

AGENDA: Healthwatch Kingston upon Thames Board MeetingPublished 23.01.19 on www.healthwatchkingston.org.ukFor enquiries on this agenda, please contact: Stephen Bitti 020 8974 6629
stephen@healthwatchkingston.org.uk**To be held on Wednesday 30th January 2019, 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 |
|---------------------------------------|--|----------------|-------------|-------|
| STANDING ITEMS (15 min) | | | | |
| 1. | Welcome and apologies for absence | LM | - | 17.00 |
| 2. | Declarations of interest | LM | - | |
| 3. | Approval of PART A Minutes held 27.11.18 | LM | ✓ | |
| 4. | Action log of PART A Minutes held 27.11.18 (NB: Actions to be reported as completed or referred to in Board reports) | LM | To follow | |
| FOR DISCUSSION AND/OR DECISION | | | | |
| 5. | Chair's report, including HWK role in NHS 10 Year Plan and the Kingston Health and Care Plan consultations (15 min) | LM | ✓ | 17.15 |
| 6. | Chief Officer's report (5 min) | SB | To follow | 17.30 |
| 7. | Framework for decisions about HWK work priorities (10 min) | SB | To follow | 17.35 |
| 8. | Draft Terms of Reference for HWK Task Groups (10 min) | SB | ✓ | 17.45 |
| 9. | Decision Making Policy and Procedures (10 min) | NS | ✓ | 17.55 |
| 10. | Disability Confident Assessment and Time to Change Employer Pledge Action Plan (10 min) | SM/SB | ✓ | 18.05 |
| 11. | Top questions asked of Healthwatch Kingston in 2018...What Matters Most? (10 min) | LA | ✓ | 18.15 |
| FOR INFORMATION | | | | |
| 12. | Task Group reports (15 min) <ul style="list-style-type: none"> • Hospital Services Task Group • Mental Health Task Group • Community Care Task Group | GG TW NS | ✓ ✓ ✓ | 18.25 |
| 13. | Finance report (10 min) | NS | ✓ | |
| 14. | Safeguarding and Community Reference Group report (5 min) | GS | ✓ | 18.50 |
| 15. | Project and Outreach Officer reports (15 min) | ABY/LA /SBA | ✓ | 18.55 |
| 16. | AOB (5 min) | LM | - | 19.10 |
| 17. | Confirmation of dates/times for 2019 meetings: <ul style="list-style-type: none"> • Wednesday 20th March 2019, 5-8pm • Wednesday 29th May 2019, 5-8pm • Wednesday 31st July 2019, 5-8pm • Tuesday 24th September 2019, 5-8pm • Tuesday 26th November 2019, 5-8pm | LM | - | 19.15 |
| 18. | Close of PART A | LM | - | 19.15 |

Board Members (PART A):

| | |
|---------------------|------------------------------------|
| Liz Meerabeau (LM) | HWK Chair/Trustee Board Member |
| Nigel Spalding (NS) | HWK Treasurer/Trustee Board Member |

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|-----------------------|--------------------------|
| 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 |
| Winifred Groves (WG) | HWK Trustee Board Member |
| Scotty McLeod (SM) | 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) |
| Scott Bacon (SBA) | HWK Projects and Outreach Officer (Learning Disabilities) |

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(s) | Time |
|---------------------------------------|---|-------|----------|-------|
| FOR DISCUSSION AND/OR DECISION | | | | |
| 1. | Approval of PART B Minutes held 27.11.18 (5 min) | LM | ✓ | 19.20 |
| 2. | Business Continuity Plan Outline (5 min) | SM/SB | ✓ | 19.25 |
| 3. | Health Overview Panel - Children & Young People Mental Health (10 min) | LM | - | 19.30 |
| 4. | Health & Safety Risk Assessment review along with an update of Health & Safety Policy (5 min) | JW | ✓ | 19.40 |
| 5. | Arrangements for future HWK Policies Review (5 min) | NS | ✓ | 19.45 |
| 6. | AOB | LM | - | 19.50 |
| 7. | CLOSE | 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 |
| Winifred Groves (WG) | HWK Trustee Board Member |
| Scotty McLeod (SM) | HWK Trustee Board Member |

Attendees (PART B):

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|--------------------|-----------------------------|
| Stephen Bitti (SB) | HWK Chief Officer (Minutes) |
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PART A Agenda Item: 3 Approval of PART A Minutes held 27.11.18
Healthwatch Kingston Upon Thames
Board Meeting, Tuesday 27th November 2018, 5pm - 7pm
At Kingston Quaker Centre
PART A (OPEN MEETING) - DRAFT MINUTES FOR BOARD APPROVAL
Present

| | | | |
|---|-----|---|----|
| Liz Meerabeau, HWK Chair/Trustee Board Member | LM | Nigel Spalding, Treasurer/HWK Trustee Board Member | NS |
| Grahame Snelling, HWK Trustee Board Member | GS | Nike Alesbury, HWK Trustee Board Member | NA |
| James Waugh, HWK Trustee Board Member | JW | Stephen Bitti, HWK Chief Officer | SB |
| Adelaide Boakye-Yiadom, HWK Projects and Outreach Officer (minutes) | ABY | Winifred Groves, HWK Volunteer (appointed HWK Trustee Board Member from 27.11.18) | WG |
| Scotty McLeod, HWK Volunteer (appointed HWK Trustee Board Member from 27.11.18) | SM | | |

| Agenda No. | Item No. | Action |
|------------|--|--------|
| - | Welcome Liz Meerabeau (LM), HWK Chair/Trustee Board Member welcomed all. | |
| - | Motion to approve the appointment of new Trustees LM introduced a motion to approve the appointment of two new Trustees to the HWK Board as the outcome of a recent public recruitment process. LM proposed Winifred Groves be appointed a Trustee of the HWK Board. JW seconded the proposal. The Board then approved the appointment. LM then proposed Scotty McLeod be appointed a Trustee of the HWK Board. JW seconded the proposal. The Board then approved the appointment. | |

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| Agenda No. | Item No. | Action |
|------------|--|----------------------|
| 1. | <p>Welcome and apologies for absence</p> <p>1.1 LM welcomed everyone to the Board meeting. Apologies were noted for William Ostrom, HWK Trustee Board Member, Laila Awda, HWK Projects and Outreach Officer, Tony Williams, Chair of the Mental Health Task Group, Graham Goldspring, Chair of the Hospital Services Task Group.</p> | |
| 2. | <p>Declarations of interest</p> <p>2.1 Declarations of interest were made by JW and SM (in regard to Item 8 of the Agenda - Special Educational Needs and Disability).</p> | |
| 3. | <p>Approval of PART A Minutes held 19.09.18</p> <p>3.1 The minutes of the previous Board Meeting were checked for accuracy.</p> | |
| | <p>3.2 An error was highlighted in the action log under the Chief Officer's section where two items were logged as 9.2.</p> | 3.2 ABY, LA |
| | <p>3.3 In 6.3 - should read Winnifred not 'Winnifed'.</p> | 3.3 ABY, LA |
| | <p>3.4 No further amendments were noted, and the PART A minutes of the HWK Board Meeting held 19.09.18 were approved.</p> | |
| 4. | <p>Action Log of PART A Minutes held 19.09.18</p> <p>4.1 (Regarding item 4.1 of last meeting) DBS checks required for JW and WO are now complete, and SB will complete the process with NA before end of December.</p> | |
| | <p>4.2 (Regarding item 4.3) Discussion about role of HWK Data Protection Officer (DPO) with HWK contract manager at Royal Borough of Kingston (RBK), SB will write to RBK requesting an update before the Christmas break.</p> | 4.2 SB |
| | <p>4.3 (Regarding item 5.9) Regarding having Board specific safeguarding training, GS will explore and advise.</p> | 4.3 GS |
| | <p>4.4 (Regarding item 6.1) HWK Volunteering Policy and implementation, a reference needs to be added about safeguarding. SB and GS agreed to meet up to complete this action alongside an update of the HWK Safeguarding Policy. GS to ensure that the update includes reference to two adults (min one DBS checked) to accompany volunteers under the age of 18 at all times.</p> | 4.4 GS, SB |
| | <p>4.5 (Regarding item 6.3) Recruiting student volunteers. ABY and LA need to schedule dates in Feb 2019 (for Student Volunteering Week) and in Sep 2019 (for Fresher's Week). WG and Scott Bacon (SBA), HWK Projects and Outreach Officer (Learning Disabilities) to be included in this planning.</p> | 4.5 LA, ABY, WG, SBA |
| 5 | <p>Developing a framework for decisions about HWK work priorities</p> <p>5.1 NS reminded the meeting of the HWK mission: "To be the local champion for health and social care" and talked the Board through the draft 'Developing a framework for decisions about HWK work priorities', explaining the main objective of the framework was to help identify which issues HWK and the Task Groups work on each year.</p> | |

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| | 5.2 There was then a discussion about how the 'Selecting an issue for Task Group project work in 2019-20' part of the framework might work with the Task Groups. It was agreed that HWK staff would review the additional elements of the draft document and provide a revised framework for Board approval at the next meeting in January 2019. | 5.2 SB, ABY, LA |
| | 5.3 NA suggested that HWK needs to produce an easy read version of the document, SB mentioned that Involve, a local organisation that supports people with learning disabilities, would be able to help HWK with this. SB to ask Scott Bacon (SBA), HWK Projects and Outreach Officer (Learning Disabilities), to arrange this with Involve when he is in post next month. | 5.3 SB, SBA |
| | 5.4 There was consensus that the framework will be a good tool to help decide what new work HWK decides to take on. It will also be helpful to agree regular review periods of our work (possibly twice a year) with Task Groups and Board. This work will then support the narrative of our HWK Annual Report and allow the Board to measure impact. | |
| | 5.5 NS asked if other members of the Board would be able to look at revising the document. SB agreed that he will simplify the document to make it accessible and will work with NS, JW and WO. | 5.5 SB, NS, JW, WO |
| 6. | Finance Report, including a revised budget for 2018/19 | |
| | 6.1 NS stated that there was a correction in this document as his report did not provide a forecast for 2019-21 as stated on the front page. | |
| | 6.2 NS also noted that the some of the figures for Youth Out Loud! (YOL!) have been incorporated into the core budget and that these will eventually be put into a separate budget. | |
| | 6.3 LM raised the expenditure amount for the hire of rooms at the Kingston Quaker Centre and the amount spent on hospitality. SB explained that HWK has been exceeding our allowance over a period of time due to an upswing in engagement activities and meetings. The revised budget aims to accommodate this. Similarly, new budget amounts for hospitality for meetings and events has been increased accordingly. | |
| | 6.4 LM also raised the issue about the charges for DBS checks. SB explained that although RBK do not charge us for processing checks for volunteers, there is still a £15 admin charge per person (and this includes volunteers) which initially HWK was not aware off. | |
| | 6.5 SB confirmed that Trustees were classified as 'volunteers' as part of the DBS processing. | |
| | 6.6 NS said that due to the multiple funding streams for HWK work (some running across more than one year), he would work with SB to bring projected budgets up to 2020/21 to future Board meetings. | 6.6 NS, SB |
| | 6.7 The revised HWK budget for 2018/19 was then agreed by the Board. | |
| | 6.8 LM thanked NS for his report. | |

