



Healthwatch Kingston Annual Report April 2013- March 14

June 2014, Version 1

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“Making sure that patients’ and service users’ opinions and views are properly represented and considered lies at the core of what we do.”

Grahame Snelling Chair, Healthwatch Kingston

1 Foreword by Grahame Snelling, Chair

There always seems to be a fresh health or social care initiative on the horizon that promises to deliver better quality of care and improved health outcomes, whilst at the same time we continue to learn about poor standards, negligence and unsafe practice. Healthwatch has a unique place in this landscape, being able to act as a consumer champion to pose searching questions about new plans whilst holding agencies and providers to account for their current actions. Being the local chair of such an organisation is both a privilege and a great responsibility, and one that has proved to be far bigger than chairing the meetings of our board.

The council as our commissioner has expressed its confidence in our ability to meet the requirements of the national Healthwatch agenda and so I am delighted to commend this annual report which summarises our first year of operation in the new guise described below. It has not been an easy ride as we feel we have spent a good deal of time facing inwards as we established ourselves and got our governance right. I am pleased to say that we have now reversed that position and our outward looking contribution to the community of Kingston upon Thames is well evidenced in this report.

All our local health and social care partners are strongly committed to listening carefully to what their service users and patients have to say and aim to involve them in the design of services, such as how the Better Care Fund will be used to best effect. Healthwatch’s job is not only to provide extra facilitation but also to observe how they go about maximising engagement and improving the overall patient and service user experience.

Our statutory function to ‘enter and view’ premises such as hospitals and care settings gives a real sense of being able to hold services to account and our links with the CQC will hopefully mean that if necessary we can make swift representations to challenge poor practice.

I am particularly pleased that we have established three active task groups that have begun to focus down on those key areas of health provision that our affiliate members see as local priorities. Our affiliates bring experience and passion along with an ambition to make things better. Some task group members are service users; some are carers whilst others have a deep and professional knowledge of the area. To all those task group members I give a hearty thanks for their commitment.

There are many other volunteers, including the board members, who help us in many and varied ways from office support and research to helping at events. Health is everyone's concern and so giving time to pay attention to this broad topic and how it works for us here in Kingston upon Thames, and how we can work together to improve outcomes is something that I both welcome and encourage. To existing volunteers our thanks to you, and to potential volunteers who read this report and would like to work with us on our larger healthcare map - you are most welcome to join us.

The CCG and local health providers have all been extremely appreciative of Healthwatch's contribution to date and it has been good to forge new relationships and embark on new projects together. We have enhanced our links with Kingston Voluntary Action (KVA) and offer local leadership to the Public Voice aspect of the JSNA process. The year has therefore proved both exciting and challenging as we have aimed to meet the varied aspirations of our many stakeholders, especially the local population of Kingston upon Thames.

None of this would be possible without the dedication and skill of the staff team and the colleagues at Parkwood Healthcare who provide us with support services. For them too it has been a first year of fresh challenges but they have met them well.

Finally, my thanks must go to my fellow board members who have given of their time and talents to get us to the place we are today. They will agree with me that it has not been plain sailing but that passion for trying to improve the patient

experience burns brightly and we have kept that in our minds all along.

In the year ahead we want to broaden our appeal to involve children and young people and other groups whom we have not fully met and involved so far. We want to play a key role in ensuring that the promise of the Care Act is realised locally and we want to continue to act as the local consumer champion so that as future decisions are made, local people's opinions and preferences count strongly. We are also going to continue our quest to gather evidence and intelligence about what works well, what needs to change and what we could stop doing in the same old way.

In many respects, Healthwatch Kingston stands at an important crossroads - we are a place where the public can meet the commissioners and the providers; we are commissioned by the council but can also hold them to account; we hear individual stories but we also aim to weigh up the evidence and research; we can offer support for new initiatives but we can also offer constructive comment.

It's a good, but sometimes daunting, place to be. Please read about our work in the past year and if you want to get involved, just give us a call.



Grahame Snelling



2 Executive Summary

Healthwatch Kingston upon Thames (from hereon referred to as Healthwatch Kingston) has been in existence since April 2013 and is commissioned by the Royal Borough of Kingston upon Thames (RBK) to involve local people in health and social care services in the borough and use their feedback to make improvements. Underpinned by legislation, Healthwatch nationally has a statutory function which enables us here in Kingston to hold local health and social care services to account.

Its support services are provided by Parkwood Healthcare Ltd, which successfully tendered for the contract and operates the agreement between RBK, Healthwatch Kingston and themselves.

The strategy and work plan are agreed by a Board of voluntary directors, and carried out by a team of staff, affiliates and volunteers.

