

<b>Healthwatch Kingston Board Meeting (Part A)</b>	<b>Date:</b> Wednesday 29 May 2019
<b>Report Title:</b> Chief Officer's Report	<b>Author:</b> Stephen Bitti (SB), Chief Officer
<b>PART A Agenda Item 7</b>	<b>Appendices:</b> No
<p><b>The Board is requested to:</b></p> <ol style="list-style-type: none"> <li><b>Note</b> the content of this Chief Officer's Report</li> <li><b>Discuss/ agree</b> the contents/ production schedule for the HWK Annual Report 2018-19.</li> </ol>	

<b>Subject:</b>	<b>Update:</b>	<b>Appendix:</b>
<b>HWK Contract Variation</b>	<p>Sarah Brown, Service Development &amp; Commissioning Lead, Public Health Services, Healthy and Safe Kingston, Communities Directorate at the Royal Borough of Kingston (RBK) is taking over from Amy Leftwich as our HWK contract lead. I am arranging an introduction meeting with Sarah. LM and NS for the beginning of July. The timing of this is good as we will have just published our HWK Annual Report 2018-19.</p> <p>I have updated Sarah that our official contract variation is with RBK procurement team to get sign off - this is part of RBK internal governance and we are due a formal letter confirming the +1 extension (2019-20).</p> <p>The variations to HWK contract will include the GDPR contract variation update required by RBK, the MOU re Learning Disabilities work and a new payment schedule to reflect quarterly billing which will include the Learning Disabilities work money. We have now received a PO for us to invoice quarterly for 2019-20 HWK delivery.</p>	No
<b>HWK Data Protection Officer (DPO)</b>	<p>I asked about other organisation's DPO* arrangements at the Kingston Chief Officer's Network meeting on 10 April. I explained that whereas identifying a DPO is not mandatory for charities, the Charity Commission promotes it as 'advisable'. I shared that Healthwatch Kingston needs to have a DPO in place because even though it is a charitable company it is also a public body and as such, needs to ensure that General Data Protection Regulation (GDPR) compliance arrangements are closely maintained.</p> <p>* A DPO is a data security expert that provides advice on all GDPR issues e.g. data breach responses.</p>	No

<p><b>Time to Change Kingston Hub</b></p>	<p>Time to Change (TTC) Kingston is a funded hub as part of the Tranche 3 funding round. To release associated funding, HWK and RBK needed to complete the following:</p> <ul style="list-style-type: none"> <li>• RBK to submit a signed MoU (completed)</li> <li>• HWK to submit a signed grant agreement (to be completed)</li> <li>• HWK to submit an invoice (completed)</li> </ul> <p>Shortlisting for a Time to Change Hub Coordinator is now completed. Interviews are being scheduled for Wednesday 5 June. This was a 2 day a week post but is now 3, as RBK and Kingston Clinical Commissioning Group (KCCG) agreed to fund an additional day. It is hoped that the successful candidate will begin at the beginning of July 2019. The fixed term post is funded to run until end of August 2020.</p>	<p>No</p>
<p><b>NHS Long Term Plans (STP/HCP) engagement - funded by NHS England via Healthwatch England (HWE)</b></p>	<p>It was agreed that HWK engagement cover two areas:</p> <ol style="list-style-type: none"> <li>1. Sustainability and Transformation Plan (STP) related/ working with South West London Health and Care Partnership</li> <li>2. Kingston Borough Health and Care Plan/ working with NHS/ RBK/ Voluntary Sector</li> </ol> <p><b>Sustainability and Transformation Plan</b></p> <p>HWK did a quick literature search for existing reports on patient insights on the topic we lead on (End of Life Care). We engaged with a few (time was very limited) key NHS and Social Care Commissioners and Providers of End of Life (EOL) care to scope out what was feasible in the time frame leading up to the SWL Clinical Conference. We discussed the ethical challenges associated to research with people during EOL and it was agreed HWK would engage with carers (family and professional provider) that had recently lost a loved one/ someone they were caring for.</p> <p>There was a large event that took place in Croydon that discussed EOL, just before we did our ‘quick’ research - 90 people attended including some ‘hard to reach’ groups. There was apparently very rich feedback from the event but it was being written up at the time.</p> <p>We identified two providers that linked us up with carers (Crossways Nursing Care Home in Sutton Princess Alice Hospice).</p> <p>We created a key question that asked ‘What was important to carers and their loved ones in the last months of life?’. This then provided context for:</p> <ul style="list-style-type: none"> <li>• Open-ended phone interviews with 7 family carers reflecting on 10 recent deaths (1 spouse, 9 parents)</li> </ul> <p>Interviewees were asked:</p>	<p>No</p>