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| 7. | <p>Chief Officer's report</p> <p>7.1 SB is developing a standard 'Code of Conduct' for use at all HWK meetings. This has been reviewed at the Peer Support Providers Network meeting and GS will use this document at the first Kingston Safeguarding Adults Community Reference Group on 30th November.</p> | |
| | <p>7.2 NS suggested we need to be mindful of the HWK Task Group Terms of Reference when developing the 'Code of Conduct' for meetings. NA said it would be helpful to include the role of the chair and facilitator in managing meeting discussions into the document. SB agreed and said he will also be mindful of the All Age Learning Disability Partnership Board guidelines and how the document will work with young people when he finalises the work.</p> | 7.2 SB |
| | <p>7.3 SB discussed the 'Disability Confident' award scheme. HWK is already signed up to level 1 and is ready to move on to levels 2 and 3. He asked if there was a member of the Board who would like to work with him on this. SM volunteered. The Board then asked SB and SM to develop an action plan for achievement of the 'Disability Confident' award, and it was agreed this should include an action plan for achievement of the 'Time to Change Employer Pledge'.</p> | 7.3 SB, SM |
| | <p>7.4 NS highlighted that HWK needs to have a Managing Absenteeism/Sickness Policy. LM felt this would entail engaging external HR advice and that as there are other HWK policies that have HR related content, it would be useful to do all the HR related policy work at the same time.</p> | 7.4 SB |
| | <p>7.5 LM thanked SB for his report.</p> | |
| 8 | <p>Special Educational Needs and Disability Ofsted/CQC review/local response</p> <p>8.1 JW was at a recent Health and Wellbeing Board meeting where there were discussions about the Ofsted/CQC inspection on Special Educational Needs and Disability (SEND). The report was unfavourable of Kingston services and made a series of recommended actions. The report also commented on the closure of SEND Family Voices. JM felt that HWK should consider making a statement about this in early 2019.</p> | 8.1 ALL |
| | <p>8.2 LM asked if there could be a possible conflict of interest due to our work with the All Ages Learning Disability Partnership Board. SB suggested any HWK statement should to be mindful of this possibility.</p> | |
| | <p>8.3 JM wondered if Ofsted/CQC had experienced this level of concern about SEND provision in other areas of England, or was it unique to Kingston?</p> | |
| | <p>8.4 LM noted the Ofsted/CQC report mentioned 'leaders' and wondered, if it referred to commissioners or providers (or perhaps both)?</p> | |
| | <p>8.5 GS said access to speech therapy is a national issue as there are a lack of practitioners.</p> | |
| | <p>8.6 The Board noted the Ofsted/CQC report mentioned 'leaders' and wondered if it referred to commissioners or providers (or both)?</p> | |

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| | 8.7 The Board agreed to review and monitor delivery against the Written Statement of Action (WSOA) when it is available. | 8.7 ALL |
| | 8.8 LM agreed to draft a letter to the Surrey Comet and would circulate to the Board for input. | 8.8 LM |
| | 8.9 LM thanked JM for his contribution to this item. | |
| 9. | <p>Chair's report</p> <p>9.1 LM has previously requested information on social care be provided to the Kingston Health and Wellbeing Board (HWB) but this hasn't to date happened. The Board discussed requesting social care data from RBK directly. LM agreed to work with SB to develop a specific data request (to include performance data, list of care homes, numbers with domiciliary care etc.) and then follow this up with the HWB and/or RBK as necessary. NS suggested LM approach Iona Lidington, Director of Public Health, RBK directly.</p> | 9.1 LM, SB |
| | 9.2 JW suggested HWK consider making a Freedom of Information (FOI) request for social care data as another approach to gain this information, if HWK cannot secure it via the above method. | |
| | 9.3 LM noted that Healthwatch Richmond and Richmond Council ran a public event on the future of adult social care earlier in the year. Over 90 local residents, professionals and council members attended and shared their views on how the system should change to meet rising demand and how any proposed changes should be funded. The event was part of the consultation by the Local Government Association who estimate that adult social care will face a funding gap of £3.56 billion by 2025 due to growing demand from an ageing population and as inflation and other financial pressures faced by councils continue to build. LM asked if RBK had responded to the consultation. SB to enquire. | 9.3 SB |
| | 9.4 The Board thanked LM for her report. | |
| 10. | <p>Task Group reports</p> <p>10.1 The meeting noted, with thanks, the contents of the Mental Health Task Group and the Hospital Services Task Group reports.</p> | |
| | 10.2 ABY has arranged a meeting with Hilary Finnegan, Kingston Coordinated Care (KCC) new Programme Director, NS and others, following the departure of Andrew Osborn, to discuss the continuation of the planned work that the Community Care Task Group would like to carry out on the evaluation of Connected Kingston and Kingston Coordinated Care (KCC). | |
| | 10.3 NS has had conversations on health and homelessness with Matt Hatton, Manager of Kingston Churches Action on Homelessness and also with SPEAR Housing Association, a charity for people experiencing homelessness in <i>Richmond</i> , Merton, Sutton, Kingston and Wandsworth. Discharge of homeless people from hospital has been identified as an issue in relation to access to GPs. NS, KCHA and SPEAR will meet with Sam Finn, Discharge Coordinator at Kingston Hospital to find out what the | 10.3 NA |

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| | existing processes and procedures are and will update the Board at the next meeting in January 2019. | |
| Agenda No. | Item No. | Action |
| 11 | Project and Outreach Officer reports | |
| | 11.1 It was agreed that we should use the Healthwatch England (HWE) hosting/template/support service package for the HWK website moving forwards. LA to progress with HWE. SB noted among other things, this made financial sense. Our current website host is Heart Internet. JW, as HWK GDPR Board Lead, noted that when we do change to the HWE package, HWK will need to amend our Privacy Statement/Policy accordingly. SB to amend in due course. | 11.1 LA, SB |
| | 11.2 The Board noted, with thanks, the extensive information and resource on the recruitment of volunteers that LA had produced. As LA sent her apologies, the Board agreed to feedback any comments on her report directly. | 11.2 ALL |
| | 11.3 The Enter & View Report for Kingston Adult Community Services at Tolworth Hospital received positive feedback from Healthwatch England. This included suggestions for future HWK Enter & View Reports. The Enter & View Report has now been published on the HWK website. | |
| | 11.4 The Board thanked ABY, LA and the HWK volunteers involved, for their enthusiastic engagement with members of the public while promoting HWK volunteering at libraries throughout Kingston. | |
| | 11.5 LM thanked ABY and LA for their reports. | |
| 12 | AOB 12.1 None. | |
| 13 | Confirmation of dates for 2018-19 meetings: Wednesday 30th January 2019 Wednesday 20th March 2019 | |
| | Close of PART A | |

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| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Chair's report, including HWK role in NHS 10-year Plan and the Kingston Health and care Plan Consultations | Author: Liz Meerabeau (LM), HWK Chair/Trustee Board Member |
| PART A Agenda Item: 5 | Appendix: No |

FOR DISCUSSION AND/OR DECISION

The Board is requested to review and discuss this report.

Introduction

This month's report is inevitably focussed on the recently launched NHS Long Term Plan, with some reflections on what it may mean locally, particularly for Healthwatch Kingston. The Plan has been produced in response to the additional £20.5bn per annum promised to the NHS by 2023/4, although it should be noted that the increased funding is a restoration to the general percentage of GDP which the NHS has received since its inception.

The NHS Long Term Plan

Chapter 2 focusses on the NHS's role in prevention, including improving the life expectancy of people with learning disability and/or autism (para 2.31) and the provision of better dental services for them. Para 2.32 focusses on the health needs of rough sleepers, including the creation of specialist hospital teams in areas of high need.

Clinically, the key priorities come as no surprise- cancer, mental health, care for people with two or more long-term conditions, ageing healthily, children's health, cardiovascular and respiratory health, and learning disability/autism. Chapter 3 sets out detail about these priorities, including extending mental health services for young people to 25, to prevent some of the current problems with transition (para 3.30), and expanding services for acute

30.01.19 Healthwatch Kingston Upon Thames Board Meeting Agenda PART A and B and PART A Papers mental health crises (para 3.95). The NHS Comprehensive Model of Personalised Care is promised (para 1.39) although a definition would be helpful, as it would for social prescribing (para 1.40).

Both primary and community care will receive additional, ring-fenced funding, and there will be better collaboration between them (although it has been noted elsewhere that community care is generally not well understood and its place in the new arrangements is not entirely clear, given the patchwork of providers nationally). There will be additional support for care homes to enable more residents to receive end of life care, rather than being admitted to acute care.

In relation to workforce, the King's Fund in November observed that these challenges presented a greater threat to health services than the funding challenges. Locally, workforce is RAG rated amber, but it would be good to know what mitigations have been put in place. No budget has as yet been set for the national workforce implementation plan. The Plan proposes (Chapter 4) some fast-track recruitment in medicine and less emphasis on specialism. It also claims that some universities set too high entry standards for their nursing degrees and proposes a new on-line nursing degree from 2020. International staff recruitment will also be increased (although about ten years ago the NHS pledged not to recruit from poorer countries as it may denude their health services).