For much of the first year, the Board has focused on setting up appropriate governance arrangements, agreeing its priorities and developing its strategy.

We have initiated our Enter & View Programme by training volunteers and staff and our first visit is to take place in April 2014.

Healthwatch Kingston has actively engaged with the local community. In 2013-14, we carried out 98 activities engaging with 2716 people. We have built on existing relationships with local community groups and voluntary organisations and we have created new links with groups such as the Tamil Elders, the Korean Community and the Alzheimer's Society.

We received feedback on 149 health and social care issues and where appropriate have fed these back to the providers and / or commissioners. We are pleased that all issues were resolved and no further action was required.

Our signposting role is a relatively small one. We have an online directory and provide information by phone and email. However, we supported 11 individuals in more complex cases to help them navigate the local health and social care system.

The number of affiliates, those actively involved with Healthwatch Kingston and on our mailing list, has increased by 23% in 2013-14 and 31 of these take an active part in our work. These include 'authorised representatives' who can represent Healthwatch Kingston at meetings, committees, events and Enter & View visits.

Our active affiliates meetings have been used to decide which areas to focus on and we have set up two task groups: Mental Health and Hospital Services. A third, focusing on Primary Care & Community Services, will commence in the next financial year.

Healthwatch Kingston has been fortunate to have the support of a small team of office volunteers who have provided 247 hours of their time.

Finally, Healthwatch Kingston wishes to acknowledge the time, input and support given by its affiliates, volunteers, Board members, staff and Parkwood Healthcare which has allowed the organisation to grow and to start making positive changes to local health and social care services.



As part of her community engagement work, Debra McCarthy (right) joins in with the Tamil Elders at the Thai Pongal celebrations

3 Introduction

Healthwatch Kingston upon Thames Ltd came into being in April 2013 as a result of the changes in the Social Care Act 2012¹. It is commissioned by the Royal Borough of Kingston upon Thames (RBK) to allow local people to influence and help develop health and social care services in the borough by engaging with the local community and obtaining their feedback. It has been in place for one year, and during this year it has faced many challenges as well as opportunities.

Healthwatch Kingston is a continuation of its predecessor Healthwatch Kingston Pathfinder (previously Kingston's LINK). Healthwatch follows on from the work of the LINK in engaging and involving local people, but it differs in that Healthwatch has a statutory function with which it can hold local health and social care services to account. We have been fortunate to be able to build on the work it carried out with and for the local community, and the relationships it established with health and social care providers locally.

Parkwood Healthcare Ltd successfully tendered for the contract for Healthwatch Kingston, and took on the agreement with the RBK from April 2013. The two existing members of staff were transferred over via the TUPE (Transfer of Undertakings (Protection of Employment)) process and are now employed by Parkwood Healthcare Ltd. It provides HR, finance and support services and it supports the Board to achieve its objectives.

Parkwood Healthcare operate five other Healthwatch organisations across England and these share information, learning, good practice and resources.

Healthwatch Kingston upon Thames

Healthwatch Kingston upon Thames Ltd was set up as a separate independent company limited by guarantee and as a social enterprise which ensures it is independent of the health and social care providers it scrutinises. In the new financial year, the Board will be applying for charitable status as this has a number of benefits including funding opportunities and tax advantages.

Healthwatch Kingston's Chair and Board members were recruited by two separate independent panels and were in place by September 2013. This effectively means that Healthwatch Kingston did not have a board to direct its services in place until the second part of the year. From April to September 2013, members of staff ensured that the profile of Healthwatch Kingston was maintained at local meetings, and that active affiliates could continue their work.

The board has done much work in terms of its governance arrangements and ensuring the relevant policies and procedures are in place. A significant amount of effort went into implementing the LGA Local Healthwatch Outcomes and Impact Development Toolkit², and it has used this as a basis for developing its strategy and key performance indicators.

Working with our Commissioner

Healthwatch Kingston meets quarterly with Andrew Bessant and Sandra Hickey, its commissioners at the Royal Borough of Kingston upon Thames, who review our achievements to date and objectives for the following quarter. RBK has recognised that much of the Board's focus in 2013-14 has been on governance, contractual arrangements and the type of organisation Healthwatch Kingston should be.

1

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> and
<http://webarchive.nationalarchives.gov.uk/20130805112926/http://healthandcare.dh.gov.uk/what-is-healthwatch/>

2

<http://www.local.gov.uk/documents/10180/11463/Local+Healthwatch+outcomes+and+impact+development+tool/8a300188-c64a-4028-a146-c0c3414ca1f7>

“Healthwatch is a key partner in the borough's health and social care landscape and we are pleased that it has quickly achieved that level of recognition.”

