



**Performance Report  
April to September 2015**

# Performance Report

## 1. Introduction

1.1 This reports details the activities undertaken by Healthwatch Kingston (hereafter HWK) for the reporting period April to September 2015. 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 Formal partnership with Refugee Action Kingston (RAK) which has received funding from the Big Lottery to act as lead partner to develop a Centre for Community Resilience and Engagement. Other partners include Mind and Job Centre Plus. The benefits of HWK entering into this agreement are:

- To champion (in partnership with RAK) the voice of refugees, asylum seekers and migrants so that they have a positive influence on the development of health and social care services
- To encourage and support refugees, asylum seekers to become active participants in the work of HWK so that their needs are heard by those who commission, deliver and regulate health and social care services
- To learn more about the needs of refugees, asylum seekers and migrants to complement future needs assessments and strategic direction
- To understand the barriers and seek solutions to involving refugees, asylum seekers and migrants across the health and social care system (i.e. language, cultural insensitivity, discrimination and stigma)
- To enhance and strengthen our community development and stakeholder engagement processes, partnership working and feedback mechanisms to ensure they are culturally competent and sensitive to the diverse needs of refugees, asylum seekers and migrants

2.2 The 'Working Lunch' (3 x community engagement initiatives) which invite people with an interest in a specific service (mental health, learning disability, carers) to HWK where they will be offered lunch and refreshments alongside a presentation on HWK, why it exists, its priorities and how it will have a positive impact on improving health and social care services in Kingston. The presentation is followed by an audience led discussion where attendees are prompted to ask how they would like to be involved and if not why. The benefits for HWK are:

- To demonstrate HWK's proactive approach to engaging with local people
- To raise awareness of the role of HWK to potential future participants in our work
- To support a pre-engagement ethos
- To strengthen our commitment to 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 'Spotlight' on services, which aims to highlight specific service areas that HWK recognises as being of high quality and/or valued by the people that use them. The initiative can be considered a light touch Enter & View that will provide HWK with the following benefits:

- To provide positive stories about local service delivery which are published on our website and in our e-bulletin
- To demonstrate HWK's proactive approach to engaging with local service

- To provide HWK volunteers with opportunities to gain experience visiting/understanding services as a step towards undertaking formal Enter & View
- To expand our reach to cover consumer specific issues and raise awareness (e.g. health inequalities)
- To promote our commitment to ensuring service users have a voice
- To support the marketing of our brand as the local consumer champion
- To support the evaluation of our Enter & View process

2.4 Integrated Community Engagement Network model produced in response to our involvement with the Kingston Co-ordinated Care Programme. The aim of the model is to present a new concept that strengthens existing community engagement processes and to address some of the issues identified following a CCG led community engagement workshop in May. The key themes of the model are:

- To develop a collective approach to community engagement by changing the culture and the way services respond to the community (i.e. community engagement is part of every organisation's governance arrangements, performance management processes and is included in outcome measures).
- To organise a community-wide network of people that is empowered to decide for itself what needs to be done to improve services (i.e. pre-consultation engagement and developing solutions together such as service re-design options).
- To share intelligence about what the community says about local services so that the voice of the public influences change for the better across the health and social care system (i.e. start planning service change early with the people who use services and the community in which they live).
- To expand the range and scope of community engagement activities and their impact (i.e. understand people's experience of services through on-going dialogue, case studies, user led initiatives and user led facilitated events).

2.5 The 'Garden Party' has been established, to be held once a year, to recognise the contribution volunteers make to the work of HWK. This year it was held in August and coincided with the launch of our annual report 2014-15. Next year it will be planned to take place during national Volunteers' Week in June.

2.6 Review of HWK's governance structure and operational arrangements and associated policies and procedures related to the delivery of our functions. This process has involved the revision of a suite of documents that have been published in draft form on our website where members of the public are invited to contribute to their development as well as any other interested party. The consultation will run for eight weeks and will end on 15<sup>th</sup> December 2015. 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. In this process the word 'policy' covers all policies, procedures, codes of practice, standing orders and other documents that are approved by HWK Board and are binding on Trustees, staff and volunteers (known as active affiliates).