Chapter 5, on digitally-enabled care, includes better access for community staff, who often have poor connectivity in patients' homes (para 5.17). The Plan also hopes to include people who are 'technology averse' (para 5.9); Healthwatches in some areas have been commissioned to provide training and reassurance to patients to enable them to use smart phones to help manage their health.

Changes in Structures and Regulation

A key aspect of the Long Term Plan is the creation of Integrated Care Systems in the next two years, and the dismantling of many of the 'Lansley reforms' of 2012. Para 7.13 states that 'The changes set out in the Long Term Plan can generally be achieved within the current statutory framework, but legislative change would support more rapid progress.' It is admitted that the 2012 legislation emphasised organisational autonomy, whereas the Plan concerns 'collective endeavour'. In response to a formal request from the cross-party House of Commons Health and Social Care Committee (and the Prime Minister) the Department of

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Health has drawn up a ‘provisional list of potential legislative changes’ which includes removing the competition rules.

To emphasise the importance of integration, a new ICS accountability and performance framework (para 1.55) will include an ‘integration index’ developed jointly with patient groups and the voluntary sector. However, this highlights for me that at Healthwatch we routinely see performance data on acute and primary care, but rarely (if ever) on community care or social care. Hopefully this will be remedied in the new system. In relation to social care, the Plan states (para 1.57) that the government is ‘committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years’. New regional structures will be created and costs will be contained by moving to population- rather than activity-based funding.

Next Steps

Local organisation plans for 2019/20 are required by April 2019 and draft Health and Care Plans will be received by Health and Wellbeing Boards in March. Final versions will be received by the HWBs in June, for publication in July, and a five- year local health strategy will be required by autumn 2019. Although it is not referred to in the Plan, historically HWBs have varied in their make-up and it is recognised that the Kingston HWB needs strengthening. It is likely that its membership will be enlarged to include health care providers.

In addition to HWK’s role on the HWB, we look forward to hearing about the programme of engagement, in which Healthwatches, together with local authorities, have been cited as key partners. Healthwatches (along with charities for specific health needs, led by Age UK) will receive funding to support NHS teams in ‘ensuring the views of patients and the public are heard’.

Liz Meerabeau

HWK Chair

January 2019

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| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Generic Draft Terms of Reference for HWK Task Groups | Author: Stephen Bitti (SB), HWK Chief Officer |
| PART A Agenda Item: 8 | Appendix: No |

FOR DISCUSSION AND/OR DECISION

The Board is requested to review and comment upon the following Generic Draft Terms of Reference for HWK Task Groups, before it is shared with Task Groups. (The final version will be brought back for Board approval at the March Board).

Generic Task Group Terms of Reference

1. Aim

- 1.1 The aim of the Task Group is to support Healthwatch Kingston upon Thames (hereafter HWK) to deliver its health and social care work programme with a specific focus on the commissioning and delivery of mental health, hospital services, community care and how they relate to the system as a whole. Youth Out Loud! (YOL!), a 'task group' for young people, operates under different Terms of Reference.

2. Objectives

- 2.1 To propose an annual priority research project and work plan, in line with the strategic objectives of HWK's strategy, for endorsement by the HWK Board as set out in the Decision-Making Policy & Procedure
- 2.2 To gather feedback from local people on health and social care issues, passing this on to the HWK staff team and the HWK Board as appropriate. Feedback may be sought from a variety of methods and sources such as:
 - Surveys and questionnaires
 - Focus groups
 - Health and social care specific meetings (e.g. NHS Trust Board public meetings, network meetings, voluntary and community sector meetings)
 - Enter & View visits
 - Care Quality Commission inspection reports

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- Other available information

2.3 To review project work plan progress at each meeting to ensure the Task Group remains focused on delivering project aims.

3. Accountability

- 3.1 The Task Group will work with the HWK staff team and be accountable to the HWK Board who will be responsible for deciding if the Task Group is meeting its objectives and functioning effectively
- 3.2 The Task Group will provide updates at each HWK Board meeting and will liaise with other Task Groups if there are areas that require a joined-up approach
- 3.3 The Task Group is expected to act at all times in accordance with HWK's Policies & Procedures which can be viewed in the office or read online by following the link below:

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

4. Working Arrangements

- 4.1 The Task Group will propose a chair (and deputy chair) by consensus by the beginning of March for appointment by the HWK Board. Both chair (and deputy chair), must be an Active Affiliate (see Active Affiliate Policy & Procedure) and will be responsible, with HWK staff team support, for deciding the agenda for meetings
- 4.2 The appointment of the chair and the deputy chair must be approved by the HWK Board prior to the start of the business year (from 1 April) and will be for a period of three years (hereafter known as one term) unless determined otherwise by the HWK Board
- 4.3 The chair and the deputy chair can be asked to serve more than one term consecutively subject to Board approval but no more than two consecutive terms (six years).
- 4.4 The chair and the deputy chair will be supported by the HWK staff team so that they are able to conduct meetings confidently and professionally
- 4.5 The HWK Chief Officer will determine which member of the HWK staff team will provide support for Task Group meetings and will be solely responsible for their line management
- 4.6 A schedule of meetings will be planned at the start of each business year for a period of twelve months, unless circumstances dictate otherwise
- 4.7 Task Group meetings will normally take place every other month (six per year), although additional meetings may be called to address urgent matters or to respond to essential unplanned activity
- 4.8 Task Group meetings will be aligned to coincide with or run closely aligned to the HWK Open Meetings
- 4.9 Task Group papers (e.g. agenda, meeting notes, reports) will be approved by the chair (or deputy chair in the absence of the chair) prior to distribution by a member of the HWK staff team
- 4.10 Papers for each Task Group meeting will be circulated by a member of the HWK staff team at least one week in advance of meetings and published on the HWK website unless office circumstances dictate otherwise
- 4.11 A member of the HWK staff team will take meeting notes and, if required, will report back any urgent matters or issues of concern to the HWK Chief Officer and/or HWK Board as soon as possible
- 4.12 Notes of each Task Group meeting will be circulated no later than three weeks after each meeting
- 4.13 Reports or any other document that are produced by the Task Group must be reviewed by the HWK Chief Officer and then approved by the HWK Board before circulation.

5. Membership

- 5.1 Membership is on a voluntary, informal basis and is open to any local resident with an interest in health and social care services
- 5.2 Where appropriate new members are encouraged to join HWK as an Active Affiliate so that they can participate in, for example, Enter & View visits
- 5.3 If possible new members will be briefed by a member of the HWK staff team and/or the chair and/or deputy chair of the Task Group prior to their first meeting so that they understand, these Terms of Reference, the project work action plan and relevant policies and procedures (e.g. Safeguarding)
- 5.4 If necessary the Task Group chair and/or deputy chair will remind those present at meetings of these terms of reference
- 5.5 The HWK Board may remove any Task Group members or Active Affiliates who fail to abide by the Code of Conduct and any other policies and procedures which apply to Task Group activities
- 5.6 All HWK Trustees will be ex-officio members of the Task Group
- 5.7 To function effectively group membership should be no more than 12 with the option of inviting more Active Affiliates for occasions such as visiting speakers, priority setting workshops or other activities as determined by the chair and/or deputy chair in liaison with the HWK Chief Officer
- 5.8 Representatives from health and social care services may be invited at the Task Group's discretion.

6. Expected Behaviours

- 6.1 Task Group members are expected to:
 - a. Read the papers prior to each meeting so that they can make a meaningful contribution and participate effectively at each meeting
 - b. Follow up on any actions assigned to them within the deadline given and report back at the next meeting or as agreed by the Task Group
 - c. Adhere to the Privacy Policy to ensure that information and data is stored and circulated in an appropriate way
 - d. Abide by the HWK Meeting Code of Conduct and any other policies and procedures which apply to the work of the Task Group
 - e. Draw on their knowledge and experience to assist the Task Group to fulfill its objectives but should not pursue individual concerns to the detriment of the Task Group's performance
- 6.2 Active Affiliates who have been appointed to represent HWK on outside bodies should present views that are consistent with HWK's mission and not pursue personal agendas; any conflicts of interest should be declared in accordance with the Conflicts of Interest Policy and Procedure.

7. Amendments to the Terms of Reference

- 7.1 Active Affiliates and members can propose amendments to this Terms of Reference which should be put in writing and discussed with the chair and/or deputy chair who will decide whether to submit to a Task Group meeting for discussion. If agreed the chair and/or deputy chair will submit a revised document clearly showing the proposed amendments to the HWK Chief Officer for review before it is submitted to the HWK Board for approval.

8. Document Control

| | |
|---|------------------------|
| Title of Document: Generic Task Group Terms of Reference | |
| Board Approval Date: 30.01.19 | Version: 1.0 |
| Effective Date: TBC | Version Date: 21.01.19 |

| | |
|---|--|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Decision-Making Policy & Procedure | Author: Nigel Spalding (NS), HWK Trustee Board Member/ HWK Treasurer |
| PART A Agenda Item: 9 | Appendix: No |

FOR DISCUSSION AND/OR DECISION

The Board are asked to review and approve the following Decision-Making Policy & Procedure Policy.

Decision-Making Policy & Procedure

1. Purpose

The purpose of this document is to provide clarity on how and by whom decisions about the work of Healthwatch Kingston (hereafter “HWK”) will be taken.

2. The Legal Framework

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (section 40) requires every local Healthwatch to have a procedure for making relevant decisions, including:

- Provision as to who may make decisions
- Provision for involving lay persons or volunteers (known as affiliates and active affiliates) in such decisions
- Provision for dealing with breaches of any procedure referred to in the previous two previous points which should include circumstances in which a breach would be referred to the Local Authority

3. What is the Legal Framework?

HWK is a company limited by guarantee and not having a share capital. In accordance with **The Companies Act 2006**, the Board of Trustees are responsible for decision making as set out in the company’s **Articles of Association**.

