

Healthwatch Kingston Upon Thames Board Meeting AGENDA

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To be held on Wednesday 24th January 2017, 5pm - 7.30pm
In the Large Committee Room, Kingston Quaker Centre
Fairfield East, Kingston upon Thames, KT1 2PT

PART A (OPEN MEETING)

Members of the public are welcome to attend this part of the meeting.

No	Item	Lead	Paper	Time
STANDING ITEMS				
1.	Welcome and Apologies	GS	-	5.00pm
2.	Declarations of Interest	GS	-	
3.	PART A Minutes of meeting held on 22 Nov 2017	GS	✓	
4.	Matters arising/Action log	GS	✓	
FOR DISCUSSION AND/OR DECISION/APPROVAL				
5.	Chair's Report	GS	✓	5.20pm
6.	Management Report with HWK Programme Delivery Plan (<i>verbal presentation to paper provided</i>)	SB	✓	5.30pm
7.	Task Group Reports/Minutes			
	• Community Care Task Group	AM	✓	6.00pm
	• Hospital Services Task Group	GG	✓	6.05pm
	• Mental Health Task Group	TW	✓	6.10pm
	Joint Task Group Meetings Proposal (<i>verbal</i>)	SB	-	6.15pm
8.	Finance Report	NS	✓	6.20pm
9.	Project and Outreach Officer Reports (<i>verbal presentation to papers provided</i>)	ABY	✓	6.30pm
		LA	✓	6.35pm
10.	Review of Policies and Procedures:	GS		6.40pm
	• Safeguarding Policy and Procedure		✓	
	• Health and Safety Policy & Health and Safety Risk Assessment		✓	
	• Adoption Pay and Leave Policy		✓	
FOR INFORMATION				
11.	AOB	GS	-	6.50pm
12.	Date of next meeting: Wednesday 28 March 2018	GS	-	
13.	Close of PART A	GS	-	6.55pm

Board Members (PART A):

Grahame Snelling (GS)	HWK Chair/Trustee Board Member
Nigel Spalding (NS)	HWK Treasurer/Trustee Board Member
Liz Meerabeau (LM)	HWK Trustee Board Member
Nike Alesbury (NA)	HWK Trustee Board Member
William Ostrom (WO)	HWK Trustee Board Member
James Waugh (JW)	HWK Trustee Board Member

Attendees (PART A):

Graham Goldspring (GG)	HWK Active Affiliate, Chair of the Hospital Services Task Group
Ann Macfarlane (AM)	HWK Active Affiliate, Chair of the Community Care Task Group
Tony Williams (TW)	HWK Active Affiliate, Chair of the Mental Health Task Group
Stephen Bitti (SB)	HWK Manager
Adelaide Boakye-Yiadom (ABY)	HWK Projects and Outreach Officer
Laila Awda (LA)	HWK Projects and Outreach Officer (Minutes)

**PART B
(CLOSED MEETING)**

The HWK Board has resolved to go into a private session because discussions might include prejudicial terms. Due to confidential nature of the business covered in this part of the meeting, only Board Members are able to be present for this part of meeting plus an agreed minute taker in attendance.

No	Item	Lead	Paper	Time
FOR DISCUSSION AND/OR DECISION/APPROVAL				
1.	PART B Minutes of meeting held on 22 Nov 2017	GS	✓	7.00pm
2.	LTB	LM	-	7.05pm
3.	HWK Staff Probationary Period Reviews	SB	-	7.20pm
4.	AOB	GS	-	7.25pm
5.	CLOSE	GS	-	7.30pm

Board Members (PART B):

Grahame Snelling (GS)	HWK Chair/Trustee Board Member
Nigel Spalding (NS)	HWK Treasurer/ Trustee Board Member
Liz Meerabeau (LM)	HWK Trustee Board Member
Nike Alesbury (NA)	HWK Trustee Board Member
William Ostrom (WO)	HWK Trustee Board Member
James Waugh (JW)	HWK Trustee Board Member

Attendees (PART B):

Stephen Bitti (SB)	HWK Manager (Minutes)
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Healthwatch Kingston Upon Thames
Board Meeting,
Wednesday 22nd November 2017 5pm - 8pm
at Kingston Quaker Centre
DRAFT MINUTES FOR APPROVAL

PART A (OPEN MEETING)

Members of the public are welcome to attend this part of the meeting.

