



**Performance Report
October 2015 to March 2016**

1. Introduction

1.1 This reports details the activities undertaken by Healthwatch Kingston for the reporting period October 2015 to March 2016. The report is produced in accordance with contractual requirements set out by the Royal Borough of Kingston upon Thames who have a statutory responsibility to commission the functions of Local Healthwatch.

1.2 Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012 details the functions that Local Healthwatch must carry out to fulfill its statutory duties:

- A. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of services
- B. Obtaining the views of local people regarding their needs for, and experiences of, services and to make these views known to commissioners and providers of services
- C. Enabling local people to monitor the standards of provision of services and whether and how services could and ought to be improved
- D. Making reports and recommendations about how services could or ought to be improved which should be directed to commissioners and providers of services and people responsible for regulating services such as the Care Quality Commission (CQC)
- E. Providing advice and information about access to services so choices can be made about services
- F. Formulating views on the standard of provision and whether and how services could and ought to be improved, and sharing these views with Healthwatch England

1.3 For the purposes of this report what we do and how we have achieved it is listed against a specific function of HWK, which includes our Top 10 key performance indicators (KPIs), expected outcomes, how these are measured and the evidence we use to demonstrate our achievements.

1.4 Some of the key new developments of this reporting period include raising awareness of the role of HWK, increasing the number of people involved in our work and improving our engagement processes with the local community. These proposed new developments will specifically target the following objectives:

- Promoting our role, activities, achievements
- Increasing awareness and participation
- Recruiting volunteers
- Networking
- Developing stakeholder relationships
- Evaluating our effectiveness
- Strengthening community engagement across the health and social care sector

2. Our key developments

- 2.1 Supporting the procurement of carers support services, which involved recruiting carers from outside of Kingston to ensure impartiality and no conflict of interests. Our involvement consisted of supporting three carers to participate in the selection process, specifically to form their own panel to interview bidders in January 2016. A set of questions were agreed with commissioners which focused on asking bidders about their track record with supporting carers and ascertaining their knowledge of the carer experience. The panel's recommendations influenced who was awarded the contract.
- 2.2 The establishment of a community café held every Wednesday afternoon at the Kingston Quaker Centre in partnership with Recovery Initiative Social Enterprise (RISE). The benefits of this new development are:
- To demonstrate our proactive approach to engaging with local people
 - To raise awareness of our role to potential participants in our work
 - To support a pre-engagement ethos in a relaxed and informal manner
 - To strengthen our commitment to promote co-production
 - To identify barriers to engagement and sustaining involvement
 - To support the development of a person-led community development approach
 - To evaluate our effectiveness at engaging with and recruiting people to contribute to our work
- 2.3 Our fledgling Young Peoples Healthwatch were trained to carry out an Enter & View visit to Kingston Hospital's Paediatric Department in February 2016. A number of recommendations were made to improve the patient experience.
- 2.4 Our visually impaired volunteers have been meeting on a regular basis following their Enter & View visit to the Royal Eye Unit in July 2015. The main focus of their work has been making recommendations to improve signage, the environment and access to information. A secret shopper exercise was undertaken in February to observe staff interaction with patients in the waiting area. We have met with the Macular Support Group and the Thomas Pocklington Trust to identify areas for joint working.
- 2.5 We have trained three members of the Health Overview Panel to participate in our schedule of Enter & View of visits and to support our work.
- 1.6 We have completed our extensive review of our governance structure and operational arrangements and associated policies and procedures related to the delivery of our functions. The process is intended to ensure consistency and robust standards in the development of policies, openness and transparency and a clear audit trail for the approval and authority of our policies.
- 1.7 We have completed a number of Enter & View visits in this reporting period, including five visits to Kingston Hospital wards in November 2015 as part of a process to support the CQC inspection in January 2016. Our volunteers visited four GP Practices and we visited Kingston Hospital's A&E Department in February 2016. Our first care home visit was completed in November 2015 and

involved one of our volunteers with learning disability. Volunteers with lived experience of mental health visited Tolworth Hospital in October 2015. All our reports and associated responses are published on our website.

