

Our work with you

Annual Report 2018/19





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Message from our Chair

This is my first report as the chair of Healthwatch Kingston, having taken over from my genial colleague Grahame Snelling on 1st September 2018. We are delighted that Grahame has continued as a board member, and has used his great expertise in adult safeguarding to set up and chair a community reference group to obtain the views of people who have experienced Kingston's safeguarding services. This is delicate work, and an example of our keenness to engage with service users who may not otherwise have a voice. Another example is HWK's chairing of the local board for people with learning disabilities.

During this spring, we have experienced staff changes. Two members of staff, Laila and Adelaide, have recently left, and we are recruiting their successors; Scott joined us with a specific remit for learning disability and we are recruiting a staff member with lived experience of Learning Disability to work with him. We are also recruiting a co-ordinator to recruit Time to Change champions who encourage conversations about mental health, as a Kingston team was successful in winning funding for this important work. We have also further strengthened our board with two new trustees, Scotty McLeod and Winnifred Groves.

HWK works with a wide range of partners, both within Kingston and also in the neighbouring borough of Richmond, where we are working with Healthwatch Richmond to develop Youth Out Loud!, the voice for young people, which

Dr Liz Meerabeau



recently undertook a well-received snapshot of services at Kingston Hospital. But in addition to partnership we have a key role as a critical friend, through the work of our Task Groups and our membership of bodies such as the Health and Wellbeing Board and the Health Overview Panel (HOP). We hope that the extensive workplan developed with HOP by our previous chair will now bear fruit after a slow start.

HWK is also closely involved in the important nationwide changes to health and social care outlined in the local Health and Care Plan and more recently in the NHS Long Term Plan. These aren't abstract changes on paper; all of us will see differences in how care is provided and at Healthwatch we need to ensure that everyone benefits.

The Health and Care Plan has been developed in consultation with local people, including a large event in November 2018 which HWK helped to organise. The plan emphasises prevention and a shift from acute care to out-of-hospital care; it has a very important public health flavour, so the involvement of the Royal Borough of Kingston (RBK) is crucial and we hope that RBK will strengthen the public health elements of its draft Local Plan through consultation. It also needs to be remembered that Kingston is a well-off borough but has areas which are in the 20% most deprived in England, where for example a

healthy diet can be difficult.

Joint working at borough level is also emphasised in the Long Term Plan, under the label of 'place'. Purchasing of primary care is likely to shift to south west London, so local Healthwatches will need to ensure that the local patient and public voice is not lost in these changes. We also look forward to seeing how the primary care networks develop, and the opportunities these offer for greater patient involvement.

Dr Liz Meerabeau

Chair of Healthwatch Kingston upon Thames

Changes you want to see

In 2018/19, over 550 people shared their ideas and experiences on health and social care with us. Here are some examples of the changes people said would improve their experience of services in the Royal Borough of Kingston upon Thames.



- + Make GP surgeries and pharmacies more young people friendly and accessible, such as after school designated appointment times.



- + Explain the process of discharge from hospital before it happens; share reasons for delay; ensure transport home meets patient's needs.



- + Provide health and social care information in accessible ways, such as Plain English for people living with a learning disability.



- + Increase access to and reduce waiting times for individual mental health therapy because group therapy is not suitable for everyone.

About Healthwatch England

We are here to make care better

Healthwatch Kingston upon Thames is part of the Healthwatch England network. Healthwatch is the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Kingston upon Thames, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



A handwritten signature in black ink, reading 'Robert Francis'.

Sir Robert Francis QC

Healthwatch England Chair

About Healthwatch Kingston

We help make health and social care services work better for the people who use them. Everything we say and do is informed by local people.

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us - both good and bad. We use your views to encourage those who run services to act on what matters to you.

Our vision

Local people:

- + Shape health and social care delivery
- + Influence the services they receive
- + Hold service providers to account.



Our mission is simple

To be the local champion for health and social care. As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need. People's views come first, especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.



Our values

- + Independent
- + Influential
- + Inclusive
- + Credible
- + Collaborative



People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people.

We always aim to focus our resources where we believe we can do the most good. We use a range of sources to inform our work including:

- + The evidence and insight shared with us by local people about their experiences of health and social care services
- + The evidence we gather using various research methodologies, prioritised by our volunteer Task Groups (this can include visiting health and social care services, known as 'Enter & View').