Present

Grahame Snelling, HWK Chair/Trustee Board Member	GS	Nigel Spalding, Treasurer/HWK Trustee/Board Member	NS
Liz Meerabeau, HWK Trustee Board Member	LM	Nike Alesbury, HWK Trustee Board Member	NA
William Ostrom, HWK Trustee Board Member	WO	James Waugh, HWK Trustee Board Member	JW
Tony Williams, HWK Active Affiliate, Chair of the Mental Health Task Group	TW	Adelaide Boakye-Yiadam, HWK Projects and Outreach Officer	ABY
Laila Awda, HWK Projects and Outreach Officer (Minutes)	LA	Stephen Bitti, HWK Manager	SB

No.	Item	Action
1.	<p>Welcome, introductions and apologies</p> <p>1.1 Grahame Snelling (GS), HWK Chair/Trustee Board Member welcomed everyone.</p> <p>1.2 Apologies noted from Graham Goldspring (GG), HWK Active Affiliate and Chair of the Hospital Services Task Group and Ann Macfarlane (AM), HWK Active Affiliate and Chair of the Community Care Task Group.</p>	
2.	<p>Declarations of Interest</p> <p>2.1 No declarations of interest were made.</p>	
3.	<p>Minutes of meeting held on 27 September 2017</p> <p>3.1 It was highlighted that item 5.6 from the previous minutes states the name Rowen Bass, which should be corrected to Councillor Rowena Bass.</p>	3.1 LA
4.	<p>Matters arising/Action log</p> <p>4.1 Stephen Bitti (SB), Healthwatch Kingston Manager will now make contact with RBK to process the DBS checks required for staff and active affiliates.</p> <p>4.2 The matter of whether the use of the email marketing platform, 'MailChimp', by Healthwatch Kingston (HWK) will be</p>	4.2 SB, JW

	<p>compliant with General Data Protection Regulation (GDPR) was raised. SB and James Waugh, HWK Trustee Board Member will look into whether it is compliant before GDPR comes into place in 2018.</p> <p>4.3 A brief update on the Grassroots Engagement Programme (GEP) funding applications was given. Five applications have been approved by the HWK GEP Review Panel: RISE cafe, St. Peter's Church, Mental Movement Magazine, SEND family Voices and Kingston Environment Centre. NHS South West London have confirmed that they are happy for HWK staff team to step in at any events that they can't make.</p>	
<p>5.</p>	<p>Chair's Report</p> <p>5.1 The report was provided prior to the meeting and was briefly presented by GS.</p> <p>5.2 GS highlighted that 'winter pressures' will likely fall on the NHS and a need for HWK to be vigilant of service gaps, signpost appropriately and support services. A report that high risk groups had not been contacted about flu jabs was mentioned.</p> <p>5.3 The Mental Health Strategy was discussed and a need to be alert to the Clinical Commissioning Group's (CCG) unresponsiveness to some of the work of HWK's Mental Health Task Group. This will be discussed further under Item 9 of the agenda.</p> <p>5.4 Safeguarding training for staff and volunteers has been offered at no cost by 'Your Healthcare'. It was agreed that this would be provided at two levels: one for staff and volunteers, and one for board members. GS will follow up about this and currently awaits a suggested schedule.</p>	<p>5.4 GS</p>
<p>6.</p>	<p>Management Report</p> <p>6.1 The report provided by SB prior to the meeting was presented and the meeting and the Board were asked for questions arising.</p> <p>6.2 An issue with HWK's website hosting was highlighted. Parkwood, who were still hosting the site had notified HWK of their intention to cease this arrangement. A real time back up was not made prior to transferring the website to a new host resulting in the loss of two weeks 'new work' on the website. SB has contacted Parkwood by email to express dissatisfaction. It was agreed that we wait for a response and then decide what/if any further actions - such as invoicing for time spent/restoring lost pages and/or escalation. SB to update on this matter once response received.</p>	<p>6.2 SB</p>