- 1.8 In March 2016 we hosted an event to raise the profile of homelessness in Kingston. Activities included an exhibition of photographs taken by people who are homeless, a meeting with the London Homeless Programme and a focus group with people with lived experience of homelessness. The outcome of this work has led to the establishment of a homeless project to explore better ways of improving the health and social care of people who are homeless. Media article about the event were published in the Big Issue and the Surrey Comet. With the support of Kingston Independent Network of Creatives (KINC) the exhibition was transferred to the Rose Theatre for a 10 day run.

3. Our functions and what we have achieved

A. Promoting and supporting the involvement of local people

KPI	Engage with local people
Outcome	HWK on behalf of the community has a positive influence on the delivery of health and social care services
Performance measurement	Local service delivery is shaped by the involvement of local people.
Evidence	<ul style="list-style-type: none"> • Joint work with a range of organisations to gather feedback from people about what needs to be done to improve service delivery • Emerging themes identified from case studies to inform improvements to the way the system operates and shared with the Health & Wellbeing Board • Views of young people gathered to understand their awareness of mental health issues
KPI	Involve local people
Outcomes	Local people are involved with setting priorities and the delivery of associated work programme
Performance measurement	Local people contribute to identifying priorities and the development and implementation of work plans
Evidence	<ul style="list-style-type: none"> • HWK strategy co-produced with local people • Local people involved in the work of the Task Groups (mental health, hospital services, community care and learning disability, visual impairment, homelessness) • Progress against Task Group work plans is presented at public Board meetings • Task Groups include representation from service user, patient and carer community organisations • Partnership with Kingston Churches Action on Homelessness and the Joel Community to increase representation from people with lived experience of homelessness
KPI	Support and train local people
Outcome	Volunteers are recruited, trained and participate in a range of activities

Performance measurement	Healthwatch Kingston increases the number of volunteers involved in its work
Evidence	<ul style="list-style-type: none"> • 7 new volunteers recruited • 4 volunteers completed Enter & View training • 19 volunteers involved in supporting engagement activities • 6 volunteers involved in outreach events • Event ('The Christmas Party') held to celebrate the work of HWK volunteers

B. Obtaining the views of local people

KPI	Gather and collate the views of local people
Outcome	Proactive and effective approach in place to reach out and attract the views of the whole community
Performance measurement	HWK increases the number of opportunities for people to leave feedback about services
Evidence	<ul style="list-style-type: none"> • 83 comments received via the website from people describing their experience of services • 37 views about specific service delivery obtained during Enter & View visits • 12 views related to specific service areas
KPI	Participation from minority groups
Outcome	Seldom heard and hard to reach groups are provided with opportunities to engage with HWK
Performance measurement	HWK reaches out to groups representing minorities and increases the number of people facing health inequalities to be involved in the work of HWK
Evidence	<ul style="list-style-type: none"> • Partnership with homeless agencies to champion the voice of people who are homeless • Involving people from grassroots led groups (e.g. Recovery Initiative Social Enterprise, Bi-Polar Support Group, Fast Minds) • Joint working with ECET's Community Engagement for Health course
KPI	Ensure the views of local people influence service delivery
Outcome	The views of local people can be seen to have an impact on improving services
Performance measurement	HWK uses its influence at a strategic and operational level to convey the views of local people to ensure that commissioners and providers act on this information
Evidence	<ul style="list-style-type: none"> • Representation at Health & Wellbeing Board, Health Overview Panel and CCG Governing Body • Action taken by providers to the recommendations of Enter & View reports • Representation at Kingston Hospital Local Healthwatch Forum • Representation at carers, learning disability and mental health boards • Involvement with the implementation of the new

	primary care strategy • Involvement with the Kingston Co-ordinated Care Programme
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C. Monitor the standards of local service provision