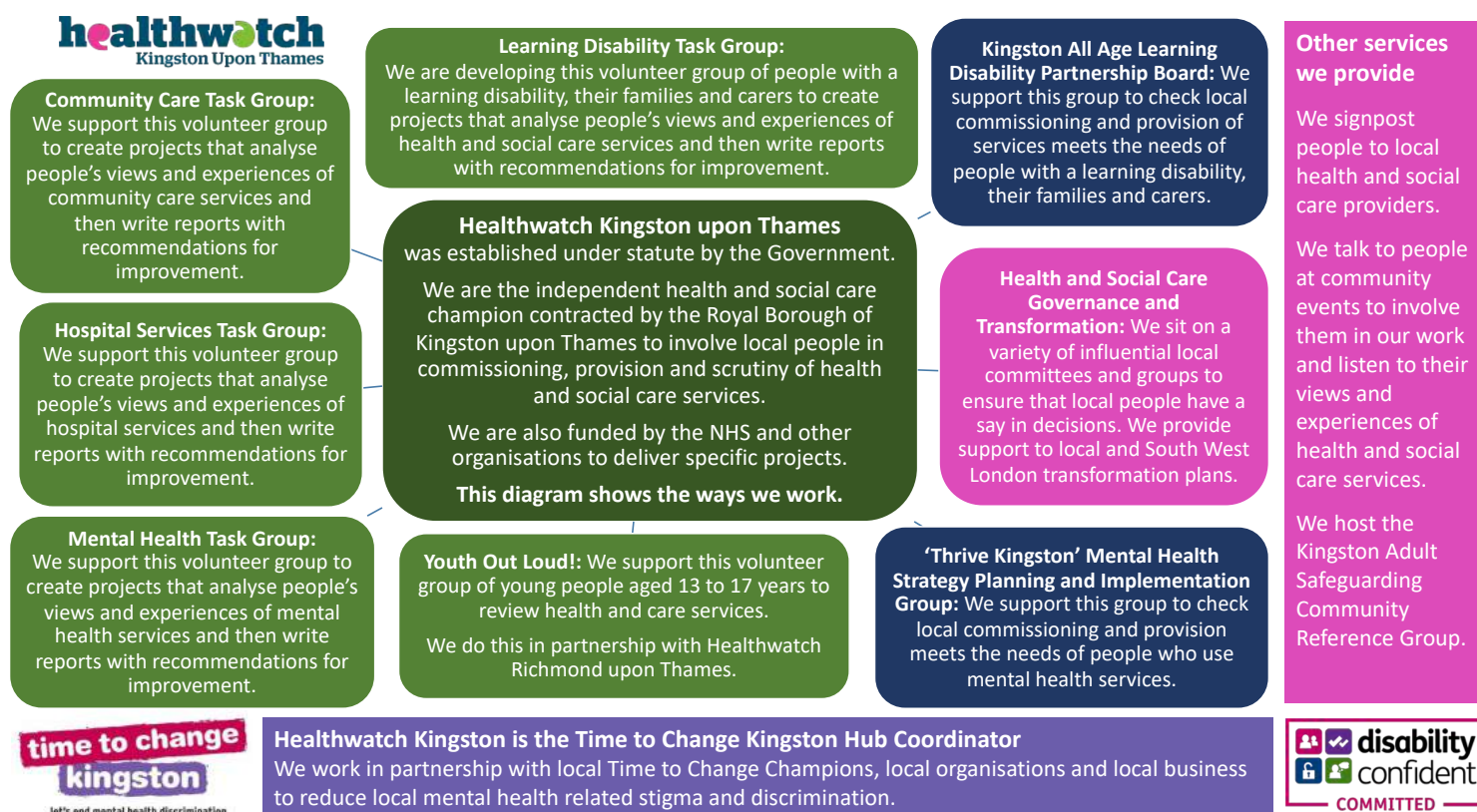
Our governance and operational arrangements



Underpinned by legislation, Healthwatch Kingston upon Thames is a charitable company led by a Board of Trustees. It has been operating since April 2013 funded mainly by the Royal Borough of Kingston upon Thames. Our current contract began 1 April 2017.

We have continued to review our governance structure and operational arrangements and this led us to create our 'ways we work' diagram of the ways we work in Kingston to help inform local people and health and social care stakeholders.

Our governance was augmented in September 2018, through the recruitment and appointment of two additional Trustees to the Healthwatch Kingston upon Thames Board, taking our number of Trustees to eight.



Healthwatch Kingston has developed the above 'ways we work' diagram to help people understand what we do, how our work links together, and show people ways they can get involved with our work.

Our 2018/19 work programme

Healthwatch Kingston upon Thames plans and runs stakeholder engagement events throughout the year to share developments and insights about current local health and social care. We then ask people to help us set our priorities, objectives and work programme for the coming financial year.

To make this work better, we brought together our three Task Groups (Community Care, Hospital Services and Mental Health) into single sessions held every two months. These Healthwatch Open Meetings mean more members of our community are able to take part. We have found this has resulted in richer conversations and exchanges of learning that have included commissioners and providers of health and social care services.

We worked with our Task Group volunteers (known as Active Affiliates) to help decide our health and social care priorities and to develop our annual work programme.

Each Task Group identified a key piece of research for 2018/19 and these formed part of the Healthwatch Kingston work programme.

This approach helped us define our top five work areas for 2018/19. It allowed us to build on the strengths of our community and mobilise individuals, associations, and institutions to come together to realise and develop our capabilities.

Our top five work areas in 2018/19*

1. Mental Health:

- a. Service user qualitative review of the iCope Kingston Psychological Therapies Service
- b. 'Time to Change Kingston' Hub Coordinator supporting 'Time to Change Champions'
- c. Chair and administrative support for the 'Thrive Kingston Mental Health Strategy Planning and Implementation Group'.

2. Learning Disability:

- a. Capacity building Healthwatch Kingston to improve access and support meaningful engagement with local people with a learning disability
- b. Chair and administrative support for the 'Kingston All Age Learning Disability Partnership Board'.

3. Hospital Services:

- a. Research into service user experience of discharge from Kingston Hospital NHS Trust
- b. Monitor local experience of NHS care in Kingston.

4. Community Care:

- a. Evaluation of the local impact of 'Connect Well Kingston', an emergent local online social prescribing tool
- b. Establish a 'Community Reference Group' for adult safeguarding issues.

5. Young People:

- a. Develop 'Youth Out Loud!', a new Task Group of young people from Kingston (and Richmond)
- b. Support delivery (with other partners including Healthwatch Richmond) of the 'Digital Youth Project' (a series of short health and care films by young people for young people).

* See 'Message from our Chief Officer' (pages 27-29) for a report on the above priorities.



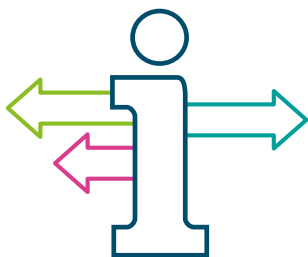
Highlights from our year

So, how did we do?

Find out about our resources and the way we have engaged and supported people in 2018-19. **Our resources:**



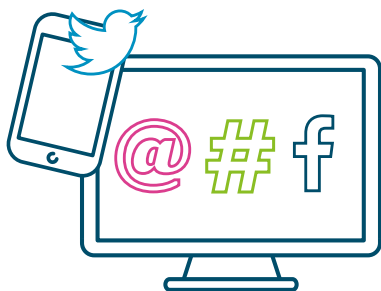
Over 550 people shared their health and social care experience and views with us.



We engaged over 1,900 people in a range of different ways - via social media, contacts to our office, through surveys and at community events.



We engaged with over 50 local organisations to promote the interests of people in our area. In addition, we attended over 40 community events to listen to the views of local people.



We had over 110,000 mentions on social media, doubling our social media reach.



Our volunteers contributed more than 1,100 hours of their time.



**How we've made
a difference**

Changes made to our community

Sharing your views with us has supported positive changes to local health and social care services. The following stories illustrate that when people speak up about what's important, and commissioners and services listen, care is improved for all.