Andrew Bessant, Head of Corporate Governance, RBK

Engaging with the local community

Much work has been done to set up task groups that focus on specific health and social care issues and to engage with commissioners of those services. Healthwatch Kingston has increased its activities and raised its profile and it intends to build on this in the new financial year.

Our affiliates play the biggest role in setting the priorities of Healthwatch Kingston by bringing their expertise and knowledge to task group meetings, using their individual skills to support the task groups they are a member of and any other activities they undertake for Healthwatch Kingston.

Kingston upon Thames Vital Statistics

To put the information in this report into context, we have provided some data about the make-up of the borough. This data is taken from the most recent Census in July 2011.

- The borough of Kingston upon Thames is the third smallest borough in London. It has approximately 166,000 inhabitants with an average age of 36.9 years.
- 19% of Kingston's population is under the age of 15, 68% is of working age and 13% is 65 or over.
- Life expectancy in Kingston is higher than the London average: 81 for men and 85 for women compared to 79 for men and 83 for women in London.
- The teenage conception rate is 22.1 per 1000 female population between 15 and 18. This is

considerably lower than the London average of 28.7 and the England average 35.4.

- Kingston has 11.7 ambulance incidents per 100 people, which is slightly lower than the London average of 13.
- 12.2% of the working age population has a disability, which is lower than the average of 16.9% for London.
- The largest migrant population is from Sri Lanka, with South Africa and Poland coming second and third respectively. Kingston also has a large Korean community.
- 25.5% of the population comes from BAME (Black, Asian and Minority Ethnic) backgrounds, which is lower than the London-wide average of 40.2%.
- Out of 326 Local Authorities in England it is ranked 255th for deprivation (1 being most deprived)³ so in the lowest quartile; often termed a green and leafy borough.

“The council have welcomed Healthwatch Kingston's commitment to regular attendance at key committees and boards and their active participation in new work programmes such as the Better Care Fund.”

Sandra Hickey, Relationship Manager Adult Social Care, RBK

Local Health and Social Care Services

Kingston upon Thames has one acute hospital, Kingston Hospital⁴, which provides services to approximately 350,000 people in South West London and Surrey. It saw approximately 113,000 patients in A&E and delivered 6,000 babies in the last financial year (from the Quality Report 2013-14, available on Kingston Hospital's website from 30/06/14).

As well as A&E and Maternity services, it has an intensive care unit, the Royal Eye Unit, Day Surgery, Oral Surgery, Audiology

³ The data in this paragraph comes from <http://data.london.gov.uk/datastore/package/london-borough-profiles>

⁴ <http://www.kingstonhospital.nhs.uk/>

and ENT, Sexual Health services and Clinical Support Services.

Mental Health Services are provided by South West London & St George's Mental Health Trust⁵ at Tolworth Hospital and Springfield University Hospital in Tooting. The Community Wellbeing service is based at Surbiton Health Centre and commissioned by the Kingston CCG⁶.

Kingston upon Thames has approximately

- 53 care homes
- 28 GP practices
- 30 pharmacies
- 20 opticians
- 27 dental practices.

RBK provides Adult Social Care services⁷, as well as residential and nursing care, to approximately 2771 people in the borough. Services are provided to older people, people with physical and learning disabilities, mental health issues. It provides children's services, which includes residential and nursing, to approximately 1085 children and young people.

Your Healthcare CIC⁸ provides community health services in the borough such as district nurses, podiatry services, occupational therapy and physiotherapy and support for people with long-term conditions.

"It has been a bit of a torturous journey but it seems as if Healthwatch Kingston and the Mental Health Task Group in particular are finally developing some teeth."

Sue Ilsley, Affiliate



Debra McCarthy with the Healthwatch Kingston display at an event organised by Hestia

⁵ <http://www.swlstg-tr.nhs.uk/>

⁶ <http://www.kingstonccg.nhs.uk/>

⁷

http://www.kingston.gov.uk/info/200181/adult_social_care

⁸ <http://www.yourhealthcare.org/>

4 Vision & Mission

In January 2014 the Board agreed a statement setting out Healthwatch Kingston's Vision, Mission and Objectives. These are:

Vision

People in and around Kingston will have social and health care services that are designed to, and deliver services that meet the expressed needs of the local community

Mission

Ensure the public's voice is heard and influences the design and delivery of both health and social services in Kingston upon Thames and surrounding areas

Objectives

To:

- Ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared.
- Work with local health and social care commissioners and providers to help make sure that services are designed to meet local people's needs and improving outcomes.