4. What is the definition of relevant decisions?

Relevant decisions include:

- When to escalate issues to Healthwatch England and/or the Care Quality Commission

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- Which health and social care services HWK is looking at covering with its activities
- The resources HWK will commit to these activities whether financial or staff or volunteer time
- Whether to request information from commissioners and providers
- Whether to make a report or a recommendation to a service provider
- Which premises to Enter and View and when those premises are to be visited
- Whether to refer a matter to an overview and scrutiny committee
- Whether to report a matter concerning HWK's activities to another person
- Any decisions about subcontracting

Relevant decisions do NOT include day to day administrative activity or other internal office functions that may be required to carry out exploratory work, priority assessments and/or identifying resources prior to making any of the above decisions.

5. What is the procedure for making relevant decisions?

Relevant decisions will be made by the Board of Trustees of HWK or by those to whom the trustees delegate decisions, in accordance with the company's Articles of Association.

The following processes will be used by HWK for involving members of the public in making relevant decisions:

- Board meetings in public
- Project Group
- Stakeholder and community engagement activities
- Focus groups
- Surveys, questionnaires and consultations

A relevant decision will be recorded in the minutes or notes of the meeting at which the decision was made and published on HWK's website. The note will reflect the reasons for the decision.

Most relevant decisions will be made at HWK Board meetings in public. When it is necessary to make a decision at other times, they will be ratified at the subsequent Board meeting in public. If for whatever reason a decision is taken without Board approval, the Board will determine what action is needed to approve the relevant decision retrospectively or to reverse the decision.

All decisions will be based on a thorough understanding of the following:

- Whether the decision is related to the role of HWK
- What problem, or potential problem, the decision will address
- What evidence there is to justify making the decision
- What the decision needs to accomplish (e.g. outcomes and impact)
- What are the risks in making the decision?

Most of the decisions approved by the Board will be applicable to the work of HWK and

30.01.19 Healthwatch Kingston Upon Thames Board Meeting Agenda PART A and B and PART A Papers will be discussed as part of the annual planning cycle and, when agreed, included in the work plan. This will include gathering evidence, research, priority setting, monitoring processes and reporting outcomes.

A key feature of this process is involving members of the public to identify which health and social care issues or areas of interest to investigate. In order to do so HWK will use a basic scoring tool based on the following decision making principles in order to help prioritise its workload:

- How much evidence is available about the issue? (1 being limited evidence from limited sources, 4 being well researched with a range of evidence from a range of robust sources)
- Is the issue going to impact on lots of people? (1 being relatively little, 4 being community wide likely to affect large numbers)
- What is the impact on people and community groups who experience health inequalities and who feel their voice is seldom heard? (1 being relatively little, 4 likely to affect large numbers of those seldom heard)
- Does the issue help HWK to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to)
- Does the issue align with local strategies and needs assessments such as the Wellbeing Strategy? (1 being little alignment, and 4 being significant alignment)
- Is the issue already being dealt with effectively by someone else? (1 being dealt with satisfactorily by someone else, 4 not being dealt with at all)

6. What will happen if there is a breach in the relevant decision making process?

There may be times when an extraordinary and/or urgent event necessitates that this policy is knowingly breached because there is neither time to seek wider involvement in the decision, or the matter is too sensitive to do so. In this case the following action will be taken:

- As soon as anyone identifies a possible breach, they must report it to the Chief Officer of HWK, who will immediately notify the Chair of the Board of Trustees
- The Chief Officer will review whether or not a breach has occurred and will report to the Chair in writing within 5 working days
- If appropriate to do so the will notify the commissioning officer at Kingston Council once the assessment is complete and the report has been submitted to the Chair
- The Chief Officer will prepare a written report for the Board of Trustees explaining:
 - If a breach of the decision making process has occurred
 - If so, the nature of the breach/breaches and what decision(s) was/were affected
- Any remedial action to prevent a reoccurrence in circumstances where a breach has occurred
- The trustees will approve a final report which will subsequently be published on HWK's website.

7. Document Control

| | |
|--|----------------------------|
| Title of Document: Decision Making Policy & Procedure | |
| Board Approval Date: December 2015 | Review Date: December 2016 |

| | |
|---|---|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Disability Confident Assessment and Time to Change Employer Pledge Action Plan | Author: Stephen Bitti (SB), HWK Chief Officer (working with Scotty McLeod (SB) HWK Trustee Board Member and Scott Bacon (SBA), HWK Projects and Outreach Officer (Learning Disabilities) |
| PART A Agenda Item: 10 | Appendix: No |

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| FOR DISCUSSION AND/OR DECISION |
| <p>The Board is requested to review and approve the following ‘high-level’ timeline for HWK achievement of the Time to Change Employer Pledge and L1, L2 and L3 of the Disability Confident Certification.</p> |

| Time to Change Employer Pledge & Disability Confident Certification (Levels 1,2 and 3) | | | | | | | | | | | | |
|---|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Action plan - High-level timeline (Feb to Dec 2019) | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Time to Change Employer Pledge | Action plan | | | | | | | | | | | |
| Disability Confident L1 - Committed | Action plan | | | | | | | | | | | |
| Disability Confident L2 - Employer | Action plan | | | | | | | | | | | |
| Disability Confident L3 - Leader | Action plan | | | | | | | | | | | |

It is proposed that HWK plan to achieve the Time to Change Employer Pledge and the Disability Confident - Committed by the end of April 2019. This will then allow us to show leadership when promoting sign-up to the TTC Employ Pledge in May for World Mental Health Week 2019.

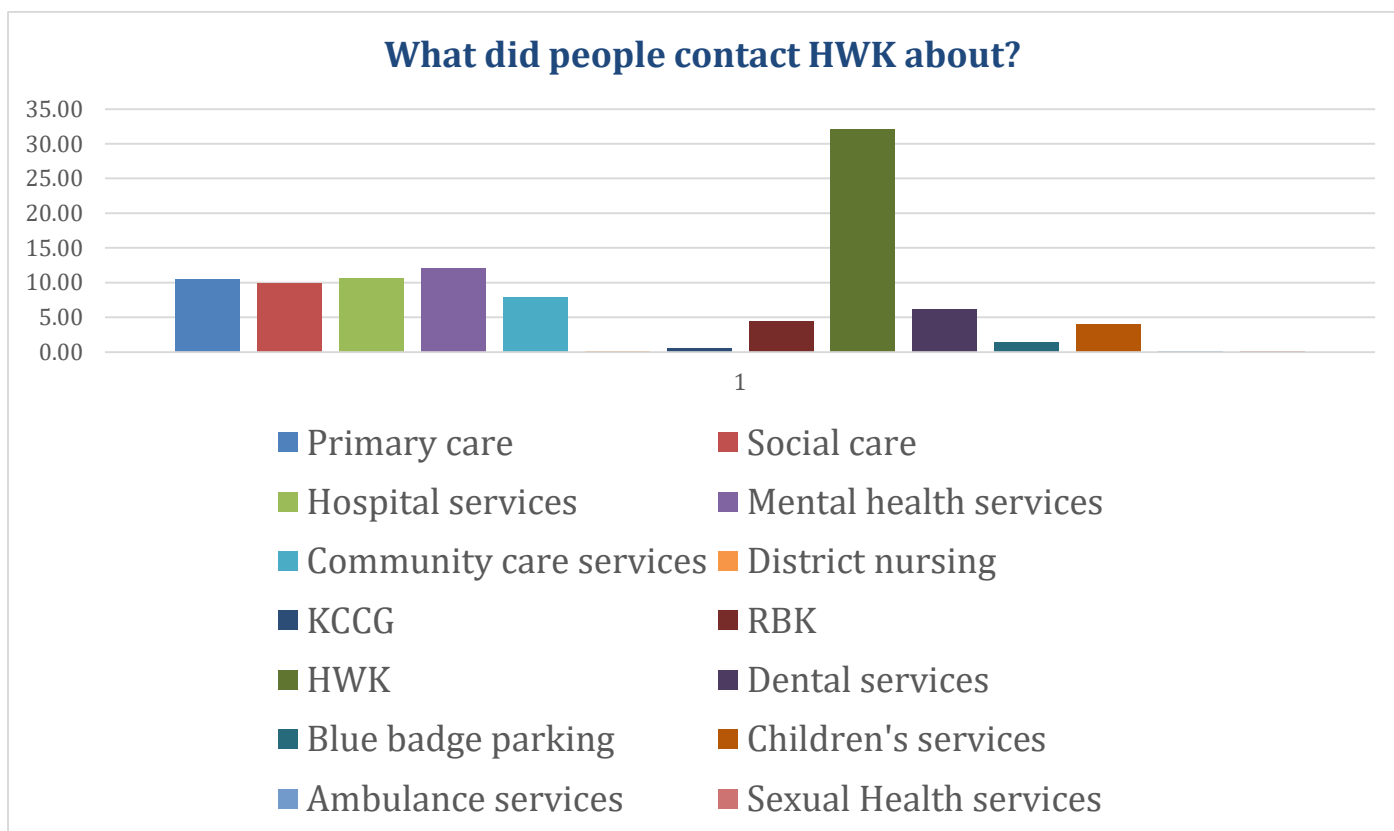
If this 'high-level' timeline is agreeable to the Board, then SB will work with SM and SBA to create a more detailed plan.

| | |
|---|---|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Top questions asked of Healthwatch Kingston in 2018...What Matters Most? | Author: Laila Awda (LA), Projects and Outreach Officer |
| PART A Agenda Item: 11 | Appendix: No |

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to provide the HWK Board with findings from a brief analysis of the contacts made to HWK by members of the public over the past year.

From 21 December 2017 until 21 January 2019 we had 398 contacts via phone calls, face to face interactions, and emails from the general public.



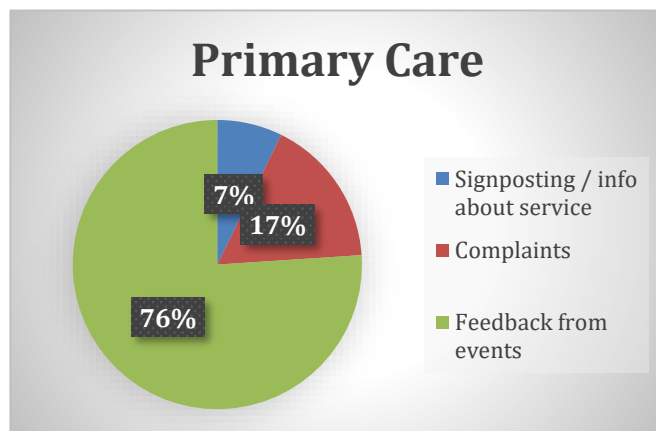
The majority (1/3rd) of the contact made with us have been where the public have provided general feedback to us, mostly from events that HWK attend. The remaining contacts were spread fairly equally across Primary Care services, Social Care, Hospital Services, Mental Health

30.01.19 Healthwatch Kingston Upon Thames Board Meeting Agenda PART A and B and PART A Papers Services, Community Care Services and Dental Services. Below details the types of contacts made to us under each category.