Improvements agreed in adult community mental health

Healthwatch Kingston supports local people with lived-experience of mental and other health conditions to steer the development of our work. In this case, members of our Mental Health Task Group identified the need for an Enter & View to Tolworth Hospital.

The purpose of this visit was to ascertain the quality of service from the perspective of the users of the service and specifically address access, timeliness, person-centredness, respect, quality of relationship, and wellbeing.

The Task Group undertook the visit at the end of March 2018. During the visit we listened to the views of service users and carers. The report was published in September 2018.

Our [report](#) identified eight recommendations and these were acknowledged by the service.

Some of the issues raised in our report and recommendations were in the process of being addressed by the service at the time of the visit but there were others that prompted further improvements such as:

- + **Access:** *'The service should reassess the new telephone system as the way callers are initially referred to Springfield Hospital before being transferred to Tolworth makes the process of contacting the service feel disjointed.'*

Improvement: A project team has been established to look at improving the work of the contact centre.

- + **Quality of Relationships:** *'The service should review the layout of the reception area to improve privacy and ensure service users can speak confidentially with reception staff.'*

Improvement: The Trust is undergoing a comprehensive Estates Management Plan (EMP) that will significantly impact all

sites. The Head of Nursing & Quality for the Community Service Line was committed to raise the issue of confidentiality in reception areas with the EMP team.



The Acacia Unit, at Tolworth Hospital

SWL Local Healthwatch engagement on the NHS Long Term Plan

In Spring 2019, Healthwatch England negotiated funding from NHS England to support engagement about the NHS Long Term Plan. This funding was then offered to the Healthwatch networks.

Our local approach

The South West London Sustainability and Transformation Plan implements the NHS Long Term Plan. In South West London this plan is rightly focussed at a borough level through a series of Health and Care Plans. South West London local Healthwatches have been engaged with the Health and Care Plans from the very beginning.

We agreed that our work would diverge from the Healthwatch England Long Term Plan Survey and associated timeline to enable us to engage with our local partners and community on the locally relevant development of NHS plans. Whilst we took a different approach, our key lines of enquiry within our work across South West London aligned closely with the key priorities of the Healthwatch England survey into the Long Term Plan, namely to collect people's views of:

- + How they can be supported to live healthier lives from birth to old age
- + What services can do to provide better support
- + How the NHS can make it easier for people to take control of their own health and wellbeing.

This work was coordinated through a series of meetings involving Healthwatch Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth and the South West London Health & Care Partnership. Our work was split across two distinct activities:

- + Supporting the South West London Clinical Conference planned for April 2019
- + Supporting engagement with the Health and Care Plan discussion documents at a borough level.

In line with the borough-based decision making of the Sustainability and Transformation Partnership in South West London, we agreed that the coordination of the work should also be borough-based. As a result, the grant for coordinating this funding was also shared between each South West London local Healthwatch.

End of Life Care

At Healthwatch Kingston, we focused our engagement on 'What was important to carers and their loved ones in the last months of life?' in order to inform the South West London Clinical Conference.

A report detailing our partnership working, findings, conclusions and reflections is being prepared for publication later in 2019.



Healthwatch Kingston Projects and Outreach Officers with our Chair, Dr Liz Meerabeau at the Kingston Health & Care Plan Event in November.

Better health and wellbeing outcomes for children and young people

In 2016, Kingston and Richmond Youth Council (KRYC) was engaged by Healthwatch Kingston and Richmond to undertake peer research into young people's knowledge and understanding of emotional health and wellbeing issues.

Young people said they were "not able to connect with professionals" at mental health services and felt they had "not been listened to or taken seriously".

Our research highlighted the need for a process that would enable young people to play an active role in informing local health and care priorities.

In April 2018, building upon the Healthwatch Kingston established Task Group model, we met with Healthwatch Richmond and other key stakeholders to explore setting up a Youth Health Task Group. Young people at KRYC initially renamed the group to Youth Health Task Force, before finally settling upon **Youth Out Loud!** (or YOL!).

Youth

Out

Loud!

YOL! has brought together young people aged 13-17 years from across Kingston and Richmond and they collaborate with Healthwatch to scrutinise local health and social care services through mystery shopping and 'Enter & View' visits. Reports with recommendations are then shared with Healthwatch England via Healthwatch Kingston as part of our existing governance structures.

An example is where members of YOL! completed the '15 Steps Challenge' at Kingston Hospital. This identified some quick win improvements for patients and NHS hospital staff.



YOL! visited Kingston Hospital in March 2019, followed the 15 steps framework and will continue reviewing services and issues that matter to young people.





“We work with Healthwatch in Kingston and in Richmond and we use our voices to make health and care services better for young people.”



Initial logo designs by YOL!

WellHappy Digital Youth

Many young people allow social media to be their window to the world and it shapes their reality daily. Healthwatch Kingston created this project with Healthwatch Richmond and other stakeholders to provide a forum for young people to discuss the importance of health and wellbeing through peer learning and it will provide an opportunity to raise awareness about responsible digital citizenship.

Project goals focused on providing a creative learning opportunity to produce a series of digital health and wellbeing resources (such as short films, blogs, e-newsletters and website pages) made by young people for young people to share on social media and raise awareness about the benefits of and links between living well and being happy and healthy.

Youth Out Loud! is supported to do this work by Kingston and Richmond Healthwatch, the two councils, Clinical Commissioning Groups and Achieving for Children. It is contributing to the development of a common set of skills for young people and in doing so:

- + Raising young people's knowledge and awareness of the underlying key health and social care issues
- + Helping them understand the purpose and role of Youth Out Loud! and Healthwatch
- + Learning about appropriate use of social media
- + Contributing toward better health and wellbeing outcomes for children and young people in Kingston and Richmond.

The first Youth Out Loud! film made through this project was launched at the beginning of April 2019. Watch the [film](#) to find out more.

Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

www.healthwatchkingston.org.uk

020 3326 1255

info@healthwatchkingston.org.uk





Grahame Snelling, Healthwatch Kingston board member with lead responsibility for safeguarding, explaining to a bi-monthly Healthwatch Kingston Open Meeting how the Community Reference Group came about.