- Provide evidence and feedback to organisations responsible for commissioning or delivering local health and social care services.
- Build a picture of local services, identifying where they are doing well and where they can be improved.
- Alert Healthwatch England to concerns about specific care providers.
- Provide, or signpost to, information about local health and care services and how to access them.

We will achieve the above by:

- Engaging with (our diverse) local communities in as many ways as possible in order to support people sharing their views and concerns about health and social care services in Kingston upon Thames
- Representing the views of people who use services and all local citizens on the Kingston Health and Wellbeing board.
- Providing information about what to do when things go wrong and signpost people to the independent NHS complaints and advocacy service.



5 Our Work

Healthwatch Kingston spent much of 2013-14 setting up an infrastructure to allow it to engage effectively with the local community and raise its profile. This was done through engagement activities, building on existing links and setting up new ones with health and social care providers and by getting out in the community.

We feel that this has given us a solid base to work from which will allow us to increase our activities in the new year, recruit more affiliates and volunteers and work with health and social care providers to help improve services.

In 2013-14 we achieved the following:

- Supported and set up 3 tasks groups which are made up of people from the local community
- Held 9 task group meetings, with each group setting its own targets
- Carried out a survey on the 111 service and fed back our findings to the Kingston Clinical Commissioning Group
- Four people undertook Enter & View Training
- Helped to test out the RBK Adult Social Care Online Financial Assessment Tool
- Provided feedback to Kingston Hospital about dealing with mental health patients in A&E
- Increased the number of people involved with our work by 23%
- Set up projects with the Learning Disability Parliament and the People @ Risk Group, a user-led group which acts as a 'critical friend' for safeguarding policy and procedures
- Set up a project with the People @ Risk Group (which scrutinises the Safeguarding Adults Board)
- Took part in and provided feedback to the Better Care Fund workshops

- Our affiliates gave feedback and tested the RBK Adult Social Care Online Directory⁹
- Held outreach sessions at Kingston Hospital and Surbiton Health Centre
- Attended the Healthwatch Forum meetings at Kingston Hospital
- Collected feedback on 149 local health and social care issues
- Supported 11 people with more complex cases
- Produced 7 newsletters and e-bulletins which are sent to a distribution list of 265 individuals and 474 stakeholders.

Key Partners

Healthwatch Kingston recognises that without our key partners, much of our work would be impossible to carry out. We have therefore strived to build two-way, open and honest relationships with both health and social care providers and commissioners.

“Over this past year, Kingston CCG has worked very closely with our local Healthwatch on all aspects of commissioning. We are especially pleased to have Healthwatch representation on the Kingston CCG Board, Engagement Assurance Team and Patient Experience Group. We have also collaborated with Healthwatch to consult and involve key groups in health related initiatives including the Better Care Fund. Together, we are committed to widening our outreach, engaging young people and seldom heard communities more fully, and continuing to work hard to ensure that Kingston CCG commissions local health services that reflect the needs and aspirations of the people of Kingston.”

Tonia Michaelides, Chief Officer, Kingston CCG

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http://www.kingston.gov.uk/directory/5/adult_social_care_resource_directory

6 Representation on local Boards and Committees

Healthwatch Kingston represented the views of local people on the following Boards and Committees:

- Health & Wellbeing Board
- Kingston Clinical Commissioning Group Governing Body
- Health Improvement Board
- Joint Strategic Needs Assessment (JSNA) Working Group
- JSNA Public Voice Sub-Group (co-chaired by Grahame Snelling)
- Health and Overview Scrutiny Panel
- Carers Partnership Board
- Kingston University Social Care Steering Group

7 Safeguarding

The manager meets monthly with the Adult Safeguarding Manager at RBK to exchange (anonymous) data about incidents and concerns reported; this information is added to the evidence base.

In 2013-14, Healthwatch Kingston did not receive any feedback on safeguarding issues and it did not raise any safeguarding alerts with the Safeguarding Adults Team at RBK.

8 Care Quality Commission

The Care Quality Commission (CQC)¹⁰ is responsible for ensuring that health and social care providers are regulated and comply with national standards. It has recently changed its approach to allow for patients and service users to have more input in their reviews.

Healthwatch can report health and social care providers to the CQC if it finds they are not complying with basic standards.

The Healthwatch Kingston manager meets regularly with local inspectors of the CQC.

¹⁰ <http://www.cqc.org.uk/>

These meetings are used to exchange information about services that have been inspected by the CQC and to discuss any of their findings and compare this with data collected by Healthwatch. The CQC also contacts Healthwatch prior to a scheduled inspection to find out if there are concerns or positive feedback that could help with their reviews.

In 2013-14, affiliates were able to contribute to a review of mental health services provided by South West London & St George's Mental Health Trust, and several attended listening events where they could offer feedback.