	<p>6.3 It was agreed that the staff team will keep a record of the time taken to restore lost website pages for both performance management records and potential billing to Parkwood.</p> <p>6.4 A question was asked about the 'Year of Self Care'. SB explained that Royal Borough of Kingston (RBK) / Public Health have monthly health initiatives that we have agreed to help promote via the HWK website and through our social media e.g. November's focus was on HIV, and December's focus will be on contraception.</p> <p>6.5 It was agreed that JW will work with SB to review the RISE MoU.</p> <p>6.6 It was agreed that Nigel Spalding (NS), HWK Trustee Board Member, will join SB to meet with Kingston Quaker Centre (KQC) to discuss a new lease arrangement.</p> <p>6.7 The level of 'light reception duties' at KQC, which are part of the office lease agreement, was raised. It was suggested that the intrusive nature of some of these duties should be raised as part of the discussions with KQC representatives. In addition, the wording of the lease should be looked at to define what of 'light reception duties' mean. SB and NS to follow up on this matter.</p> <p>6.8 No objections were stated to having a photo taken for use on HWK's website. Bio paragraphs will also be requested. LA to liaise with Board members about this.</p> <p>6.9 All were reminded to respond to the invitation to HWK's Xmas tree trimming morning on Sat 9th December if they have not already done so.</p> <p>6.10 The format for the board meeting papers was discussed. Some Board members favoured one continuous PDF document (where possible), and others individual documents. It was agreed that for the next Board meeting SB will trial a system where items are provided in both combined and individual formats, numbered to correspond with the meeting agenda. It was agreed that the combined format of the agenda and documents would be uploaded to the website for public review (1 week before the meeting). The Board agreed to view the papers from their own electronic devices at the meeting as printed versions will not be provided (unless requested 1 week before the Board meeting date to allow for collation). This change will reduce use of paper at the HWK office and contribute to RBK local social values guidance in support of the environment.</p> <p>6.11 A joint Task Group Chairs meeting took place and agreed with SB's proposal to bring together the task group meetings into one day. The format for this is to be discussed and agreed</p>	<p>6.3 LA, ABY</p> <p>6.7 NS, SB</p> <p>6.8 LA</p> <p>6.10 SB</p>
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	<p>in early 2018 for implementation from April 2018. The aim of this is to provide administrative support more efficiently into one set of scheduled pre-meets and minutes etc. rather than the three being run separately. This will allow support improved communication opportunities between active affiliates engaged in each of the current groups.</p>	
<p>7.</p>	<p>Task Group Reports/Minutes:</p> <p>Hospital Services Task Group</p> <p>7.1 A report was provided prior to the meeting, GS, Task Group Chair, sent his apologies.</p> <p>7.2 An amendment to be made to the Hospital Services Task Group minutes' item 6.2 was highlighted. It should read 'LM is now taking the lead for HWK on LTB'.</p> <p>7.3 SB is due to meet with Kingston Hospital CEO Ann Radmore to view the hospital and raise the matters surrounding the Task Group's discharge project.</p> <p>Community Care Task Group</p> <p>7.4 Report provided prior to meeting, AM, Task Group Chair, sent her apologies.</p> <p>7.5 The upcoming Wellbeing Teams engagement events in partnership with RBK, Kingston Centre for Independent Living (KCIL) and Kingston Carers Network (KCN) are due to take place on 1st and 4th December 500 users of homecare have been invited to the events which will involve lunch and transport for those that need it. There will be a presentation by Andrew Osborne (AO), Home Care Transformation Lead at RBK, with break out groups where users can explore their thoughts on the proposed changes to home care. There is also an online / postal survey available.</p> <p>7.6 There has been a lot of concern from people worrying they will lose their current home care arrangements in response to these changes and it will be helpful to clarify this at the events, to reassure home care users.</p> <p>7.7 NS raised concern about differentiating between home care users who are self-funded and those who are funded by RBK. ABY to feed this back to AO so that he can state in his presentation that the proposals will only directly impact upon those who are funded by RBK, rather than those who are self-funded.</p>	<p>7.2 LA</p> <p>7.7 ABY</p>