Translating adult safeguarding stories into evidence

Background

In March 2018, Healthwatch Kingston was invited by the chair of the Kingston Safeguarding Adults Board (SAB) to consider the development of a Community Reference Group (CRG). The responsibility for this was assigned to the board member with lead responsibility for safeguarding, and proposals for a quarterly open access group were agreed to which members of the public impacted in any way by safeguarding practice would be invited.

Format

The format established a safe and confidential space in which attendees could share their stories of being a victim of abuse, a carer or even a perpetrator, and how they experienced the safeguarding interventions they received. The group is facilitated in such a way as to gather intelligence that can be fed back anonymously to the SAB or any constituent partner, which should enable improvements in safeguarding policy and practice.

Making Safeguarding Personal

It was important to determine whether people got the outcome they wished for (Making Safeguarding Personal). Discussions have taken place with the Adult Safeguarding Manager to identify the best way of telling service users about the CRG and how they can become involved. A script for caseworkers to use directly with service users, along with an accompanying letter, have now been drafted and it is anticipated this will go live in June 2019. HWK advertises the group directly to people on its mailing list and through other community networks.

Confidentiality

A confidential set of minutes are kept for participants and an anonymised summary reflecting key issues and themes is supplied both to the Healthwatch Kingston board and the SAB. At each meeting participants are reminded about confidentiality, safe ground rules and behaviour and how any fresh safeguarding concerns identified will be referred on to the relevant agency. Our own procedures about how to conduct public engagement events and meetings underpin the whole exercise.

Progress to date

So far, three meetings have been attended by six individuals (not all at the same time), and a further contribution was received in writing. The CRG has been advised that some potential attendees have sought re-assurance through advocates attending on their behalf that professionals will not be present. This re-assurance has now been provided.

The CRG has now heard details of 8 cases and learnt about the personal impact of safeguarding services' decisions and actions at first hand. The specific details are not repeated here due to the confidentiality agreements in place, but from the richness of what has been shared it is possible to begin to identify a series of themes that now need to be shared more generally with the SAB. In one case the decision was taken to escalate a concern to the Adult Safeguarding Manager as the specific issues raised appeared to be very worrying. This model of being able to escalate appeared to work well with the contributor expressing some degree of satisfaction that fresh action was being taken in the case.

Gathered intelligence

The principal issues raised by attendees and contributors have so far related to observations about poor communication by some agencies and an apparent lack of clarity and explanation about safeguarding processes. Some specific complaints included:

- + Being discouraged by 'front door' staff from filling in an online referral form
- + Better signposting to alternative services required when a case, as reported, does not reach particular thresholds of concern or enquiry
- + Better communication about what will happen next on conclusion of a police investigation that is not taken further. Positive police communication was contrasted with poor Adult Safeguarding communication about case closure
- + Lack of feedback to referrer if not the adult subject of the referral, notwithstanding important issues of confidentiality.

In addition the CRG has heard about a series of incidents relating to limited direct communications with homeless persons where there are safeguarding concerns, and who are not always responsive to agency approaches. This has the potential to leave them at some risk. This issue also links with another Healthwatch Kingston area of interest relating to hospital discharge arrangements for homeless people who may in themselves be vulnerable. A number of measures have recently been agreed between Kingston Hospital, RBK Housing Options and local housing support providers to address the risks to health of unsafe discharge.

At the time of writing, these issues have been brought to the attention of the Adult Safeguarding Manager and it is to be hoped that a safeguarding lens can also be applied to these discharge arrangements.

The CRG has also learnt about cases where there was reported concern about the quality of care that had been provided that led to safeguarding concerns being reported in the first place. Regular meetings with the Adult Safeguarding Manager are therefore a key element of the feedback loop so that any necessary remedial action can be taken promptly.

Outcomes

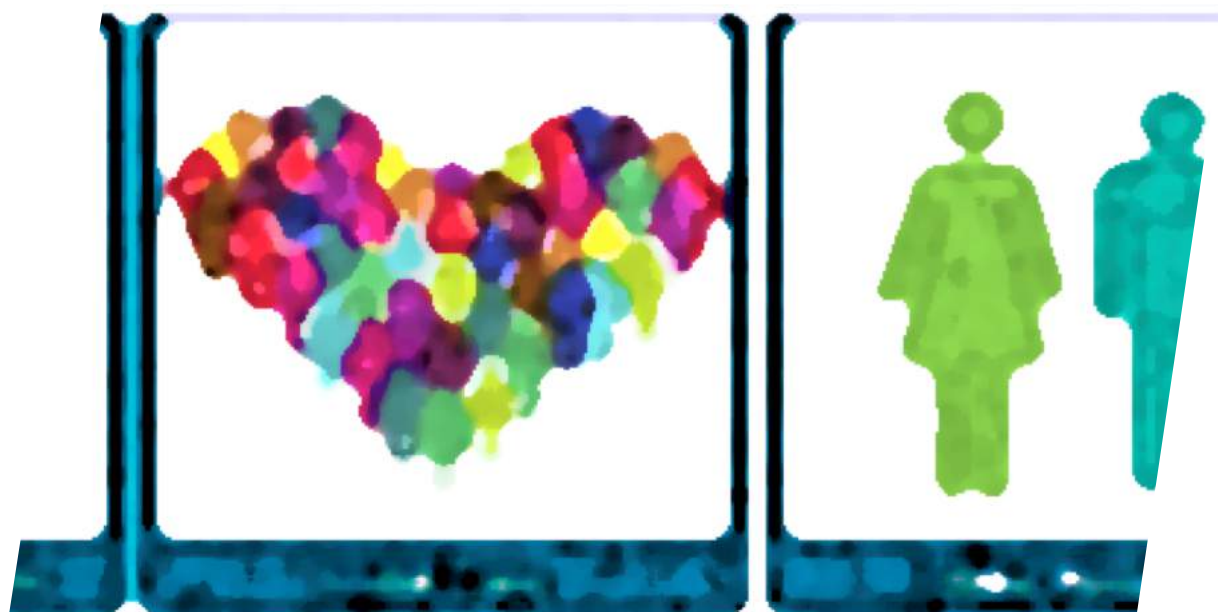
The CRG has proved successful in facilitating listening to the stories of service users, translating these into evidence to shape proposals to send to the SAB and then influencing policy and practice changes.