Primary Care services:

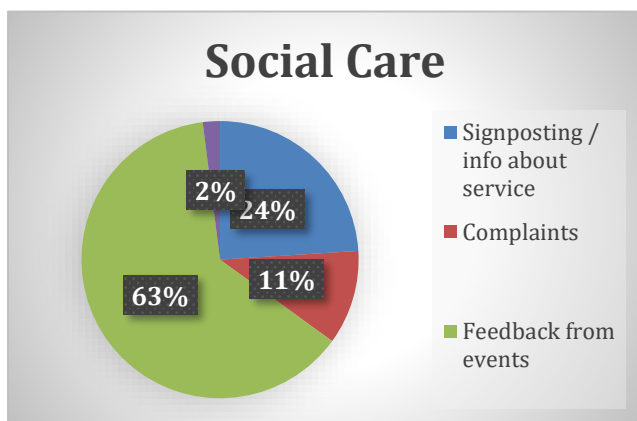
11% of the inquiries we receive are about Primary Care services. **Complaints are a fairly large element.** Some of the things we hear are:

- How to make a complaint if I am unhappy?
- I want to give feedback about my GP surgery
- It is difficult to get an appointment



Social Care:

10% of the inquiries we receive are about social care. Most people who get in touch are relatives and friends of older people who need help with their care.



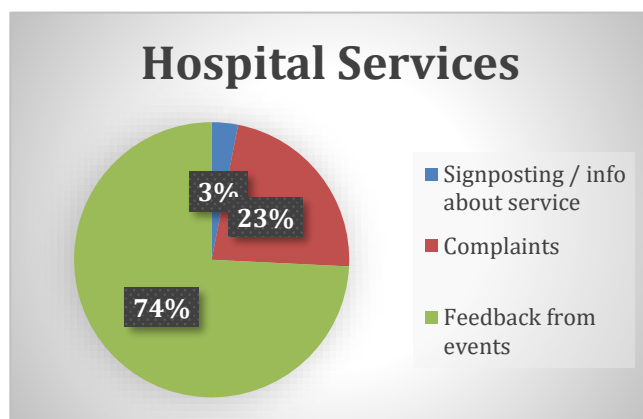
They want to know:

- What are the contact details for Adult social care? **A quarter of contacts needed signposting.**
- How can I support a relative or friend in need of support to continue living at home?

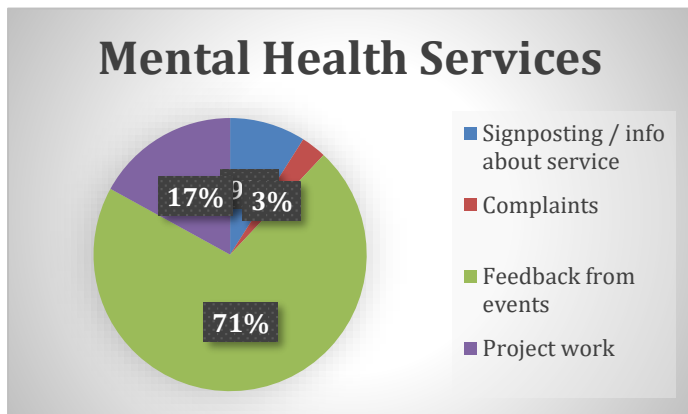
Hospital Services:

11% of people contact us about Hospital Services.

Aside from providing us with feedback, **a lot of people contact us to make complaints** about a variety of issues with their treatment whilst at hospital. No specific themes came through.



Mental Health Services:



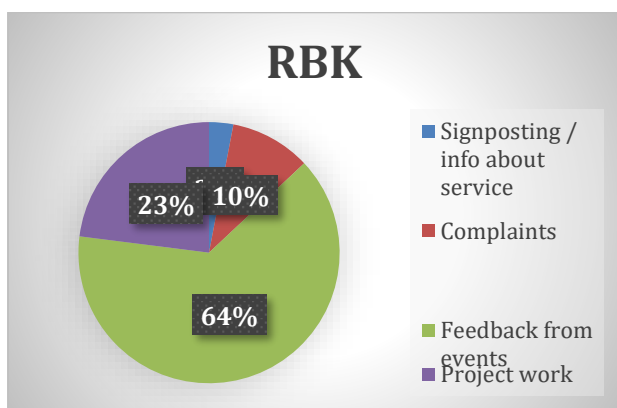
12% of the inquiries we receive are about are about Primary Care services.

Lots of people give us feedback about services and contact us to be involved in our project work in this area.

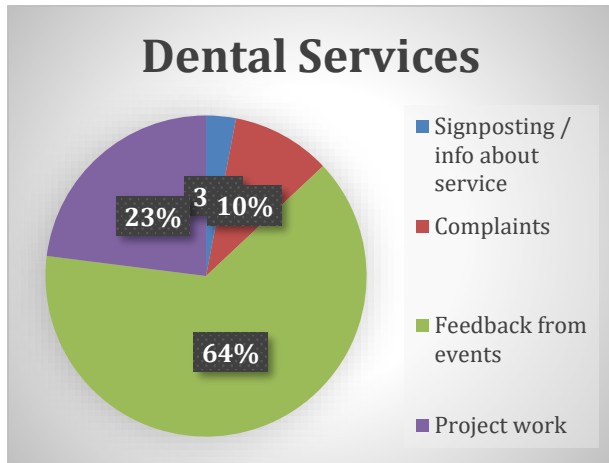
Community Care related contacts equate to 8% of the total contacts made to HWK. A breakdown of what these contacts are about is shown below:



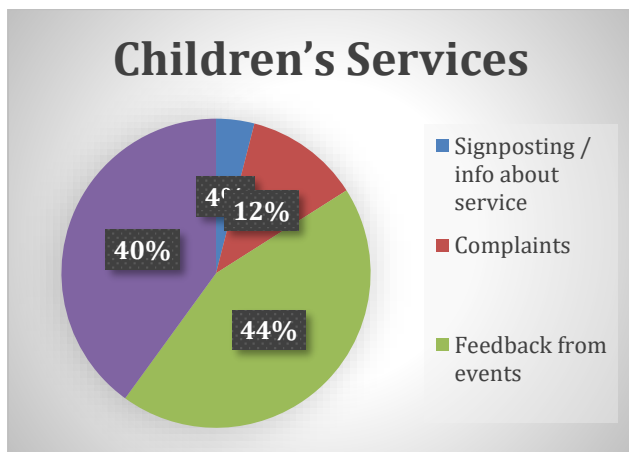
Contacts related to RBK make up 4% of contacts made to HWK. A breakdown of what these contacts are about is shown below:



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 6% of contacts made to us are related to Dental Services. A breakdown of what these contacts are about is shown below:



Children’s Services makes up 8% of the total contacts made to HWK. A breakdown of what these contacts are about is shown below:



Numbers of people / percentiles

Primary Care

| | | |
|----------------------------------|----|-----|
| Signposting / info about service | 5 | 7% |
| Complaints | 11 | 16% |
| Feedback from events | 49 | 73% |

Social Care

| | | |
|----------------------------------|----|-----|
| Signposting / info about service | 15 | 24% |
| Complaints | 7 | 11% |
| Feedback from events | 40 | 63% |
| Project work | 1 | 2% |

Hospital Services

| | | |
|----------------------------------|----|-----|
| Signposting / info about service | 2 | 3% |
| Complaints | 15 | 22% |
| Feedback from events | 49 | 72% |

| | | |
|----------------------------------|-----------|-----|
| Mental Health Services | 77 | |
| Signposting / info about service | 7 | 9% |
| Complaints | 2 | 3% |
| Feedback from events | 55 | 71% |
| Project work | 13 | 17% |

| | | |
|----------------------------------|-----------|-----|
| Community Care Services | 50 | |
| Signposting / info about service | 9 | 18% |
| Complaints | 4 | 8% |
| Feedback from events | 37 | 74% |

| | | |
|----------------------------------|-----------|-----|
| Dental Services | 39 | |
| Signposting / info about service | 1 | 3% |
| Complaints | 4 | 10% |
| Feedback from events | 25 | 64% |
| Project work | 9 | 23% |

| | | |
|----------------------------------|-----------|-----|
| RBK | 28 | |
| Signposting / info about service | 1 | 3% |
| Complaints | 3 | 10% |
| Feedback from events | 18 | 64% |
| Project work | 6 | 23% |

| | | |
|----------------------------------|-----------|-----|
| Children's Services | 25 | |
| Signposting / info about service | 1 | 4% |
| Complaints | 3 | 12% |
| Feedback from events | 11 | 44% |
| Project Work | 10 | 40% |

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| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Hospital Services Task Group Report (27 November 2018 to 30 January 2019) | Author: Graham Goldspring, Chair HSTG (GG) |
| PART A Agenda Item: Item 12 | Appendices: Minutes of Dementia Strategy meeting November 29th 2018 |

FOR INFORMATION

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.