KPI	Use evidence to improve services
Outcome	Evidence-based recommendations from a variety of sources and activities are used to improve service delivery and champion areas of good practice and excellence
Performance measurement	HWK increases the number of activities to monitor service provision supported by local, regional and national intelligence and research
Evidence	<ul style="list-style-type: none"> • 4 Enter & View visits undertaken to GP practices • 7 Enter & View visits undertaken to Kingston Hospital • 1 visit to London Care Partnership care home • Sharing of information with CQC • Partnership working with voluntary sector agencies

D. Produce reports and makes recommendations

KPI	Use local intelligence to improve services
Outcome	The results of surveys, local research and the voice of the community influences service redesign, reviews and evaluations, procurement processes and performance of local services
Performance measurement	HWK is valued by stakeholders and the community and is seen to make a difference to the way services are commissioned and provided
Evidence	<ul style="list-style-type: none"> • Contributions to local developments such as transformation plans, strategies, service redesign, partnership working

E. Provide advice and information

KPI	Knowledge about local service provision
Outcome	Local people are able to receive accurate and timely advice and information about local health and social care and/or signposted to relevant agencies
Performance measurement	Local people understand their rights, are able to make choices and feel supported by HWK
Evidence	<ul style="list-style-type: none"> • 15 enquiries dealt with and recorded on the database • 14 people provided with advice about how to make a formal complaint • 7 people signposted to another Local Healthwatch • 33 people provided with information about local services • Website regularly updated with news about local services, consultation events and stakeholder engagement activities

F. Sharing information with Healthwatch England

KPI	Formulate views on the standard of provision
Outcome	An independent, objective and impartial body that champions quality and, if necessary, raises serious concerns about service delivery with Healthwatch England
Performance measurement	Evidence based reports, findings and recommendations are submitted to Healthwatch England as well as local knowledge about services that may have a bearing on regional and/or national provision and performance
Evidence	<ul style="list-style-type: none"> Representation at South West London/London-wide Local Healthwatch Partnership Groups

4. Emerging themes

4.1 As indicated above one of our statutory duties is obtain the views of local people and to make these views known to decision makers. Consequently during this reporting period we have used our role at the Health & Wellbeing Board to present emerging themes based on what people have told us. Below is a synopsis of five issues we have brought to the attention of commissioners and providers of health and social care:

I. Kingston Hospital discharge

A discharge arrangement from Kingston Hospital form part of our health and social care work programme and is a priority area for our Hospital Services Task Group. After care and discharge was an agenda item at a task group meeting held in June 2015, where a Trust representative was asked questions about the reasons for delayed transfers of care. It was recognised that on some occasions a contributing factor is a lack of co-ordination between services exacerbated by service capacity issues and not always being able to meet the needs of patients. Put another way where one part of the system is unable to respond to another the patient gets caught up in the middle, sometimes with detrimental consequences for the patient and their relatives. Healthwatch Kingston recognises that for most people the system is able to respond to the needs of patients in a timely and responsive manner. On occasion, however, this is not the case and the Hospital Services Task Group will continue to monitor data about delays to transfer of care as provided by the Trust, which it will monitor for a downward trend based on lessons learnt from when it goes wrong.

II. Carers of people with dementia

The needs of carers is a priority area for all our task groups, which involves gathering views and opinions from carers about how well services support them in their caring role. Carers of people with dementia presents particular challenges for services and we have spoken with a number of carers to explore issues and identify options to improve services and where appropriate for the people they care for. We asked carers to provide feedback on the services they have received and how they feel they could be improved. The carers raised a number of issues based on their experience, such as:

- Lack of co-ordinated care, such as poor communication between different services, means that some carers and the cared for do not receive continuity of care supported by a joined up approach.
- Changes to the way primary care is delivered means that some carers no longer have access to the same GP when visiting their surgery with the person with dementia, which means the GP may not know the patients history and may not have knowledge of what is best suited to the individual.
- Access to advice and information was raised by some carers who said that it is hard to know where to go for help. Various organisations such as Staywell and Alzheimer's Society Kingston provide services however there can often be people who feel they are sent to organisations that are not able to provide support and are bounced back and fourth.