	<p>Mental Health Task Group</p> <p>7.8 Report provided prior to the meeting for information. No additional discussion required but a related item will be discussed as part of Item 9 of this agenda.</p>	
8.	<p>Finance Report</p> <p>8.1 Report provided for information.</p> <p>8.2 The need for a Reserves Policy was discussed. It was proposed that three months running costs be set aside (25% of annual funding from RBK i.e. £122k / 4 = £30.5k). All agreed to this recommendation.</p> <p>8.3 The need for independent examination of accounts and inclusion of this in the budget for next year was discussed. NS to provide interim report on this with a view to have the budget and an examiner agreed by March 2018.</p> <p>8.4 As part of the financial report NS tabled two documents for approval by the board: 'a Statement of Financial Activities (SOFA)' and 'a Trustees Annual Report'.</p> <p>8.5 There was a discussion about the use of a cheque book rather than online banking. NS explained this was mainly to do with attempts to keep accounting processes manageable. NS agreed to explore this further with a view to introducing online banking with a new finance management process and accounting procedure being introduced in 2018.</p>	<p>8.3 NS</p> <p>8.4 NS, WO, JW, GG, NA, LM</p> <p>8.5 NS</p>
9.	<p>HWK relationship with local health and social care infrastructure</p> <p>9.1 TW explained that in the Autumn of 2016 the Mental Health Task Group became aware that Kingston was the only borough in South West London not to have any secondary care service for people with complex Personality Disorders (PD).</p> <p>9.2 The Mental Health Task Group have been asking the CCG/RBK Mental Health Commissioner, Sylvie Ford, why this is and what is going to be done for those with complex PD in Kingston for almost a year but that they have had not had a satisfactory response.</p> <p>9.3 SB explained the importance of maintaining a critical friend relationship with commissioners.</p> <p>9.4 SB explained that he has raised this matter as part of the recent Health Overview Panel (HOP) pre-meeting.</p> <p>9.5 How to escalate this matter further was discussed. It was agreed that HWK will make a formal request to the HOP to</p>	<p>9.5 GS, SB</p>

	<p>consider the questions raised around complex PD, and that conversations to key lead stakeholders involved will be had beforehand to brief them. The need to be succinct and clear as with the sequence of events as part of this was also stated.</p> <p>9.6 It was suggested that HWK may need to review the procedure for when situations like this need to be escalated.</p>	
<p>10.</p>	<p>Forward Planning: Healthwatch England Strategy and HWK statistical/activity data</p> <p>10.1 Information was provided displaying Healthwatch England's outcomes and objectives and a short discussion took place on how HWK compares currently, against the HWK strategy and beyond existing RBK contract requirements.</p> <p>10.2 SB to compare where HWK are in relation to the statistics provided in this report reflecting Healthwatch England's outcomes as part of the upcoming HWK strategy development.</p> <p>10.3 LA to document outcomes on social media to provide data for 'information assistance'.</p> <p>10.4 A meeting will be scheduled for the Board in early 2018 to think about the different models that could be used to develop a strategy, set targets and measure outcomes.</p> <p>Organisational HWK Risk Log</p> <p>10.5 JW spoke through the Risk Log presented, which lists some of the key risks to HWK and has assigned a Trustee to the areas of risk most appropriate.</p> <p>10.6 Everyone was asked to email their feedback on this Risk Log to JW by 29 November 2017. Points to be considered: whether there any risks missing; if there any points around impact or occurrence; or any views on the risk owners that have been allocated.</p> <p>10.7 After the above has been done the Risk Log will then be recirculated and JW will work with individual risk owners on how to manage the specific risks.</p> <p>10.8 It was highlighted that the risk of handling personal data is tabled as 'low', when it seems to be a high or medium risk in light of potential repercussions of losing sensitive data and upcoming GDPR in 2018.</p> <p>10.9 Issues around resource resilience (potential loss of staff / board members) was highlighted as a risk.</p> <p>10.10 It was agreed to review the Risk Log every other board meeting (half yearly). SB to schedule.</p>	<p>10.2 SB</p> <p>10.3 LA</p> <p>10.6 ALL</p> <p>10.10 SB</p>

11.	<p>Review of Policies: Safeguarding Policy and Procedure</p> <p>11.1 It was noted that a reference to Parkwood Healthcare, on the 3rd page 4th paragraph of the document, needs to be replaced with HWK. GS to review the document and make any further amends.</p> <p>11.2 The Board will approve revised policy at the January 2018 meeting with a review date of December 2018.</p> <p>11.2 Some further comments and amendments were made. It was said that HWK's duty to report needs to be included - referring to the reporting procedure for happenings that may be witnessed in the course of duties and due to HWK's operational base.</p> <p>11.3 It was noted that on page 3, point 6 of the document 'Recruitment, induction and training', the second to last sentence should be changed to: 'Trustees, staff and volunteers are also expected (replacing the word encouraged) to develop their safeguarding knowledge and expertise'.</p> <p>Health & Safety Policy</p> <p>11.4 The document detailing policy and procedures was provided.</p> <p>11.5 It was agreed that the Board will look at this policy and sign it off at the next meeting in January 2018 but this should be assessed alongside an updated health and safety risk assessment.</p> <p>11.6 Board members agreed to use tracked changes to document any changes they make to the policies and procedures.</p> <p>11.7 The matter of HWK responsibilities for events taking place outside of the office was raised. Nike Alesbury (NA), HWK Trustee Board Member, confirmed that HWK are responsible and that there are risk assessments that we need to do - NA to look into this and liaise with staff team.</p>	<p>11.1 GS, SB</p> <p>11.3 GS, SB</p> <p>11.5 SB</p> <p>11.7 NA</p>
12.	<p>AOB</p> <p>12.1 The 'Adoption Pay and Leave' document that was discussed in the September Board meeting was re-introduced for discussion by Liz Meerabeau (LM), HWK Trustee Board Member, having reviewed this and LM requested amendment to some parts. LA to amend the document.</p>	12.1 LA
13.	Date of next meeting	