A workable model of public engagement has developed over the last nine months, useful intelligence has been gathered and an effective feedback loop has been established.

Next steps

Going forward, hopefully with greater numbers involved, there is every opportunity for this initiative to become a sustainable adjunct to the Kingston Safeguarding Adults Board.





**Helping you find
the answers**



How we provide people with advice and information

People don't always know how to get the information they need to make decisions about their own health and care.

Healthwatch plays an important role in providing information and advice and pointing people in the right direction for the support they need.

In 2018/19 Healthwatch Kingston helped 300 people, who contacted us, to access the advice and information they need. There are various ways in which we do this:

- + We provide a free, friendly and confidential support service that is independent from the

NHS and social care services

- + We can give you information about your choices on where you might get help in relation to your health, social care and wellbeing needs
- + We can give you information about what to do when things go wrong and you don't understand how to make a complaint.

We also provide signposting via our website's directory of local health, social care and community services and regularly provide updates on initiatives, campaigns and events via social media.

Two examples that show how we have helped:

Charlie was living on the streets and was having problems registering with a GP due to a lack of address or identification.

How Healthwatch Kingston helped:

We put Charlie in touch with Kingston Action on Homelessness (KCAH) and the SPEAR rough sleeper outreach team, local charities that provide housing and welfare benefits advice and advocacy to people in need of support. KCAH provided Charlie with a 'My Right to Healthcare Card' which can be used by people who are affected by homelessness to remind GP practices of the NHS registration guidelines. Charlie has now registered with a GP and found a part-time job.

Recently widowed Alex lived alone and had experienced several non-serious falls. Alex contacted us with concerns about rarely leaving the house and becoming increasingly immobile and isolated.

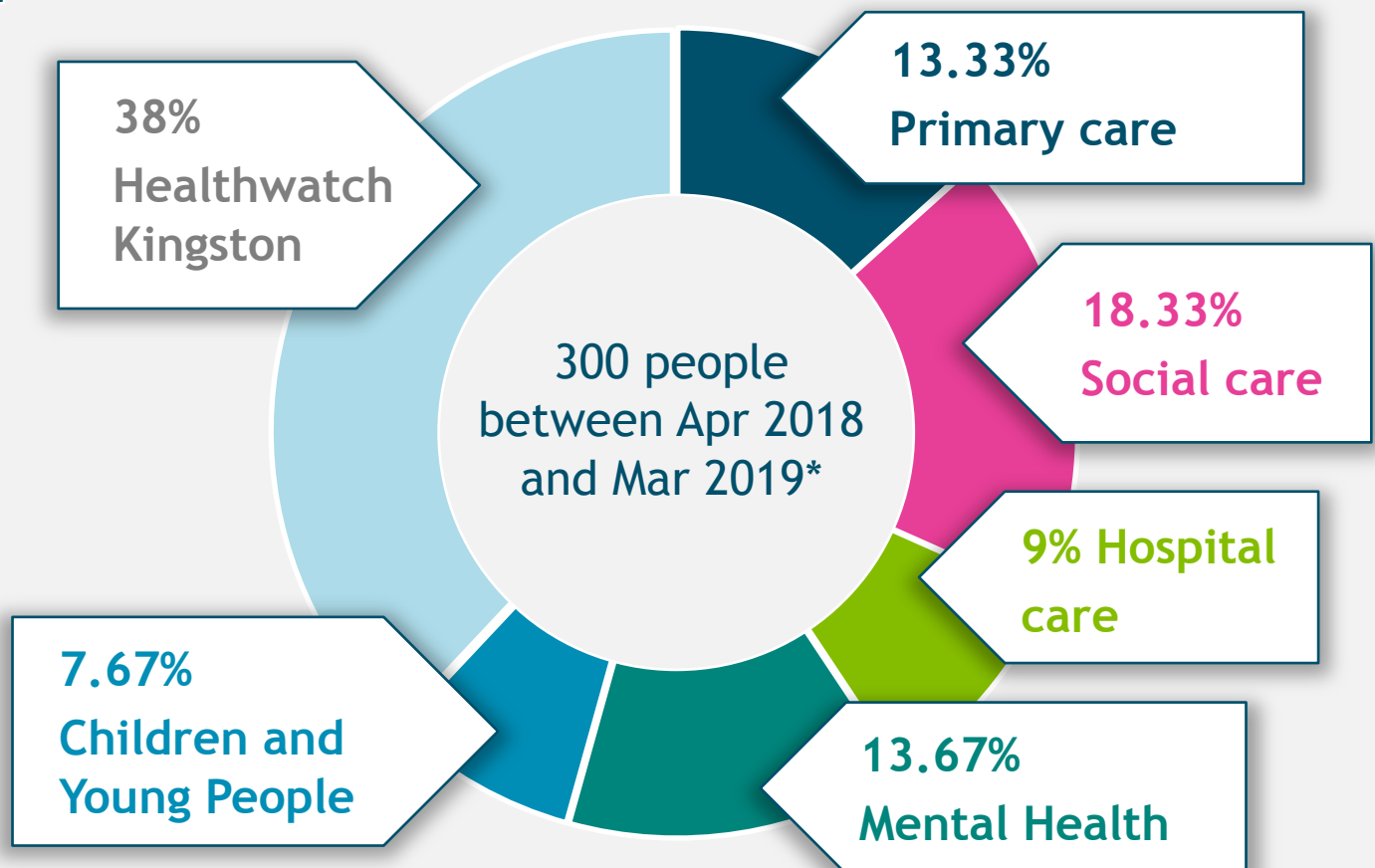
How Healthwatch Kingston helped:

We informed Alex of the Kingston Falls Prevention Service provided by Kingston and Richmond Clinical Commissioning Group. Alex was given the information on the 'Better Bones' 12-week exercise and education programme designed to improve bone health and reduce the risk of fragility fractures in the future. Alex has been able to learn about the types of activity that will help strengthen bones and has also received information on lifestyle, medication and nutrition. Since attending the classes, Alex's son has noticed an improvement in mobility and general wellbeing. Alex has made several new friends and now aims to go out for a couple of hours each day.