9 Enter & View

Enter & View is one of Healthwatch's statutory powers. Healthwatch can visit any local health or social care provider to observe how patients and service users are treated by staff and health professionals, and to observe the environment they are placed in. After each visit, Healthwatch produces a report with recommendations and these are presented to the provider and if necessary the commissioner of the service.

"Healthwatch training, such as 'Enter and View' and understanding new laws and policies are important parts of the Healthwatch spectrum"

Ann McFarlane, Affiliate and Volunteer

If Healthwatch discovers any serious issues, they are reported immediately to the relevant body. This could be a safeguarding alert, concerns about a patient or service user's wellbeing or a health and safety issue. In very serious cases, Healthwatch may alert the police or the CQC who can put certain enforcements in place until the provider has improved its practice.

Towards the end of 2013-14, two affiliates, the chair and a member of staff attended Enter & View training provided by Healthwatch England.

This training will be rolled out to affiliates in 2014-15, together with a program of Enter & View visits.

All those taking part in Enter & View must be an authorised representative (see below) and undergo a DBS (Disclosure and Barring Service) check.

The first visit will take place in April at Kingston Hospital. This visit will focus on A&E, the Acute Assessment Unit, Maternity and Neonatal Units, Medical Wards and Paediatrics.

“We are delighted to be working with Healthwatch Kingston upon Thames and to have the benefit of their views about the services that we provide, to help us improve things for patients even further. We felt that the recent Enter and View visit went very well and look forward to working together further in the future.”

Fergus Keegan, Deputy Director of Nursing, Kingston Hospital

10 Authorised Representatives

Those affiliates who represent us at meetings, undertake Enter & View visits, collect feedback and help out at events are registered as ‘Authorised Representatives’. This is to ensure that there is no conflict of interest, that they receive training where required and undergo a DBS check if necessary.

In 2013-14, we had 15 authorised representatives. Meetings and activities they have attended include:

- Patient Forum, Kingston CCG
- PLACE (Patient-led Assessments of the Care Environment) Assessments, Kingston and Tolworth Hospitals
- Equality & Diversity Steering Group, Kingston CCG
- Healthwatch Forum, Kingston Hospital
- Kingston @ Home, RBK
- Better Care Fund Workshop, Kingston CCG & RBK.

Representatives feed back at task group meeting and report on any issues or actions that we need to take forward.

“As a retired science teacher, the work with HW gives me a focus and a structure, enabling me to use my skills in data collection and interpretation to make a valuable contribution in helping HWK influence the improvement of health services.”

Graham Goldspring, Affiliate and Volunteer

11 Evidence and Feedback

In 2013-14, Healthwatch Kingston collected feedback on 149 issues. All issues are reviewed carefully and a decision is made on any actions, if necessary. Where we notice a trend, i.e. several people have notified us of the same issue at a surgery or a hospital, we refer the matter to the provider and ask for a response and how they will improve on this.

If a concern or issue is serious, we will escalate this to the service provider and its commissioner and if it is very serious, it will be escalated to the police or the CQC as appropriate.

We did not see any trends develop for a specific service. No serious issues were recorded or escalated.

We were aware of three complaints being made against two providers, but these were resolved quickly and to the satisfaction of the patients / service users.

The top five areas of most concern across all health and social care services were:

- Staff attitude
- Carer Involvement (lack of it)
- Medical Records
- Omission (of details and information)
- Environment (accessibility).

The top five providers we received feedback about were:

- Kingston Hospital
- St George’s Hospital

- Tolworth Hospital
- Queen Mary's Hospital
- South West London & St George's Mental Health Trust.

Our focus on concerns about the 111 Service was brought to the attention of the Kingston CCG, providing them with data to challenge the provider over the quality and responsibility of the service.

Similarly, feedback from one of our affiliates showed that although all GP practices display information about out-of-hours and 111 services, provided by Harmoni, very few could advise about their complaint and feedback procedures. We informed the Kingston CCG of this concern which resulted in all GP practices being able to give information to patients wishing to make a complaint or provide feedback. This is especially important for those who cannot access the internet and can therefore not access Harmoni's online feedback and complaint procedures.

12 Outreach

Healthwatch Kingston has worked hard to raise its profile, especially amongst community groups, students, voluntary sector organisations and health and social care providers.

In 2013-14 it undertook 98 activities, engaging with 2716 people. These activities include outreach sessions, presentations, meetings and forums. The Community Engagement Officer worked hard to promote Healthwatch Kingston and link up with local community groups and voluntary sector organisations to raise awareness about our work and increase the number of people involved.

