingston and invite members of the HSTG take part. We hope to invite POhWER to speak at a future Joint Task Group (Open HWK Community Meeting).

Paper for the Healthwatch Kingston Board Meeting - 19.09.18

PART A - ITEM 11

Appendix 11A - Discharge Questionnaire - final draft version

Are you completing this form as a (please tick one):

Patient?	
Or someone who cares for the patient?	

Getting ready for discharge

1. Were you informed about your discharge 24 hours before you were due to leave? (Please tick your answer)

Yes	
No	
Don't know	
Not applicable	

2. Were the plans for your discharge from hospital clearly explained to you?

Yes	
No	
Unsure	

3. If someone helps you at home, were they sufficiently involved in the planning of your discharge from hospital?

Yes	
No	
Unsure	
Not applicable	

4. Is there anything else you would like to tell us about your experience of getting ready for discharge from hospital?

On the day of your discharge from hospital

5. Once you were told that you could go home, were there any delays in you leaving hospital?

Yes		
No (go to Q7)		
Don't know		

6. If you were delayed in leaving hospital what was/were the reason/s?

7. Did you understand the information in your "discharge pack"?

Yes (go to Q9)	
No	
Did not get one	

8. If you did not understand the information what would have made it easier for you?

9. If you were given any medication to take home with you, were you given written instructions

Yes	
No (go to Q11)	

10. If you were given written instructions, did someone explain these to you or to someone helping you?

Yes	
No	

11. If you live alone, did the hospital ask you if someone was available to help you when you got home?

Yes	
No	
Don't live alone	

12. Is there anything else you would like to tell us about your experience on the day of your discharge from hospital?

After you were discharged from hospital

13. Is there anything you would like to tell us about your experience of settling back into your own home or a care or nursing home?