These names have been changed to protect the anonymity of these individuals.

What services do people want to know about?

Healthwatch Kingston gathers information but we also provide information to people who contact us with questions about local support. Here are the key areas that people who received information asked us about:



- + **Primary care** includes GPs (11.33%), District Nursing (0.33%), Dental Services (1.33%) and Kingston & Richmond Clinical Commissioning Group (0.33%)
- + **Social care** includes Social Care Services (8.33%), RBK (6.67%), Community Care Services (3.33%)
- + **Hospital care** includes Hospital Services (8%), Hospital Blue Badge Parking (0.33%), Ambulance Services (0.33%) and Sexual Health Services (0.33%).



* People often ask about more than one area of interest in any one contact.



Our people



Welcome on board: Dr Winnifred Groves and Scotty McLeod were appointed to the Board of Healthwatch Kingston upon Thames on 27 November 2018.

Our Board of Trustees

Dr Liz Meerabeau (Chair)
 Nigel Spalding (Treasurer)
 Grahame Snelling (Lead for Safeguarding)
 Nike Alesbury
 William Ostrom
 James Waugh
 Scotty McLeod (appointed 27 Nov 2018)
 Dr Winnifred Groves (appointed 27 Nov 2018)

Our staff

Stephen Bitti (Chief Officer)
 Adelaide (Project and Outreach Officer)
 Laila (Project and Outreach Officer)
 Scott (Project and Outreach Officer - Learning Disabilities, from 4 Dec 2018)

How we involve the public and volunteers
 Our principles for good governance demand clear, effective, and transparent decision-making processes. As a charitable company and in accordance with company and charity law, our Board of Trustees is responsible for decision making as set out in the company's Articles of Association. Furthermore, legislation states that we must have a procedure for making relevant decisions, specifically to include:

- + Provision as to who may make a decision
- + Provision for involving lay persons or volunteers in such decisions
- + Provision for dealing with breaches of any procedure referred to in the previous points which should include circumstances in which a breach would be referred to the Local Authority.

Most relevant decisions will be made at our Board Meetings in public. Most of the decisions will be applicable to our work and will be discussed as part of the annual planning cycle and included in our work programme.

We seek to involve members of the public in our work. Their contribution is a vital part of fulfilling our statutory obligations.

Our volunteers engage in a wide range of activities including:

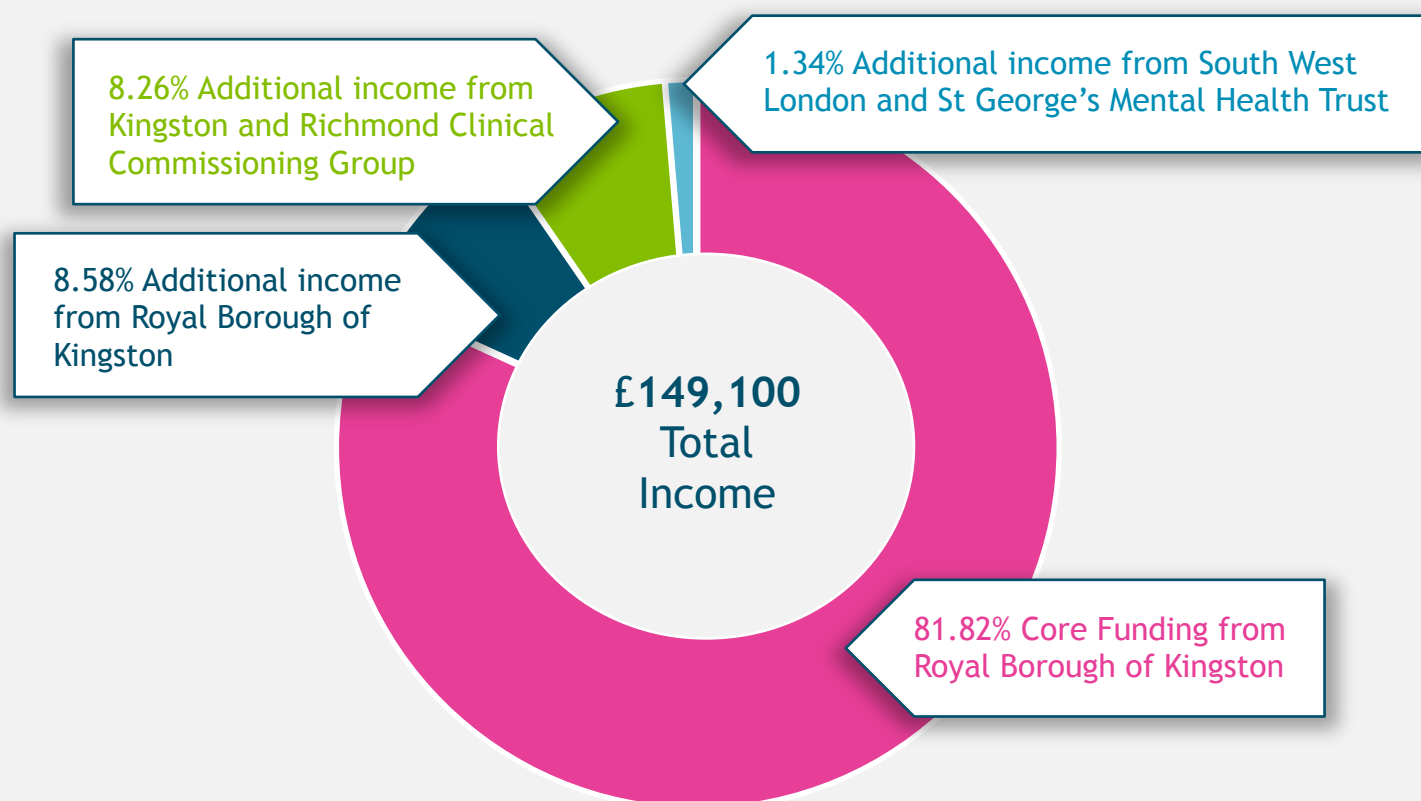
- + Carrying out Enter & View visits
- + Undertaking surveys
- + Being part of a Task Group
- + Gathering feedback from the public
- + Helping out at events and other community engagement activities
- + Promoting the role of Healthwatch Kingston.