- 1. Project on Discharge Survey at Kingston Hospital-** The 500 questionnaires were distributed to 12 wards at Kingston Hospital and by closing date on 9th December 2018, 25 were returned unused. Of the 475 that had been given out with discharge letters, we had 92 returned, or 19.36% of the total numbers given out. Jane Suppiah had estimated that we could not expect more than a 20% return. This was an excellent response. The Task Group met on 7 January this year to look at the data. The significant outcome is that for all but one of the questions, there were high percentages of patients who had positive experiences. The one exception was the response to whether patients had information in a more accessible format given to them if they needed it. Possibly the wording of the question needed to be specific about if the need was recognized and offered. The most significant reasons for delay in being discharged were waiting for medication and/or the discharge letter. The further anecdotal comments were not on the summary sheet and these have yet to be studied. The next phase is for there to be another survey period sometime in March to produce a large total sample for analysis and the final report scheduled to be sent to the Discharge Team at Kingston Hospital sometime in April.
- 2. Kingston Hospital/ Homelessness Work** - Nigel reported in an email to the Task Group that he was planning to meet with Sam Finn, Head of the Discharge Team at Kingston Hospital, together with Matt Hatton (Kingston Churches Action on Homelessness) and Guiseppe Donadio (SPEAR Homeless Health Link Team Leader) on 24th January to talk about the hospital's procedures and practices for discharging people who are homeless when they are admitted to hospital.
- 3. Complaints and Procedures** - we have yet to follow up on any further posting online on the Complaints survey. However, we decided to try and re-open our dialogue with

30.01.19 Healthwatch Kingston Upon Thames Board Meeting Agenda PART A and B and PART A Papers the Director of Nursing with regard to safeguarding people, both staff and patients, who wish to make complaints. The lead on this is Pippa Collins who has done a lot of excellent work on this. She reported that there is now a Freedom to Speak Up Guardian who is employed by Kingston Hospital. Her name is Zoe Brown and she will also be approached.

4. **Planning Priorities for next year** - Stephen drew our attention to the document ‘Selecting an issue for Task Group work in 2019/20’ with prompts for staff and chairs to consider. We have invited Task Group members to suggest an issue for consideration and the chosen project to be presented to the Board for approval at the March meeting.

5. **The Dementia Strategy Steering Group** meeting was held on 29th November 2018. Blyth ward refurbishment has now been completed along with the carer’s room on level 5. Ward was open by Ann Radmore and Sian Bates with very positive comments from patients, visitors and staff. All group members invited to visit the area to see the fantastic changes. Plans are already in place to start the refurbishment work on Kennet ward in the summer of 2019. I reported that the task group is sending a questionnaire to every hospital patient discharged and the results are then sent back to Healthwatch to analyse. The notes of that meeting I have attached here.



Minutes of Strategy meeting November 29

Dementia Strategy Delivery Group
29th November 2018 11.00-12.30
Day surgery unit seminar room

| Present | | |
|-------------------|--|----|
| Katie Hollis | Acting Dementia Improvement Lead CHAIR | KH |
| Jan Ives | Carer Representative | JI |
| Helen Lloyd | Carer Representative | HL |
| Jane and ? | OT representatives x2 | |
| Sam Bridgman | Facilities Analyst | |
| Teleri Gulvin | CNS Palliative Care | TG |
| Hilary Dodd | Alzheimer’s Society | HD |
| Calum Harvey | Alzheimer’s Society | |
| Paul Lomax | Psychiatry registrar memory clinic | PL |
| Graham Goldspring | Health watch | GG |
| Apologies | | |

30.01.19 Healthwatch Kingston Upon Thames Board Meeting Agenda PART A and B and PART A Papers

| | | |
|---------------------|----------------------------|----|
| Sally Brittain | Director of Nursing | SB |
| Nichola Kane | Deputy Director of Nursing | NK |
| Sarah Joseph | Orthopaedic Matron | SJ |
| Ann Holliday | Quality Administrator | AH |
| | | |
| | | |
| | | |
| | | |

| Item | Agenda Item | Actions |
|------|---|---------|
| 1. | Welcome and Apologies Apologies noted | |
| 2. | Minutes of Previous Meeting Minutes approved | |
| 3. | Dementia Monthly Report Audit department member unavailable to attend meeting. September 2018 results show varying outcomes across all criterions. Similar to previous months the 'Find' criteria remains above 70%. The 'Assess' criteria remains about 90%, this criterion has remained $\geq 90\%$ target consistently over the last twelve months. The 'Refer' criterion shows an 8% Increase in comparison to August results. Meeting planned in the new year with Audit KH and clinical leads to improve results. Noted that other Trusts have higher completion numbers. | KH |
| 4. | Dementia Screening Kingston diagnosis rates lower than expected for local population, as discussed at our previous meeting. We are referring however GP's not following up with referrals to memory service. GPs are reporting a change in the symptoms. KH explained that Dr Louse Hogh has a planned meeting with a community lead GP and memory clinic consultants to explore a trial of direct referrals from Kingston Hospital. | KH |
| 4. | Training Update Monthly corporate training sessions continue to be run by KH and the new band 5 3 and 2 staff training continues to be supported by KH and alternate months by Clare Walsh from the PDN team. | KH |

| | | |
|-----|--|-------|
| 5. | <p>National Audit for Dementia 2018 plan</p> <p>The audit data has now been submitted , we await the results in the Spring of 2019</p> | KH |
| 6. | <p>Environment of Care update</p> <p>Blyth ward refurbishment has now been completed along with the carer's room on level 5.Ward was open by Ann Radmore and Sian Bates with very positive comments from patients, visitors and staff. All group members invited to visit the area to see the fantastic changes. Plans are already in place to start the refurbishment work on Kennet ward in the summer of 2019.</p> <p>The environment group is also planning to develop a Dementia friendly garden area. Angela Clark to provide an update for our next meeting.</p> | |
| 8. | <p>Alzheimer's Society Support</p> <p>HD reported that CH support worker has been very busy in his new role. KH thanked CH for his work at Kingston Hospital and the support in completing the carers questionnaires for the National Dementia Audit</p> | HD/KH |
| 9. | <p>Forget me not scheme</p> <p>Need to remind staff to identify patients by placing flower above their bed as well as on the RAG board Important things about me not being completed and needs to be pushed HCAs can be encouraged to fill out this form as they spend the most time with patients.</p> <p>KH to reinvigorate the scheme on the wards in the new year.</p> | KH |
| 11. | <p>Therapeutic Activities</p> <p>Maria and her volunteers remain busy. We have now lost the additional staff member so Maria is limited to take six patients a day. At the start of 2019 4 psychology students from Kingston University will start their placement which will supports Maria's work</p> <p>Remind me care- we are still experiencing connectivity problems in the activities room. The company are aware and exploring options to improve this problem.</p> | KH |
| 13. | <p>AOB</p> <ul style="list-style-type: none"> GG in his Health watch role is working on a task group who are looking at patient services. The current pilot scheme involves | |

30.01.19 Healthwatch Kingston Upon Thames Board Meeting Agenda PART A and B and PART A Papers

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| | <p>sending a questionnaire to every hospital patient discharged and the results are then sent back to HealthWatch to analyse.</p> <ul style="list-style-type: none">• JI has reported from attending a discharge focus group reporting that patients are well informed about their plans, however staff are not aware of many of the hospital initiatives .KH explained that the initiatives are often communicated on the intranet which staff don't access, focus therefore to be at the RAG meetings when the Big 4 are discussed and information can be disseminated. | |
| <p>NEXT MEETING: 24th January 2019 @ 11am Day Surgery Unit</p> | | |

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| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Mental Health Task Group Report 30 January 2019 | Author: Tony Williams, Chair, Mental Health Task Group |
| PART A Agenda Item 12 | Appendix: No |

FOR INFORMATION

The purpose of this report is to update the HWK Board on recent and planned activity by the Mental Health Task Group (MHTG)

The Board is requested to note the content of this report.

The Mental Health Task Group (MHTG) is pursuing two priorities in 2018/19:

- Supporting implementation of Thrive Kingston, the new mental health strategy for the borough
- Review of the local Improving Access to Psychological Therapies (IAPT) service, called iCope

The MHTG also delivered a product from 2017/18 priorities and an update is included:

- An enter and view review of the Community Service at Tolworth Hospital.

Thrive Kingston

The Mental Health Strategy Planning and Implementation Group (MHSPIG) met in December. This meeting is now followed routinely by the Time to Change Kingston (TTCK) Steering Group. It is intended that a view be taken on the aims and objectives of Thrive Kingston given the time since launch and the organisational and political changes which have occurred. A meeting was held with Dr Phil Moore (R&KCCG), and subsequent meetings intended. It has been noted, however, that no governance demonstrating cause and effect has so far proved that the strategy has driven activity in the borough. This needs to be recognised by the Board and the learning should inform future decisions on investment of time and resources into collaboration with local statutory services by HWK.

Meetings have been held to deliver Kingston's Time to Change funding bid. HWK, RBK and MiK have attended an interview, and news of the outcome is awaited.

iCope Review

A questionnaire has been designed to gather customer experiences, with input from Kingston University (Prof. Phil Terry, Psychology School). This is now available in paper, as .PDF and as an online form. A cadre of volunteers has been assembled to employ the paper questionnaire to deliver interviews. Marketing of the review has begun.

It should be noted that the retendering of the iCope service, put back a year from March 2018, has still not been given a timetable.

Tolworth Hospital Community Service Enter and View Report

The Enter and View Report has now been published.

A meeting will be arranged with Shaun Hare, now manager of the Community Service, to gain an update on the action plan provided by SWLStG in response to the Enter and View Report.

Emotionally Unstable Personality Disorder

SW London and St Georges NHS Trust has just submitted its business case (B/C) to Kingston CCG for the interim DBT service this week (this has been signed off by their internal governance). The proposal is that the DBT team will be recruited between now and March (one is already in post), they will attend DBT training mid-March in Cambridge and the service will commence from 1st April 2019 and will run during 19/20 in the first instance whilst a full specialist PD service across K&R is considered. From the CCG perspective, the B/C is being reviewed by commissioners and Dr Phil Moore and then needs to be presented to the CCG Finance Committee next Monday for sign off.

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| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Community Care Task Group Report | Author: Nigel Spalding (Acting Chair) |
| PART A Agenda Item 12 | Appendix: No |

FOR INFORMATION

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

The CCTG's agreed priority for this year is the 'Evaluation of the local impact of "Connect Well Kingston", an emergent local online social prescribing tool'.

The Task Group met on 17 December with 9 members present - the largest attendance for a couple of years.