Healthwatch will continue to support carers to become more involved in developing and improving carer services such as identifying good practice and what works well for them.

III. Needs of refugees

Healthwatch identified concerns about the lack of support for a number of refugees in Kingston and the impact this is having on two voluntary sector providers. Specifically the absence of a multi-agency and coordinated approach that has had a detrimental affect on the health and wellbeing of some of the most vulnerable people in our community. The issues identified a number of potential service deficits with statutory organisations, such as poor or no communication, an unwillingness to take responsibility for the people involved and to address the immediate health and social care needs of each individual. We requested that action should be taken so that an adequate response to keep these people safe from harm (self or from others). Specifically that issues such as homelessness, acute poverty, severe and enduring mental health problems, no recourse to public funds and social isolation need to be addressed so that a joined up intervention is provided, not only from health and social care but the police and UK Borders Agency. In response to our concerns commissioners recognised that there are gaps in communication around this specific service group which we need to close down and they agreed to explore options for multi-agency protocols. It was noted, however, that there are difficulties with this group of people as they have no right to public funds (benefits, housing, social care) and there are limitations on the interventions that can be provided.

IV. Physiotherapy waiting times

Healthwatch has received feedback from a number of people that the waiting time to see a physiotherapist from GP referral to a specialist practitioner to 1st appointment is in excess of three months. We asked Your Healthcare to confirm what their current waiting times are and what targets have been set against these. Your Healthcare confirmed that their waiting time for some non-urgent referrals has reached 12 weeks, although they are still maintaining their urgent response time of 2 days or less. All referrals to the team are triaged by a senior clinician, so many patients will not wait as long as this published figure. Your Healthcare has experienced a gradual increase in their non-urgent waits following a period of being 2 team members down. Whilst they have now successfully recruited 2 new team members, the recruitment

process has been rather challenging given the London wide and indeed national, picture of reduced numbers of therapists. In consequence, some of their patients and GPs will have been aware of, or experienced a longer wait than they might have wished for them. As an additional pressure, Your Healthcare has also experienced a steady number of referrals in excess of the acknowledged capacity of the service, an issue that they are currently reviewing with their commissioners, and have proposed an increase in the overall financial envelope to help meet the local demand.

V. Support for people with adult ADHD

Healthwatch has been working with a group of people diagnosed with adult ADHD who would like an opportunity to discuss with the relevant commissioner how they can be involved in the evaluation of current service provision, so that they can be reassured the service available in Kingston is the best possible in accordance with recognised best practice. We requested that the relevant commissioner meets with this group to agree a way forward which was agreed by the CCG.

5. Summary of our principle activities

- 5.1 Our trustees, volunteers and staff attend many meetings representing HWK and contributing to a variety of planning groups, boards, networks, stakeholder groups and other meetings in operation across the health and social care sector both locally and regionally. One of the most significant challenges facing HWK is our capacity to be at every meeting and decisions have to be taken as to which ones should be prioritised. Our performance is dependent on maximizing our resources and targeting our involvement where we can achieve the greatest benefit for our community. This will change from time to time and we will continue to be led by the needs of the people we serve. At the time of writing the following table shows where we have gone and how many times during this reporting period:

Description of activity	No. attended by staff/volunteers
Board Meetings	4
Task Group Meetings (mental health, hospital services, community services, learning disability, visual impairment)	18
Enter & View training sessions	3
Enter & view visits	13
Local/regional/national Healthwatch meetings and events	6
Local external meetings (incl. HWB, HOP, CCG Governing Body)	18
Regional external meetings (incl. SWL Collaborative Commissioning)	4
External workshops/focus groups/stakeholder events	8