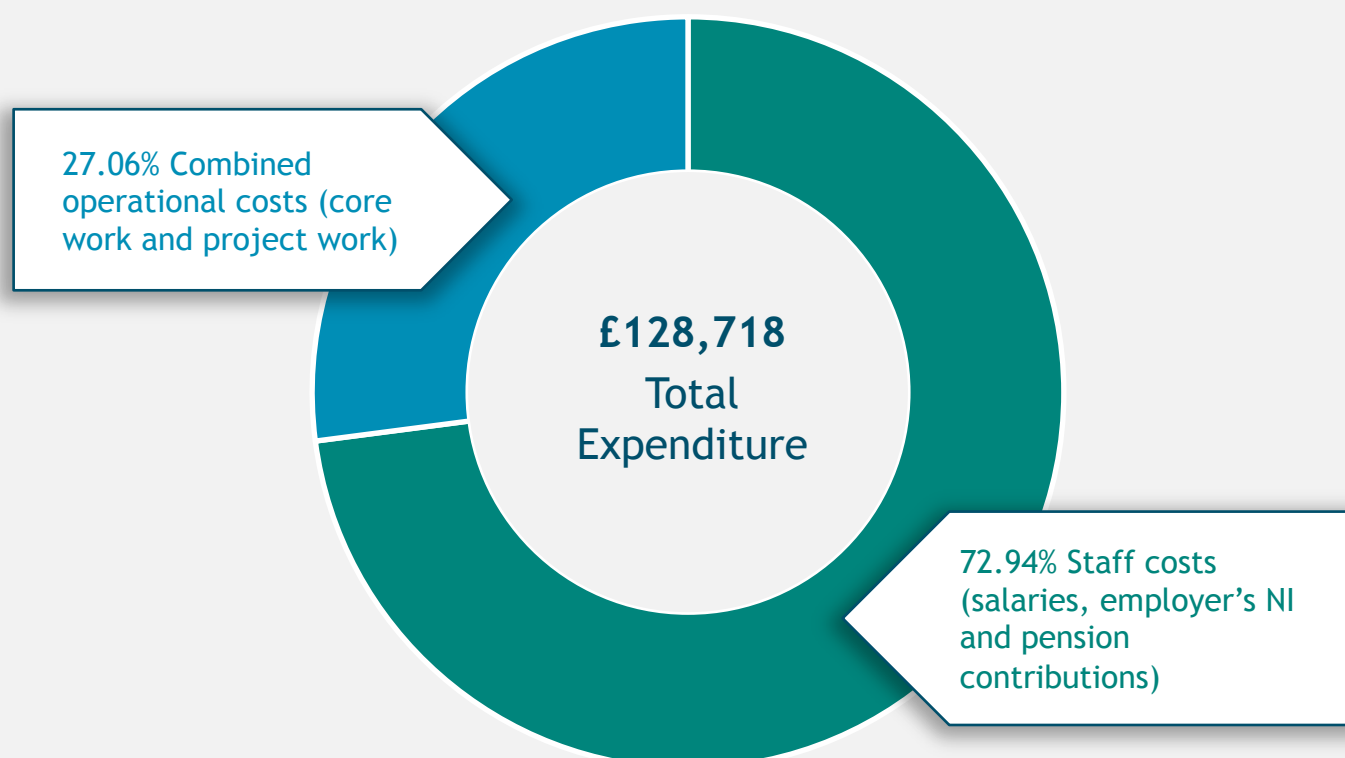
Our finances



Where our money comes from



How we use our money



Statement from our Treasurer

The statement of income and expenditure for 2018/19 below is provisional as it is subject to independent examination. It does not separate out restricted and unrestricted funding. Our core work is funded by the local authority at £122,000 per year. In addition we received £27,100 in 2018/19 for project work that will continue into 2019/20 – this is the main reason for the significant excess of income over expenditure. The Board has agreed a Reserves Policy of maintaining a reserve fund, for use in emergencies only, of £32,500.

Income	£	% of total
Royal Borough of Kingston (Core funding)	122,000	81.82
RB Kingston (Learning Disabilities)	12,500	8.38
Kingston and Richmond CCG (Mental Health Strategy and Planning Implementation Group)	2,000	1.34
RB Kingston (Thrive Kingston 1-Year-On Event)	300	0.20
Kingston and Richmond CCG (Thrive Kingston 1-Year-On Event)	300	0.20
SWL St Georges Trust (Strategic Community Partners Fund)	2,000	1.34
Kingston and Richmond CCG (Digital Youth Project)	10,000	6.72
TOTAL	149,100	
Expenditure	£	% of total
Staff costs (salaries, employer's NI and pension contributions)	93,888	72.94
Combined operational costs (core work and project work)	34,830	27.06
TOTAL	128,718	



Our plans for next year

Message from our Chief Officer: One year on

We have experienced a range of changes at Healthwatch Kingston during 2018/19. The majority of these changes were planned but, where these were unexpected, we have proved resilient.

Thanks to new opportunities and funding we were able to expand the range of people we work with, augmenting our work on the core responsibilities and priorities of Healthwatch. Examples of this include supporting the 'Thrive Kingston' Mental Health Strategy Planning and Implementation Group and the All Ages Learning Disability Partnership Board.

We also set up Youth Out Loud! to support young people to play an active role in informing local health and care priorities (see pages 14-15). And, as part of our move to be more inclusive of - and accessible to - people living with a learning disability, their families and carers, we plan to add a Learning Disability Task Group to our existing set of Task Groups covering mental health, hospital and community services and we have employed a member of staff with a focus on learning disabilities.

The Task Groups have progressed the research priorities that they identified for 2018/19. Their work has been steered admirably by our Task Group Chairs and group members. I'd like to say a huge thank you to all of the volunteers and stakeholders involved in what we do. Healthwatch Kingston would not be able to cover such an extensive range of work without your help and ongoing commitment.