The meeting:

- Asked that Grant Henderson be invited to the next Healthwatch Kingston Open Meeting on 18 February to provide an overview of the work of Your Healthcare, including its work with Kingston Co-ordinated Care.
- Noted the report presented on 22 November to RBK's Children's and Adult's Care and Education Committee on 'Maximising Independence (which provided an update on arrangements for rehabilitative and long-term care in the home)
- Was informed that both Andrew Osborn and Chris Jones (who attended the previous Task Group meeting) had left the RBK and that arrangements were being made to meet Hilary Finegan, the newly-appointed Kingston Co-ordinated Care Programme Director*
- And reviewed and commented upon an outline set of questions for a telephone survey of users of Connected Kingston for potential use sometime after Easter 2019
- Considered the draft criteria for the selection of priority projects for 2019/20.

*The meeting, to discuss HWK's potential involvement in the evaluation of Connected Kingston and the wider Kingston Co-ordinated Care programme, is being held on Wednesday 23 January. The following attendees are expected: Hilary Finegan, Helen Tindall (working with KCC on evaluation), Liz Meerabeau, Tulloch Kempe (Staywell and Task Group member), Lisa Ehlers (KCIL), Ann Macfarlane, Alicja Rucinska and Nigel Spalding (Task Group members), a rep from Kingston Vountary Action plus HWK staff.

| | |
|---|---------------------------------|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Finance Report | Author: Nigel Spalding |
| PART A Agenda Item 13 | Appendix: |

FOR INFORMATION - Financial statements to 31 October 2018 and estimations for 2019-21

The Board is asked to note:

- the statements of income and expenditure to 31 December 2018
- the estimates for 2019/20 and 2020/21
- and the estimated unspent income as at the end of the existing contract on 31 March 2021.

A proposed budget for 2019/20 will be provided to the next board meeting in March 2019 along with a view on whether the Reserves Policy should be revised.

| INCOME 2018/19 | | | | | |
|---------------------------------------|-------------------|----------------------------|---------------------|-------------------|-----|
| | | | Treasurer's figures | | |
| | Budget 2018/19 | Income to 31 December 2018 | 2020/21 (+1 Year) | 2021/22 (+2 Year) | |
| B/f from 2017/18 (Restricted funds) | 36,514.00 | 36,514.00 | | | |
| B/F from 2017/18 (Unrestricted funds) | 6,893.00 | 6,893.00 | | | |
| RB Kingston | 122,000.00 | 91,499.94 | 122,000.00 | 122,000.00 | |
| RB Kingston (LD) | 25,000.00 | 12,500.00 | 5,000.00 | 5,000.00 | |
| Kingston CCG (YOL!) | 10,000.00 | - | | | |
| Kingston CCG (MHSPiG) | 2,000.00 | - | 2,000.00 | 2,000.00 | TBC |
| TOTAL | 202,407.00 | 147,406.94 | 129,000.00 | 129,000.00 | |

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| EXPENDITURE 2018/19 | | Treasurer's figures | | | | | |
|--|--------------------------|---------------------------------|--|--|---------------------|---|--------------------------------------|
| CORE BUDGET | Budget approved 27.11.18 | Expenditure to 31 December 2018 | Pro rata to 31 December 2018 (or annual amount in italics) | Variance to 31 October 2018 (minus means underspend) | Year-end projection | Outline Budget 2019/20 (RBK Contract Year +1) | Outline budget 2020-21 (RBK Year +2) |
| ADMINISTRATION COSTS | | | | | | | |
| Insurance | 1,750.00 | 1,718.99 | 1,718.99 | - | 1,718.99 | 2,000.00 | 2,250.00 |
| Photocopier maintenance contract | 2,100.00 | 1,504.72 | 1,575.00 | 70.28 | 2,006.29 | 2,200.00 | 2,500.00 |
| Independent Examination of Accounts | 600.00 | 600.00 | 600.00 | - | 800.00 | 800.00 | 1,000.00 |
| Rent of Community Venues | 2,500.00 | 1,339.63 | 1,875.00 | 535.37 | 1,786.17 | 2,500.00 | 2,500.00 |
| Companies House Annual Return | 13.00 | - | 13.00 | 13.00 | - | 15.00 | 20.00 |
| Legal and professional fees | 500.00 | 87.88 | 375.00 | 287.12 | 117.17 | 500.00 | 500.00 |
| Other Equipment | 1,700.00 | 1,593.98 | 1,275.00 | 318.98 | 2,125.31 | 500.00 | 500.00 |
| Renewal of registration with ICO | 40.00 | 40.00 | 40.00 | - | 53.33 | - | - |
| COMMUNICATION COSTS | | | | | | | |
| Printing | 750.00 | - | 375.00 | 375.00 | - | 750.00 | 750.00 |
| Marketing/Promotion | 750.00 | 69.23 | 562.50 | 493.27 | 92.31 | 750.00 | 750.00 |
| STAFF COSTS | | | | | | | |
| Salaries, including Employer's NI and pension | 95,000.00 | 63,280.67 | 71,250.00 | 7,969.33 | 89,777.84 | 120,000.00 | 114,000.00 |
| Additional staffing/staffing costs | - | - | - | - | - | - | - |
| Staff recruitment | 1,200.00 | 594.00 | 900.00 | 306.00 | 792.00 | 1,000.00 | 1,000.00 |
| DBS checks for employees | 300.00 | 62.00 | 225.00 | 163.00 | 82.67 | 300.00 | 300.00 |
| Staff training and attendance at conferences/workshops | 2,000.00 | 774.62 | 1,500.00 | 725.38 | 1,032.83 | 1,500.00 | 1,500.00 |
| Payroll service | 1,000.00 | 321.12 | 750.00 | 428.88 | 428.16 | 1,200.00 | 1,300.00 |
| EXPENSES | | | | | | | |
| Staff travel | 500.00 | 230.38 | 375.00 | 144.62 | 307.17 | 500.00 | 500.00 |
| Volunteer expenses | 300.00 | 17.00 | 225.00 | 208.00 | 22.67 | 400.00 | 500.00 |
| Voucher incentives | 1,000.00 | - | 750.00 | 750.00 | - | 1,000.00 | 1,000.00 |
| Administration charges for volunteer DBS checks | 100.00 | - | 75.00 | - | - | 200.00 | 200.00 |
| Training for Trustees | 500.00 | - | 375.00 | - | - | 1,000.00 | 1,000.00 |
| OVERHEADS | | | | | | | |
| Office Rental | 7,200.00 | 5,400.00 | 5,400.00 | - | 7,200.00 | 7,800.00 | 9,000.00 |
| Telephone/Internet | 1,500.00 | 1,070.73 | 1,125.00 | 54.27 | 1,427.64 | 1,750.00 | 2,000.00 |
| IT Facilities and Helpdesk | 2,700.00 | 1,197.88 | 2,025.00 | 827.12 | 1,597.17 | 2,500.00 | 2,000.00 |
| Stationery & Postage | 500.00 | 303.26 | 375.00 | 71.74 | 404.35 | 600.00 | 700.00 |
| Hospitality for Meetings | 2,000.00 | 1,177.34 | 1,500.00 | 322.66 | 1,569.79 | 500.00 | 500.00 |
| Journals and Subscriptions | 600.00 | - | 450.00 | 450.00 | - | 500.00 | 500.00 |
| Office Cleaning | 200.00 | 151.00 | 150.00 | 1.00 | 201.33 | 200.00 | 200.00 |
| TOTAL | 127,303.00 | 81,534.43 | 95,477.25 | - 13,875.06 | 113,543.19 | 150,965.00 | 146,970.00 |

| PROJECT: YOUTH OUT LOUD! | Budget Approved 27.11.18 | Expenditure to 31 December 2018 | | | | | |
|--|--------------------------|---------------------------------|--|--|--|--|--|
| Pop-up promotional banners | 400.00 | 0.00 | | | | | |
| Other promotional youth engagement merchandise | 450.00 | 0.00 | | | | | |
| Film launch event (x200 guests) | 350.00 | 0.00 | | | | | |
| Volunteer travel | 800.00 | 0.00 | | | | | |
| Additional room hire | 150.00 | 0.00 | | | | | |
| Meeting refreshments | 300.00 | 23.98 | | | | | |
| Youth engagement incentives ('Love to Shop' vouchers) | 1000.00 | 0.00 | | | | | |
| Training and support provided by film production youth worker | 4500.00 | 90.00 | | | | | |
| Training provided by partner organisations and other professionals | 1050.00 | 0.00 | | | | | |
| Healthwatch Kingston administration cost (10% of grant) | 1000.00 | 1000.00 | | | | | |
| TOTAL | 10,000.00 | 1,113.98 | | | | | |

| | | | | | | | |
|---|----------------|----------------|--|--|--|--|--|
| PROJECT: GRASSROOTS PROJECTS (b/f) | 4200.00 | 4200.00 | | | | | |
|---|----------------|----------------|--|--|--|--|--|

| | | | | | | | |
|--------------------|-------------------|------------------|------------------|--------------------|--|-------------------|-------------------|
| GRAND TOTAL | 128,303.00 | 83,248.41 | 96,077.25 | - 13,875.06 | | 150,965.00 | 146,970.00 |
|--------------------|-------------------|------------------|------------------|--------------------|--|-------------------|-------------------|

| | | | | | | | |
|-----------------------------------|------------|--|--|--|--|------------|------------|
| PROJECTED EXPENDITURE | 128,303.00 | | | | | 150,965.00 | 146,970.00 |
| PROJECTED INCOME | 202,407.00 | | | | | 129,000.00 | 129,000.00 |
| PROJECTED YEAR-END BALANCE | 74,104.00 | | | | | -21,965.00 | -17,970.00 |

| | | | | | | | |
|-----------------------|--|----------|--|--|--|-----------|--|
| Travel Loan | | 2,492.00 | | | The following figures are based on the BUDGET not actual | | |
| Repaid to 31 Dec 2019 | | 1869.03 | | | End of contract unspent (31.3.21) | 34,169.00 | |
| | | | | | Designated Reserve: | 30,500 | |
| | | | | | Unallocated: | 3,669.00 | |

Current policy is to retain a reserve of 3 months' running costs based on 1/4 of the core RBK grant = £30,500.

| | |
|---|--|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Projects and Outreach Officer | Author: Laila Awda (LA), Projects and Outreach Officer |
| PART A Agenda Item: 15 | Appendix: No |

FOR INFORMATION

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

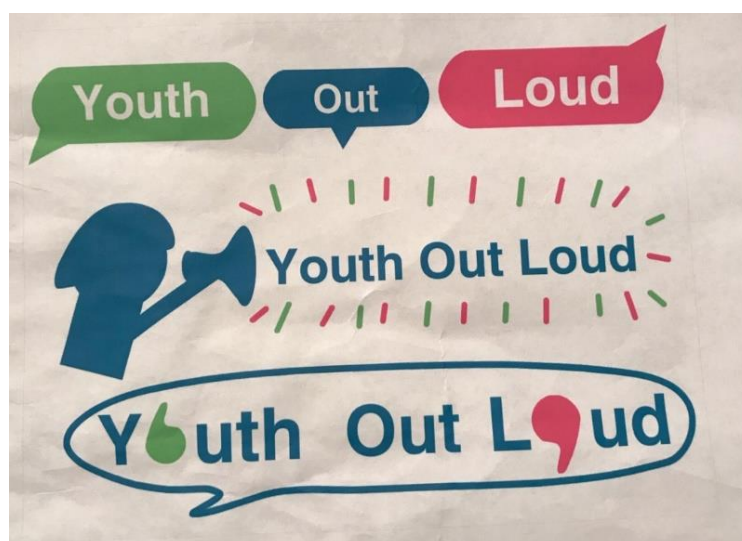
Discharge Project

Have been progressing Discharge Project. The questionnaire received 92 responses. More details are in Graham Goldspring's report (item 12).