Healthwatch Kingston has taken part in or presented at the following events and meetings:

- Korean Health Awareness Session
- Kingston Pensioner's Forum
- Tamil Elders Empowerment meeting

- Community Health Course by ECET (Equality and Community Engagement Team) at RBK
- Alzheimer's Society meeting
- Patient Forum, Kingston CCG
- Kingston University Student Nurses Lecture
- Engagement Assurance Team, Kingston CCG
- Domestic and Sexual Violence Forum
- Community Development Network Meeting, Kingston Voluntary Action (KVA)
- Kingston Carer's Forum
- Healthwatch England
- RBK Public Health
- St Peter's Church Meeting for Homeless People
- Fircroft Trust
- Kingston Hospital Outreach
- Kingfisher Court, Surbiton (sheltered housing) - meeting with residents
- World Mental Health Event (organised by MIND in Kingston)
- KVA Health Conference
- Kingston Police (safety for residents of care homes)
- Challenge Network (volunteering opportunities for young people)
- Kingston University Social Care Steering Group
- Living Well Later in Life Event
- Kingston University Volunteer Event
- Speak Out Listening Event
- Surbiton Health Centre Outreach
- Patient Experience Sub-Committee (KCCG)
- Learning Disability Parliament
- Young People's Event - This is our Community
- Hillcroft College Event
- Domestic and Sexual Violence Forum
- Physical Activity Project

“Kingston Voluntary Action have continued to work closely with Healthwatch Kingston during the last year - a year that has seen many changes in the health arena affecting both organisations. We value their continued support as a non-statutory partner and fellow member of a number of advisory and statutory boards. Also, we have been pleased to see the emergence of a strong and diverse Board of Directors during the last twelve months.

We were pleased to welcome Healthwatch Kingston to our Annual Health Conference in January 2014, to raise the profile of the organisation and recognise their commitment to working with the local community.

We wish Kingston Healthwatch well in their work to achieve charitable status in the coming year.”

Patricia Turner, Health and Social Care Manager, Kingston Voluntary Action

13 Signposting

Healthwatch Kingston provides a signposting service to local health and social care services, the voluntary sector and community organisations in and around Kingston, which includes signposting to relevant complaints services and bodies. We have an online directory and provide advice by phone or email. This is a small proportion of our work.



Jenny Pitt and Debra McCarthy at the Outreach Session at Kingston Hospital

Healthwatch Kingston does not provide NHS complaints advocacy where people are given support to help them make a complaint. This is provided by Voiceability¹¹.

However, in 2013-14 we worked on 11 cases where we provided people with additional support to access the right information, and alert the service provider of the situation so it could be remedied or resolved.

In one case, we referred an older person to three different services as her enquiry involved Adult Social Care, her GP Practice and her local pharmacy.

All cases were resolved without further action being required.

¹¹ <http://nhscomplaintsadvocacy.org/>

14 Affiliates and Task Groups

We are very grateful that almost all members of Kingston's LINK's, including those on their mailing list agreed to join Healthwatch Kingston. This meant that there was some continuity in the work we did with local people interested in changing and improving local services.

Due to a change in Healthwatch Kingston's legal status, the term 'member' has a different meaning, placing liability on anyone that joins the company as a member. At present none of those people that were on the mailing or actively involved are company members. To avoid confusion, we call them affiliates.

“Working with Healthwatch as with Kingston LINK before, means that I can get involved in discussions on subjects which I am interested in for personal reasons and also through my role as Committee member for Richmond and Kingston ME Group. Having a personal understanding of how health and social care services impact on people with long term conditions, means that I can bring the patient (and also a disability) perspective to discussions and feel that I am making a useful contribution especially for those who are too ill to become involved.”

Linda Webb, Committee Member of the Richmond and Kingston ME Group and Affiliate of Healthwatch Kingston

Healthwatch Kingston has a very active group of local people involved with its services. These are people with a specific interest in health and / or social care and who would like to help make improvements that are of benefit to patients, service users and carers. Our affiliates have provided us with approximately 628 hours of their time to attend meetings, task groups and represent Healthwatch Kingston locally.

Healthwatch Kingston currently has 265 affiliates with 50 new affiliates joining us since April 2013 which is an increase of 23%.

31 (not including board members) are 'active affiliates' or those who are actively involved in our work, take part in task groups and represent HWK at external meetings and events.

The task groups are enormously important for three reasons:

- Firstly, their input and feedback has helped us to shape our overall strategy and work plan
- Secondly, their invaluable time, support and contributions ensure that we can deliver the work of the individual task groups
- Thirdly, they are using their personal and professional experiences and knowledge of specific health and social care services to help set the work for each task group

A third task group, focusing on Primary Care & Community Services will start in the new financial year.

