Healthwatch Kingston Board Meeting (Part A)	**Date:** Wednesday 27 November 2018
Report Title: Developing a framework for decisions about our work priorities	**Autho**r: William Ostrom (WO) and Nigel Spalding (NS) Revised Part 1 (SB)
PART A Agenda Item 8	**Appendix: No**

FOR DISCUSSION AND/OR DECISION
The Board is asked to: 1. Review the amended Developing a framework for decisions about our work priorities document. 2. Approve and/or provide guidance for completion.

Background

HWK's potential remit is vast. Our stated mission is *"To be the local champion for health and social care".*

Careful choices therefore have to be made about what work HWK undertakes and board members have been having ongoing discussions about how these choices can be made. The initial focus of this work was solely on the "issues" that HWK might take on, especially those pursued by HWK's task groups. But it became clear that a framework is needed for decision-making about **all** aspects of HWK's work.

What follows in this report is intended to provide a detailed framework for decisions on what work HWK undertakes, i.e. whether existing work should be continued or discontinued and what new work should be pursued.

1. HWK Work – What we do and Why we do it

1A: Activities intended to have a direct impact on the quality of local health and social care services as experienced by local people ("Impact Activities")

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1. Service Provision and Delivery			
• Signposting people with questions/concerns about health and social care services	It is a statutory requirement of all HWs.	As it is a statutory requirement on all HWs, we must continue it. However, **the level of resources devoted** could be calibrated according to: 1. Signposting activity negligible 2. Some signposting requirement 3. Moderate signposting activity 4. Constant signposting activity	Not applicable
• Acting as the Coordinator for the 'Time to Change (TTC) Kingston' Hub providing the administrative support to the Hub, secretariat to the TTC Kingston Steering Group and supporting Kingston's 'Time to Change Champions'	In order to make a significant difference on attitudes towards mental health in partnership with other organisations.	We have a contractual obligation with Mind (TTC) to be the TTC Kingston Hub Coordinator as a "funded hub". Contract delivery runs from 1 March 2019 for 18 months. There is an assumption (as set out in our bid proposal, that Time to Change will continue in Kingston after the 'funded' period.	1. The work will be in the interests of people who are disproportionately affected by discrimination/ disadvantage/exclusion and/or have the poorest health and social care outcomes. 2. The proposed activity will provide an effective means of enabling people to have

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			their voice heard and exercise influence with health and/or social care providers 3. Additional funding (or support) is available to HWK for the work OR there is evidence that the work can be undertaken within HWK's existing resources (which may involve re-prioritising HWK work).
• Independent (HWK) chairing and providing secretariat to the 'Thrive Kingston Mental Health Strategy Planning and Implementation Group'	In order to make a significant difference to the lives of people with mental health issues through implementation of a strategy that was developed through co-production.	We have a contractual obligation with Kingston CCG to deliver from September 2018 to March 2019, with an annual review/extension to March 2021 tbc.	
• Independent (HWK) chairing and providing secretariat to the Kingston 'All Age Learning Disability Partnership Board'	In order to make a significant difference to the lives of people with learning disabilities, their families and carers.	We have a contractual obligation with RB Kingston to deliver from September 2018 to March 2021.	4. (Specific to Time to Change) Work is embedded into HWK ethos and supported through an established volunteer network of Time to Change Champions in Kingston.
2. Supporting Internal Groups (i.e. as established by and accountable to the Board).			
• Healthwatch Kingston Open Meetings	As a means of (a) involving a wider group of people (other than the board) in HWK's work (b) keeping this group briefed on current	1. No attendance 2. Low attendance 3. Well attended, good engagement 4. High attendance and influence	Not applicable as this activity is unique. However, the Board could decide to change the structure of these meetings or discontinue them, dependent upon 'low' or 'no'

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	issues and (c) at times, holding service providers to account for aspects of their work		attendance levels or due to insufficient resources (e.g. hospitality costs) to support effectively.
• Mental Health Task Group (including secretariat and follow-up) • Hospital Services Task Group (including secretariat and follow-up) • Community Care Task Group (including secretariat and follow-up)	Because (a) the board and staff initiated these groups (b) it provides a means for a wider group of people (other than the board) to be involved in HWK's activities on a regular basis and (c) it provides groups of people with an opportunity to focus their work on specific issues/projects.	1. Dormant 2. Low attendance and weak output 3. Well attended, useful outputs 4. High attendance and significant influence	Not applicable as this area of work is unique. However, the Board could decide to change the focus of these three task groups or establish new ones, e.g. to work on a single project rather than a whole service area, in which case the methodology for prioritising issues would apply.
• 'Youth Out Loud!' (YOL!) (including development of the Group) in partnership with Healthwatch Richmond and (specific to delivery of the 'Digital Youth Project') other key organisations	Because (a) it was the board's intention to set up new opportunities for young people to be involved in HWK's work and… (Specific to the 'Digital Youth Project') (b) funding for the 'Digital Youth Project' was offered to HWK.	1. Dormant 2. Low attendance and weak output 3. Well attended, useful outputs 4. High attendance and significant influence (Specific to the 'Digital Youth Project') We have a contractual obligation with Kingston and Richmond CCGs to deliver to end of March 2020.	Not applicable as this area of work is unique. (Specific to the 'Digital Youth Project') Deciding whether to continue after the current funding period would be dependent upon the availability of further funding or the capacity of HWK to take on the work within existing resources.