Youth Out Loud!

Progress has been made on the Youth Out Loud! film. We have a meeting on Wednesday 23rd January 2019 where we will be showing the initial version of the film to YOL!

Scott Bacon has sourced a Graphic Designer who will be producing a YOL! Logo based on the draft logos created by one of the young people (below). This should be ready by 31 January 2019.



A new web domain www.yolweb.info has been purchased, and will be a place to store YOL! Films and information. A website training package has also been purchased for use by the young people so they can learn how to upload and manage content.

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I have been in talks with Elizabeth at Kingston Hospital about arranging up to 6 young people to take part in the '15 Steps Challenge' one morning during half term (18th to 22nd February 2019). They will be given a lunch and certificate for taking part. I will speak with the young people on 23rd January about this further.

Time to Change

Ongoing support provided for Time to Change campaign and have arranged a meeting for 22nd January to work with lots of groups in Kingston to ensure we have a strong message on Time to Talk Day which is on 7th February 2019. We hope to make good use of Social Media and the Time to Talk Kingston Twitter page (<https://twitter.com/TTCKingston>)

Volunteering

I will be updating Volunteering pages further. We have a potential Volunteer coming in on 23 January 2019.

Website

We are on the Healthwatch England list to use their website package as detailed in previous board report. No timeline has been provided as one Healthwatch is moved over at a time, so it depends how long each one takes as to when our slot will be available.

| | |
|--|---|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30th January 2019 |
| Report Title: Projects and Outreach Officer | Author: Adelaide Boakye-Yiadom (ABY), Projects and Outreach Officer |
| PART A Agenda Item: 15 | 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.

Safeguarding Community Reference Group

The first Safeguarding Community Reference Group Meeting took place on Friday 30th of November. The meeting was attended by Sarah King a HWK volunteer from the Community Care Task Group, and two members of the public. The group also approved the attendance of Bimla Tamang from POhWER in her capacity as a representative from the independent complaints advocacy agency prior to the start of the meeting. A report from the meeting has been written and sent to Graham on the 20th of December.

iCope Review

The iCope questionnaire went live on the HWK website on Wednesday 19th of December. A steady number of questionnaires have been completed on line and several requests there have also been made for people to have 1 - 1 interviews. The first interview is planned for early February.

Enter and View Tolworth Hospital

The Enter & View Report has been published on the HWK website - it has also been sent to the CQC.

Outreach

1. Rise Café - speakers from Hestia, 5th December A meeting has been organised with Martin Hall the project coordinator for Rise on Wednesday 23rd of January to discuss a monthly programme of speakers for 2019.

Events attended

1. KCIL AGM - 22nd November 2018

Volunteering

Following the outreach events held in November 2018, 2 new volunteers have been recruited and there have been over 6 telephone enquiries from potential new volunteers, several interviews have been arranged for later in the month.



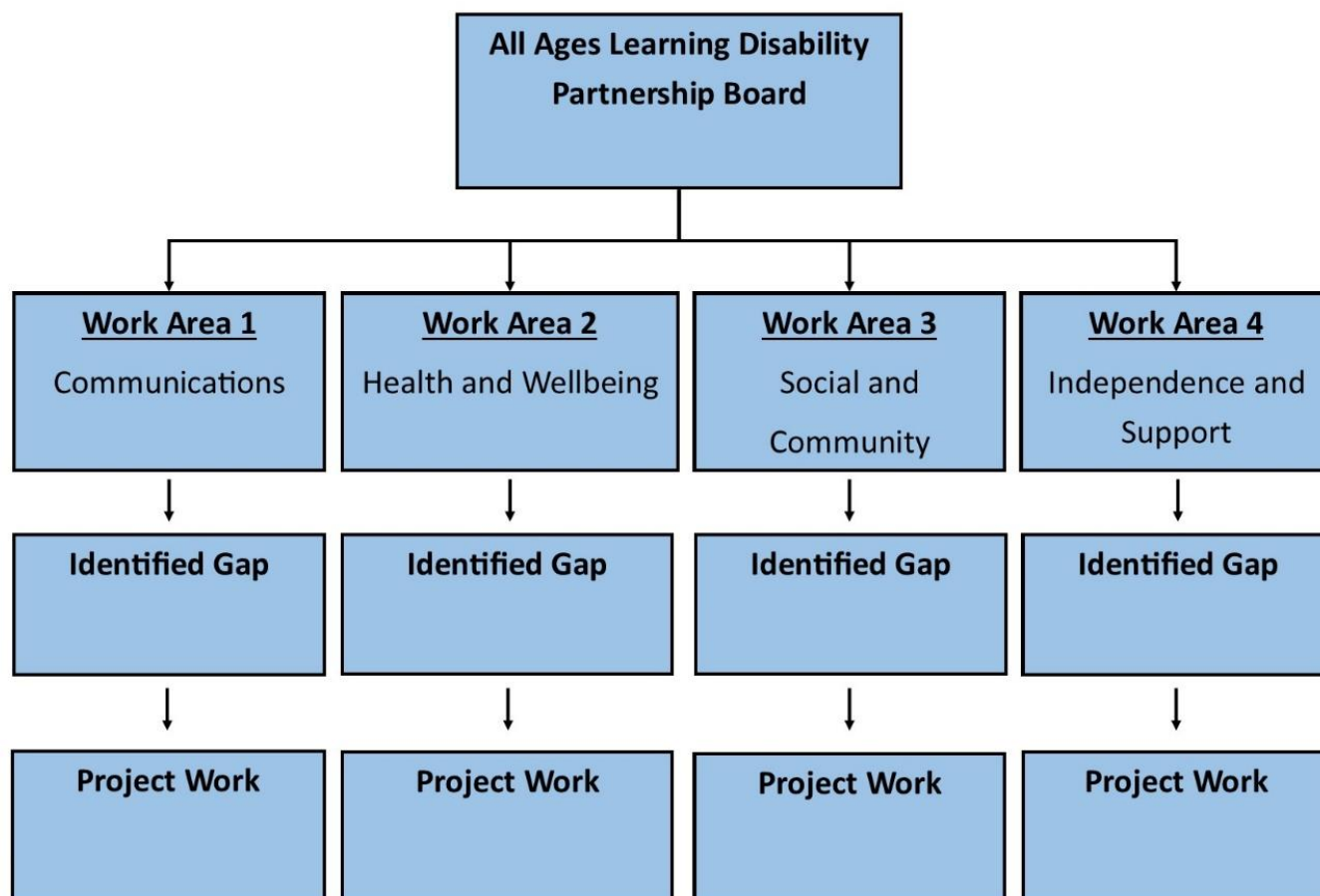
| | |
|--|---|
| Healthwatch Kingston Board Meeting (Part A) | Date: Wednesday 30 January 2019 |
| Report Title: Projects and Outreach Officer (Learning Disabilities) | Author: Scott Bacon (SBA), Projects and Outreach Officer (Learning Disabilities) |
| PART A Agenda Item: 15 | Appendix: No |

| |
|---|
| FOR INFORMATION |
| The purpose of this report is to update the HWK Board on the All Ages Learning Disability Partnership Board and outreach work supporting people with learning disabilities in Kingston. |

The partnership board has met twice. 17th December 2018 and 22nd January 2019. The board has been attended by representatives from Royal Borough of Kingston Council, healthcare professionals and people with learning disabilities or their representatives. At the last meeting on 22nd January 33% of the board had a learning disability or represented (sibling and parent) someone that does.

The board has worked with Involve and found two new co-chairs (with learning disability). The new co-chairs will rotate and the previous co-chairs will remain on the board.

The board has agreed on a work model to ensure that the partnership board is getting work done that makes a difference to residents of Kingston with a disability and their family (see below).



The February and March partnership board meetings have been reorganised for later in the year so we can move forward with project work. The project work will begin with:

- Good information and support to make choices and get the right services
- Adult services and children's services work better together
- Health and Social Care services to work well together
- Good physical and mental health services to keep people well

The Project Work has been agreed identifying gaps using 'where we are now' document from Royal Borough of Kingston Council.

It was agreed that the partnership board would prove its making a difference with an annual report. Which will be completed at the end of the financial year in 2020. Giving us a little over a year to make positive changes.

Outreach Work

Initial contact has been made to recruit Healthwatch Volunteers who will be able to support research and give Healthwatch Kingston feedback on their experiences of Health and Social Care.

Ashley Jordan-Diaper from Orchard Hill College to set up forums in the local colleges. Which will help us cover 16 - 25s.

I have attended the first parent carer forum, which was organised by SENDspeak. This forum does not have an official name. I will also be working with Doreen Redwood (Lead Children's Health Commissioner) as well as SENDspeak to engage with younger children and parents of younger children.

An information sheet has been produced and will be turned into easy read so we can promote ourselves and help us recruit volunteers.