	<ul style="list-style-type: none"><li>• What was most important to them and their loved one in the last months of life</li></ul> <p>Where EOL Care took place:</p> <ul style="list-style-type: none"><li>• 7 deaths in a care home, 1 in a hospice, 2 in hospital</li></ul> <p>Themes identified:</p> <ul style="list-style-type: none"><li>• Knowing the person and continuity of care</li><li>• Choice</li><li>• Quality of care</li><li>• Uncertainty, and</li><li>• A good death</li></ul> <p>LM then created presentation for the SWL Clinical Conference on 30 April, providing background and local context to this area of care and focused on the last two themes identified.</p> <p>Background:</p> <ul style="list-style-type: none"><li>• The End of Life Care Strategy 2008 led to great improvement in care</li><li>• Carers should be formally identified and their needs met (Carers Act 2014)</li><li>• EOL care is one of the services Primary Care Networks will need to provide</li><li>• A Review of Choice in EOL Care 2015 states: ‘the way we care for dying people is a measure of our society’ and ‘it is vital that we are supported to be ourselves as we near the end of our lives’</li><li>• The NHS LTP calls for a ‘fundamental shift’ in the way the NHS works with patients and individuals</li></ul> <p>A good death - gentle into that good night: EOL Carer voices</p> <ul style="list-style-type: none"><li>• ‘I had thought the last weeks would be serene, but it was busy. And with all the machines you forget to give your wife a cuddle’</li><li>• ‘I wasn’t there to say things while she was still conscious’</li><li>• ‘A member of staff stayed with her all the time. A very dignified parting’</li><li>• ‘She wasn’t shipped off to a hospital. It was peaceful and she went with dignity’</li><li>• ‘You felt you did the best for them’</li><li>• ‘Once she went downhill I knew this is how it’s going to end. She’s going to slip away slowly’</li><li>• ‘I got there for those last few hours’</li></ul> <p>Uncertainty: EOL Carer voices</p>	
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- 'It's difficult to tell how long someone's got. I got there before she died but my sons didn't. I wish the hospice had said to stay overnight- but that's hindsight'
- 'We didn't know what to expect'
- 'In the end it was quick- just five days from a chest infection. Quite a shock, even for the staff'
- 'I wouldn't have known that night was going to be the night she died'
- 'It's difficult to plan when you don't know what to expect, so I didn't complete it (EOL form). It's like nature, it just happens'

The HWK presentation concluded:

The ideal death should be peaceful, and we should not die alone. People whom we know should be with us, and we should have the chance to say goodbye. But this depends on carers and loved ones knowing when the time has come.

Thanks to LM for leading on this work.

#### **Kingston Borough Health and Care Plan**

Limited engagement has happened (as the Kingston HCP 'Discussion Document' was released later than anticipated) but meetings have taken place with local NHS Communications and Engagement Leads to discuss how HWK may support their planned engagement across May and early June. KCCG have been invited to present and engage on the Kingston HCP 'Discussion Document' at our next HWK Open Meeting on 17 June.

We have also engaged young people at our Youth Out Loud! (HWK run this in partnership with HW Richmond) and plan to discuss with people living with a learning disability at the new HWK Learning Disabilities Task Group.

#### **Reporting requirements for the purpose of the Healthwatch England grant**

It was agreed with HWE that SWL local HW would not follow the standard approach required by other local HW in England. It was agreed that the key deliverable would be our presentation at the above mentioned Conference.

HWE are aware that the work funded by the grant is part of a bigger piece of work that SWL local HW are delivering with the STP/HCP which is due for completion in the Autumn.

All HWK needs to provide is a short report for audit trail purposes setting out the activities we have undertaken funded by the grant, including appending our presentation slides.

HWE will be doing a separate evaluation of the programme at a later stage.

**HWK Annual Report 2018-19**

**It's that time of the year again!**

HWK is required to submit our Annual Report to HWE by 30 June each year. As such I have allocated time in my diary to draft this for the Board to review and approve before submission.

Thank you to those of you that have directly/ indirectly made contributions to this process to date.

The HWE Annual Report Template with instructions on how to use and suggestions on what to include is available for us to follow. I would like to take time at the Board to discuss and agree the proposed contents list and production schedule.

**Proposed contents:**

- Welcome from our Chair
- Message from our Chief Officer
- Who we are
- Highlights from our year
- How we've made a difference together
- Helping you find the answers
- Our people
- Our finances
- Our plans for 2019-20
- Thank you
- Contact us

**Proposed production schedule:**

Jun-19						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
3	4	5	6	7	8	9
		By CoP - Contributions from Board, Task Group Chairs and Staff to SB	SB to work from home - DRAFT v1	SB to work from home - DRAFT v1 THEN SEND TO BOARD FOR REVIEW	SB on holiday	SB on holiday
10	11	12	13	14	15	16
SB on holiday	SB on holiday	SB on holiday	By 9am - Feedback on v1 from Board, Task Group Chairs and Staff to SB	SB to review feedback and clarify if necessary	SB to work from home - DRAFT v2	
17	18	19	20	21	22	23
At 9am - SB to SEND v2 TO BOARD FOR REVIEW		By CoP - Feedback on v2 from Board, Task Group Chairs and Staff to SB	SB to work on final version	SB to work on final version		
24	25	26	27	28	29	30
At 9am - SB to SEND fv TO BOARD FOR APPROVAL		By CoP - Feedback on fv from Board, Task Group Chairs and Staff to SB		SB to publish final version	BACK UP DAY for any slippage	