15 Mental Health Task Group

Mental Health has always been a subject that has generated a lot of interest, and it is the most established of the task groups. It met 3 times in 2013-14 and has planned another 3 meetings in 2014.

The group is chaired by Graham Goldspring, and Mari Cameron-Taber is the vice chair. Graham says:

“It has been established that there must be a holistic view on care for patients with physical and mental health issues. The Mental health task group can make major contributions to ensure that this happens.”

Current priorities for the Mental Health Task Group are:

- Discharge from Secondary to Primary Care
- Kingston Wellbeing Service
- Carers and young carers (of people with mental health issues, and with mental health issues)
- Dementia (sub-group)

“Many of us joined Healthwatch Kingston because we passionately care about the quality of mental health and wellbeing services. Our task will be to try to unravel how mental health services are being delivered in this borough after several years of service reconfiguration and budget adjustments. Our group will need to be continually mindful that respect for the service user, accessibility, efficiency, cost-effectiveness and satisfaction, are at the centre of what we do. Essentially, the quality in a service is not what you put into it. It is what the service user gets out of it.

I am under no illusion that there is much work to do to ensure there is parity of esteem and that there is greater inclusion and equality in the delivery. I believe that Healthwatch is in a good position to help improve mental health in our community by looking at the entire spectrum of services from prevention to the quality of care for chronic mental health conditions. We will certainly be tapping into the expertise and experience of service users. In the end, it is our sincere hope that we can turn any unhelpful rhetoric into some meaningful, positive action leading to improvement of services.”

Mari Cameron-Taber, Affiliate and Mental Health Task Group Vice Chair

16 Hospital Services Task Group

The Hospital Services Task Group focuses on a range of issues following feedback Graham Goldspring has taken on the temporary chair position until a permanent chair can be appointed. It held its first meeting in March 2014 and two further meetings have been booked for 2014.

“Members of the task group bring in a wealth of knowledge and experience not only just as users but also many are doing voluntary work elsewhere connected with health provision. Valuable exchange of ideas, knowledge and views helps to develop valuable areas of work.”

Graham Goldspring, Temporary Chair of the Hospital Services Task Group

The Hospital Services Task Group priorities are:

- A&E
- Discharge into primary or community care
- Appointments & Communication

17 Active Affiliates Group

In addition to the two task groups, Healthwatch Kingston’s active affiliates meet regularly to work on our overall strategy, discuss health and social care issues and invite speakers from local health and social care services. It met 5 times during 2013-14.

This group has been essential in helping us plan the different task groups, tackle which priorities we should focus on, assign tasks to members of this group and get feedback and insight from those involved in other health and social care schemes.

“We could not have succeeded in getting where we are today without the loyal support of our group of active affiliate members who bring a real passion and enthusiasm to our work. Without their active participation in what we do we would not be able to cover the range of issues that people in Kingston have spoken to us about.”

Grahame Snelling, Chair of Healthwatch Kingston



18 Our Volunteers

As well as our affiliates and board members, Healthwatch Kingston recruited volunteers to provide support for office staff. With a staff team of 3, who provide the equivalent of 2.4 full-time posts, the support of volunteers is essential to help us carry out our work.

Office volunteers have helped with data entry, updating the directory, taking notes at meetings, and general administrative support.

Volunteers provided us with 247 hours of support in 2013-14.

19 Board and Governance

Healthwatch Kingston is a company limited by guarantee and a social enterprise. Although support services and staffing are provided by Parkwood Healthcare, the Board is responsible for setting the strategy and the work plan for Healthwatch Kingston and for ensuring that its work is carried out and monitored appropriately.

In 2013-14, the Board ensured that appropriate governance arrangements have been put in place using the LGA Local Healthwatch Outcomes and Impact Development Toolkit. This toolkit has a framework Healthwatch can use to make sure it has relevant policies and procedures in place, training, engagement activities and links with relevant local organisations and health and social care providers.

The Board is planning a series of board meetings in public so local people can attend, meet the board members and ask questions about our work.

During 2013-14, the board was represented by:

Name and month they joined

- Grahame Snelling (Chair): August 2013
- James Davitt: September 2013
- Nigel Spalding: September 2013
- Kim Thomas: September 2013
- Keith Valentine : September 2013

- Nick Ainley: August 2013 (resigned April 2014)
- Barbara Riddell: September 2013 (resigned October 2013)

The board members have provided approximately 197 hours of time to Healthwatch Kingston activities during 2013-14. The board wishes to acknowledge that it has been a challenge to commit enough time to Healthwatch Kingston given that they have other commitments and responsibilities. It has therefore begun to actively recruit for new members so that the responsibilities can be shared and reduce the pressure on current members. For those interested in joining please visit the Healthwatch Kingston website.