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• Learning Disabilities Task Group (including secretariat and follow-up)	Because it was the board's intention to set up new opportunities for people living with a learning disability, their families and carers to be involved in HWK's work.	1. Dormant 2. Low attendance and weak output 3. Well attended, useful outputs 4. High attendance and significant influence	Not applicable as this area of work is unique.
3. Supporting External Groups (i.e. those which are not subject to management by the Board and report to another body).			
• Kingston Safeguarding Adults Community Reference Group (facilitating and providing secretariat)	Because (a) a request to set up this group was made by the Chair of the Kingston Adults Safeguarding Board and (b) the board includes someone with professional safeguarding knowledge.	A commitment has been made to establish and support this Community Reference Group. A decision on dis/continuing this group should be made in 2019/20 based upon (a) the availability of a lead board member and (b) evidence of: 1. Unknown engagement 2. Some evidence of engagement 3. Good evidence of networking 4. Highly developed caucus	This is a one-off. It is not expected that any other external groups will be supported.

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4. Working on "Issues" to influence service providers			
• Quality of iCope Kingston Psychological Therapies Service (MHTG) • Arrangements for Discharge from Kingston Hospital HSTG) • Openness to concerns and complaints at Kingston Hospital (HSTG) • Effectiveness of Connected Kingston (CCTG)	All issues were identified through a prioritisation exercise run over two "Joint Task Group Meetings" in Spring 2018.	1. How much evidence is there that this issue is of importance to local people? 2. To what extent does HWK have the capacity to work on this issue? 3. To what extent do we believe Healthwatch Kingston can actually make a difference on this issue? 4. To what extent is Healthwatch Kingston the most appropriate organisation to take up this issue? 5. To what extent does this issue disproportionately affect people who are experiencing greater discrimination/disadvantage/exclusion and/or have the poorest health and social care outcomes. ==See Section 2 below for full details.==	
5. Capacity building with specific categories of people			
• Increasing awareness and understanding amongst young people and service providers of health and social care issues affecting young people (through YOL!) so that they can better manage their wellbeing and develop their influencing skills	To make HWK more effective in using its influence for the benefit of young people	It is intended that this activity will become part of HWK's ongoing way of working.	1. The work will be in the interests of people who are disproportionately affected by discrimination/ disadvantage/exclusion and/or have the poorest health and social care outcomes

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			2. There is evidence that the proposed activity will result in capacity being built up. 3. There is additional funding for the work OR the work can be undertaken within HWK's existing resources.
• Ensuring people with learning disabilities, their families and carers have their voices heard and can participate within HWK and can make their views known to service providers	To make HWK more effective in using its influence for the benefit of people with learning disabilities, their families and carers.	It is intended that this activity will become part of HWK's ongoing method of working.	1. The work will be in the interests of people who are disproportionately affected by discrimination/ disadvantage/exclusion and/or have the poorest health and social care outcomes 2. There is evidence that the proposed activity will result in capacity being built up. 3. There is additional funding for the work OR the work can be undertaken within HWK's existing resources.

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6. **Organising events at which the public can express their views**			
	No work currently underway or planned but a number of events have been organised in the past.	Not applicable	1. The event is about substantial proposed or planned changes to services (as identified by the service commissioner/provider or by HWK) 2. There is additional funding for the work OR the work can be undertaken within HWK's existing resources.
7. **Representing the public interest on relevant health and social care committees and working groups**	HWK has a place on the Health and Wellbeing Board (HWBB) by statutory requirement. For all other bodies, because we have been offered, or have requested and been granted, a place on the body concerned.	Not applicable to the HWBB. For all other bodies, where we have a choice, decisions should be made through an **annual review** of the bodies on which HWK is represented to identify which bodies provide: 1. No useful learning or influence 2. Intermittent learning and influence 3. Consistent learning and influence 4. Crucial learning and influence	

1B: Other work that is undertaken in order to make the work listed in section A possible ("Support Activities")

1. **Communications**
   - o   Participation in the SW London Healthwatch Network
   - o   Attendance at events to publicise HWK
   - o   Website maintenance and development
   - o   MailChimp, Facebook and Twitter
   - o   Production of leaflets
   - o   Production of Annual Report

2. **Governance**
   - o   Strategy and planning
   - o   Board reports and meetings
   - o   Board recruitment and induction
   - o   Development and annual review of policies and procedures
   - o   Financial management
   - o   Risk management
   - o   Data protection compliance
   - o   Meetings with / reports for commissioners
   - o   Annual information to HW England
   - o   Annual return to Companies House
   - o   Annual return to Charity Commission

3. **Staffing and Volunteers**
   - o   Recruitment, including adverts, job descriptions/role profiles
   - o   Contracts
   - o   Staff Handbook
   - o   Payroll arrangements
   - o   Induction / training
   - o   Supervision and support
   - o   DBS checking
   - o   Work planning

4. **Finance**
   o Annual budgeting and forecasting future years
   o Monitoring income and expenditure
   o Authorisation of expenditure and issuing of cheques
   o Book-keeping
   o Pursuing funding opportunities
   o Banking arrangements