### 3. Our functions and what we have achieved

#### A. Promoting and supporting the involvement of local people

<b>KPI</b>	<b>Engage with local people</b>
Outcome	HWK on behalf of the community has a positive influence on the delivery of health and social care services
Performance measurement	
Evidence	<ul style="list-style-type: none"> <li>Joint work with Alzheimer’s Support Group to gather feedback from carers of people with dementia about improving service delivery to share with Carers Partnership Board</li> </ul>
<b>KPI</b>	<b>Involve local people</b>
Outcomes	Local people are involved with setting priorities and the delivery of associated work plans
Performance measurement	Local people contribute to identifying priorities and the development and implementation of work plans
Evidence	<ul style="list-style-type: none"> <li>HWK strategy co-produced with local people</li> <li>Local people involved in the work of the Task Groups (mental health, hospital services, community care and learning disability)</li> <li>Progress against Task Group work plans is presented at public Board meetings</li> <li>Task Groups include representation from service user, patient and carer community organisations</li> <li>Partnership with Refugee Action Kingston to increase representation from people with refugee and asylum seeker backgrounds</li> </ul>
<b>KPI</b>	<b>Support and train local people</b>
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"> <li>42 new volunteers recruited</li> <li>25 volunteers completed Enter &amp; View training (including people with learning disability, visual impairment, refugees and asylum seeker backgrounds, young people of school age)</li> <li>16 volunteers involved in supporting engagement activities</li> <li>8 volunteers involved in outreach events</li> <li>Event (‘The Garden Party’) held to celebrate the work of HWK volunteers and to launch the annual report</li> </ul>

#### B. Obtaining the views of local people

<b>KPI</b>	<b>Gather and collate the views of local people</b>
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"> <li>56 comments received via the website from people describing</li> </ul>

	<p>their experience of services</p> <ul style="list-style-type: none"> <li>• 45 views about specific service delivery obtained during Enter &amp; View visits</li> <li>• 24 views related to specific service areas (mental health, carers, learning disability, primary care) collected at engagement events such 'The Working Lunch', outreach stalls and community festivals</li> <li>• 4 case studies obtained from 1:1 interviews with patients and service users</li> </ul>
<b>KPI</b>	<b>Participation from minority groups</b>
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"> <li>• Partnership with Refugee Action Kingston to champion the voice of refugees and asylum seekers</li> <li>• Involving people from grassroots led groups (e.g. Yemeni Women's Association, Recovery Initiative Social Enterprise, Eco-op)</li> <li>• Joint working with Learning Disability Parliament</li> </ul>
<b>KPI</b>	<b>Ensure the views of local people influence service delivery</b>
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"> <li>• Representation at Health &amp; Wellbeing Board, Health Overview Panel and CCG Governing Body</li> <li>• Action taken by providers to the recommendations of Enter &amp; View reports</li> <li>• Representation at Kingston Hospital Local Healthwatch Forum</li> <li>• Representation at KVA's Community Development Network</li> <li>• Representation at the CCG's Equality &amp; Diversity Steering Group</li> <li>• Representation at RISE's Kingston Community Grassroots Network</li> </ul>

### C. Monitor the standards of local service provision

<b>KPI</b>	<b>Use evidence to improve services</b>
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"> <li>• 3 Enter &amp; View visits undertaken to GP practices and Kingston Hospital</li> <li>• 1 'Spotlight' visit to Eco-op</li> <li>• Sharing of information with Adult Safeguarding Board</li> <li>• Partnership working with voluntary sector agencies</li> </ul>

	<ul style="list-style-type: none"> <li>• Representation at the Kingston Co-ordinated Care Programme</li> </ul>
--	--

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"> <li>• HWK Annual report articles</li> <li>• Formal response to Kingston Hospital's Quality Report</li> <li>• Contribution to RBK's Local Account</li> <li>• Involvement with the Strengthening Community Engagement Steering Group</li> <li>• Outcome of the Challenge Network survey into young people's mental health (49 responses were received by HWK)</li> <li>• Partnership working with CQC including coordinating a joint response to planned inspections</li> <li>• Partnership working with GMC</li> </ul>

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"> <li>• 47 enquiries dealt with and recorded on the database</li> <li>• 8 people provided with advice about how to make a formal complaint</li> <li>• 5 people signposted to another Local Healthwatch</li> <li>• 11 people provided with information about local services</li> <li>• 3 Care Act information sessions</li> <li>• Website regularly updated with news about local services, consultation events and stakeholder engagement activities</li> <li>• Participation at Kingston Information and Advice Pilot Project led by KCAB</li> </ul>

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"> <li>• Representation at South West London/London-wide Local Healthwatch Partnership Groups</li> <li>• Representation at South West London Primary Care Co-commissioning Joint Committee</li> <li>• Representation at South West London Young People’s Network</li> <li>• Attendance at Healthwatch England annual conference</li> <li>• Contribution to Healthwatch England surveys, reports and information requests (e.g. Local Healthwatch funding, hospital discharge special inquiry, access to primary care)</li> </ul>

#### 4. Summary of our principle activities

4.1 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:

Description of activity	No. attended by staff/volunteers
Board Meetings	6
Task Group Meetings (mental health, hospital services, community services, learning disability)	14
Sub groups (psychological therapies, visual impairment, dementia, young people)	4
Engagement events (‘The Working Lunch’)	3
Surveys	3
Enter & View training sessions	5
Enter & view visits (incl. ‘Spotlight’ visit)	4
Information sessions (incl. outreach events, Care Act information)	8
Local/regional/national Healthwatch meetings and events	6
Local external meetings (incl. HWB, HOP, CCG Governing Body)	22
Regional external meetings (incl. SWL Collaborative Commissioning)	5
External workshops/focus groups/stakeholder events	7