Stephen Bitti



Earlier in this report we shared an update on the establishment of our Kingston Safeguarding Community Reference Group (see pages 16-17) but progress on work by Task Groups includes:

Mental Health Task Group

- + **Service user qualitative review of the iCope Kingston Psychological Therapies Service** - We have agreed to extend this review period into 2019/20. We anticipate a report with recommendations will be published later this year.
- + **Time to Change Hub Coordinator** - Healthwatch Kingston, MIND in Kingston and the Royal Borough of Kingston (RBK) presented a bid to National MIND for funds to establish Kingston as a funded Time to Change borough. This was successful, and activities are underway to develop capabilities and governance to deliver Time to Change Kingston (TTCK). We will now employ a Hub Coordinator to fulfil our role as the TTCK Hub. RBK is the TTCK Host.



- + **Provision of Emotionally Unstable Personality Disorder (EUPD) Services** - Early in 2017, some people with 'lived experience' informed Healthwatch Kingston about a lack of specialist services for local residents with Personality Disorder. In November 2017, having exhausted earlier requests for satisfactory information from commissioners, we made a formal referral to the Kingston Health Overview Panel. A business case for an interim Personality Disorder (PD) service was approved by the Kingston and Richmond Clinical Commissioning Group Finance Committee earlier this year. South West London and St George's Mental Health Trust is now due to implement the new PD service from 19 April 2019. Healthwatch Kingston will monitor the impact of this service and update on how this service is benefiting Kingston residents with EUPD in 2019/20.

Hospital Services Task Group (HSTG)

- + **Kingston Hospital Discharge Survey** - The report with recommendations will be covered in next year's Annual Report. The research was run in two phases (during December 2018 and in March 2019). It focused on discharge communications and will be analysed to look for possible differences across the data gathered in phase 1 and phase 2 of the survey delivery, as well as looking at possible differences between elective and non-elective (planned or non-planned) hospital admissions.

- + **Complaints and Procedures** - The HSTG has asked Kingston Hospital what progress there has been in spreading awareness that concerns raised by hospital staff will be dealt with constructively by the Trust. A meeting with Kingston Hospital's 'Freedom to Speak Up' Guardian is being scheduled for a Healthwatch Kingston Open Meeting later this year.

Community Care Task Group (CCTG)

- + **Evaluation of the local impact of "Connect Well Kingston" (now 'Connected Kingston')** - The CCTG is continuing to develop plans to obtain feedback from users of the social prescribing service 'Connected Kingston' on the impact it may have on their health and well-being. Work is focusing initially on people who have been referred to the Community Connector service at Staywell but the CCTG is also exploring with service commissioners and providers ways in which feedback might also be obtained from users of the online digital tool. This is more likely to be achievable in 2020 as more time is needed for service to be fully developed, more widely publicised and more extensively used by local people.
- + **Maximising Independence** - The CCTG has been monitoring the development of, and asking questions about, the new model of service for Maximising Independence (care in the home) that is being developed by RB Kingston. In addition, Your Healthcare CIC

recently made contact with HWK to ask for comments on proposals for a new service that will “offer personal, practical, emotional support to individuals who choose to remain in the comfort and security of their own homes and to help them live as independent and active lives as possible” which would initially be on offer to self-funders. The CCTG is keenly interested in the development of services which respond to the specific needs and interests of individual users.

Our Priorities for 2019/20

We plan to build upon our existing work alongside the new areas we have committed to. Our top five work areas for 2019/20 have grown since last year and are set out below. We will continue to work collegiately with stakeholders while maintaining balance within our role as the independent champion for Kingston’s residents.

Stephen Bitti

Chief Officer of Healthwatch Kingston upon Thames

Our top five work areas for 2019/20

1. Mental Health:

- Review the transition of young people from Child and Adolescent Mental Health Services (CAMHS) to Adult Services, with a particular emphasis on the experiences of neurotypical and neurodiverse young people
- Continue online service user experience review of the iCope Kingston Psychological Therapies Service
- Time to Change Kingston Hub Coordinator - supporting Time to Change Champions and events, and promoting ‘sign up’ to the Time to Change Employer Pledge (now as a funded Hub)
- Chair and administrative support for the ‘Thrive Kingston Mental Health Strategy Planning and Implementation Group’ (year 2)
- South West London and St George’s Mental Health Trust Partner Fund - supporting a partnership approach to mental health awareness events in the community
- Monitor progress of specialist service provision to people with Emotionally Unstable Personality Disorder (EUPD).

2. Learning Disability:

- Capacity building Healthwatch Kingston to improve access and support meaningful engagement with local people with a learning disability (year 2)
- Develop a new Learning Disability Task Group of people living with a learning disability, their families and carers
- Chair and administrative support for the ‘Kingston All Ages Learning Disability Partnership Board’ (year 2).

3. Hospital Services:

- Create an online hospital services patient experience survey
- Research patient experience of inpatient wards at Kingston Hospital NHS Trust
- Continue to monitor Kingston Hospital NHS Trust complaints and procedures.

4. Community Care:

- Examine the impact of Kingston Co-ordinated Care on service users, patients and where possible, their carers. During the year, individual services that are established or have been revised by the KCC programme will be considered for review, with the initial focus being on Connected Kingston.
- Explore developing the Community Reference Group for adult safeguarding to become a sustainable adjunct to the Kingston Safeguarding Adults Board.

5. Young People:

- Support Youth Out Loud! (YOL!) to review health and care services (we will do this in partnership with Healthwatch Richmond)
- Support delivery (with other partners including Healthwatch Richmond) of the Digital Youth Project (year 2) to complete a series of short health and care films by young people for young people
- Support YOL! develop its online and social media.

Thank you

Thank you from the Healthwatch Kingston Board of Trustees to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us
- + All of our amazing staff and volunteers
- + The voluntary organisations that have contributed to our work
- + Our health and social care colleagues working within the Royal Borough of Kingston Council, Kingston and Richmond Clinical Commissioning Group, Kingston Hospital NHS Foundation Trust and South West London St George's Mental Health NHS Trust, Kingston and Richmond Youth Council, Achieving for Children, Your Healthcare CIC, South West London Health and Care Partnership, Kingston University and Time to Change (all of whom treat the work we do with respect and timeliness) and of course our colleagues at Healthwatch England.



Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch.

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