"I joined the board because I wanted to help HWK develop solid foundations on which its future sustainability and effectiveness could be built. Sorting out our governance arrangements, in the context of our complex and changing relationships with Parkwood Healthcare and RB Kingston, has proved far more challenging than I expected. But I'm pleased that - through our active affiliates' meetings, our emerging task groups and the commitment of our staff team - we are now enabling a wider group of people to shape our priorities and undertake work on some key local issues. One personal aim for 2014/15 is that Healthwatch Kingston will continue to gather more and better information from patients, users and carers on the quality of, and desirable improvements to, local health and social care services."

Nigel Spalding, Board Director

The Board is supported in its work by a small staff team:

Manager: Rianne Eimers
Community Engagement Office: Debra McCarthy
Research & Information Assistant: Jenny Pitt.

20 Financial Statement for 2013-14

PARKWOOD
HEALTHCARE

Healthwatch Royal Borough of Kingston upon Thames

Year 1 - Summary

Period: Apr 2013 - Mar 2014

<u>Budget</u> <u>Heading</u>	<u>Sub Heading</u>	<u>Cumulative</u> <u>budget</u>	<u>Cumulative</u> <u>spend</u>	<u>Variance</u>	<u>Commentary</u>
Funding		£ 122,444	£ 122,444	£ -	
	Management Salaries	£ 33,607	£ 40,285	-£ 6,678	incl. Senior management time
	Engagement Officer Salaries	£ 26,098	£ 23,713	£ 2,385	
Staffing Costs	Admin Salaries	£ 12,943	£ 10,496	£ 2,448	
	CRB Checks	£ 300	£ -	£ 300	
	Training	£ 2,500	£ 1,301	£ 1,199	
	Expenses	£ 4,500	£ 2,918	£ 1,582	Staff travel expenses
Volunteer Costs	Expenses	£ 4,000	£ -	£ 4,000	
Marketing & Hosting	Marketing	£ 5,000	£ 1,579	£ 3,421	
	Hosting expenses	£ 2,000	£ -	£ 2,000	
	Rent / Rates for premises	£ 12,000	£ 16,179	-£ 4,179	
Facilities	Utility costs	£ 2,000	£ 314	£ 1,686	
Management	Rent of community venues	£ 4,000	£ 310	£ 3,690	
	Telephone / IT	£ 3,500	£ 5,525	-£ 2,025	
	Postage & Stationery	£ 2,500	£ 3,115	-£ 615	
General Office	Depreciation on assets	£ 1,000	£ 1,000	£ 0	
Overheads	Insurance	£ 1,500	£ 1,500	£ -	
	Legal & prof fees	£ -	£ 1,600	-£ 1,600	
	Management Charge	£ 4,996	£ 5,000	-£ 4	
	Provision		£ 7,610	-£ 7,610	*) see details below
TOTAL Annual BUDGET		£ 122,444	£ 122,444	£ -	

*) **Provision** for costs incurred but not yet invoiced and future projects

21 Acknowledgements

Healthwatch Kingston would not exist without the time and effort dedicated by its Board of Directors, volunteers and affiliates and we wish to give our heartfelt thanks to all those who have provided us with their input over the past year.

We want to say a special thank you to our active affiliates who have attended task group meetings on a regular basis and who have offered us their time and expertise freely to represent and support us.

Our office volunteers also deserve our thanks for providing us with much needed office support and the staff team in particular are very grateful for their hard work and contributions.

The staff and the Board wish to thank Parkwood Healthcare for their ongoing support during a difficult transition year.

About this report

This report was produced by Healthwatch Kingston upon Thames. It will be made available to the public on the Healthwatch Kingston website, and hard copies will be available on request.

Should you require this report in a different format, please contact the Healthwatch Kingston office on 020 8974 6629 or at info@healthwatchkingstonuponthames.org.uk.

The Healthwatch Brand

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Glossary of Terms and Abbreviations

LINK	Local Involvement Network
HWK	Healthwatch Kingston/ Healthwatch Kingston upon Thames
RBK	Royal Borough of Kingston upon Thames
CQC	Care Quality Commission

KCCG	Kingston Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
H&WBB	Health and Wellbeing Board
HOP/ HOSP	Health and Overview Scrutiny Panel
HIB	Health Improvement Board
E&V	Enter & View
LGBT	Lesbian, Gay, Bisexual and Transgender
KVA	Kingston Voluntary Action
DoH	Department of Health
SWL&SGMHT	South West London & St George's Mental Health Trust
CAMHS	Children and Adolescent Mental Health Services
CMHT	Community Mental Health Team

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