24.01.18 Healthwatch Kingston Upon Thames Board Meeting Combined Agenda and Papers

	13.1 The next meeting is due to be held on Wednesday 24 January 2018, 5-7.30pm, in the large meeting room at Kingston Quaker Centre.	
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PART A Item 6:

Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Management Report (22 November to 23 January 2018)	Author: Stephen Bitti, HWK Manager (SB)
PART A Agenda Item: 6	Appendices: Yes (6A)

FOR DISCUSSION, APPROVAL AND/OR DECISION

The purpose of this report is to update the HWK Board on recent HWK activities and progress in relation to projects and action plans. The Board is requested to note the content of this report and the following:

1. Approve the HWK Programme Delivery Plan as a mechanism to support contract delivery planning/monitoring/reporting. (6.12)
2. Agree the HWK Programme Delivery Plan are shared with Andrew Bessant at RBK (6.12)
3. Agree the draft Key Performance Indicators are shared with Andrew Bessant at RBK (6.12)
4. Nominate who might support completion of the remaining Programme Delivery Plan worksheets with SB:
 - Volunteers
 - Innovation
 - Additional Social Value
 - Safeguarding
 - RBK Terms and Conditions

6.1 Kingston Quaker Centre Lease Renewal Meeting

The HWK lease with KQC runs through to the end of March 2018. At the last Board meeting in Nov 2017 it was agreed that Nigel Spalding (NS) and Stephen Bitti would arrange to meet with representatives from KQC to discuss a new lease arrangement. NS and SB held a pre-meet and then met with KQC reps on 20 December 2017. The notes from this meeting have been circulated and we are now awaiting a new draft lease from KQC agents for HWK Board review. NS has chased.

6.2 Mental Health Strategy Implementation Group (Chair, Stephen Bitti)

The Mental Health Strategy Steering Group (MHSIG) is due to meet on 30 October. An update will be provided to the Board in due course.

6.3 Structure of HWK Task Group Meetings from April 2018

A joint meeting with the HWK Task Group Chairs took place on to discuss merging the current three HWK Task Group Meetings into one meeting. TG chairs were open to this concept and agreed to explore logistics. An opportunity to discuss this has been provided as PART A Agenda Item 7 of this meeting.

6.4 The Health Overview Panel (Chair Cllr. Rowena Bass) and HWK Formal Letter of Referral

Met on evening of 7 December. In response to an item (raised by Tony Williams, Chair of the HWK Mental Health Task Group at the last Board Meeting, Nov 2017) about an incomplete response from Kingston Clinical Commissioning Group (KCCG) to a HWK request for information about service provision for local people with complex personality disorder. The Board agreed to escalate this enquiry as a formal letter of referral to the Health Overview Panel (HOP).

At the meeting, Dr Phil Moore (on behalf of Kingston CCG) agreed to look at the lack of commissioning/provision for complex Emotionally Unstable Personality Disorder (EUPD) for residents of Kingston and also come back to the next HOP in March 2018 with a report on progress, with answers to the questions formally raised by HWK.

The HWK formal referral letter is attached as **Appendix 6A**. HWK has since received a written formal response from Tonia Michaelides, KCCG Managing Director. The recording at the HOP can be accessed at 2:24:44 via this link:

https://kingston.public-i.tv/core/portal/webcast_interactive/279942

6.5 The Mental Health Strategy Peer Support Group (Chair, Darren Fernandez)

Is due to meet on the morning of 24 January. An update will be provided to the Board in due course.

6.6 The Mental Health Planning Board (Chair, Dr. Phil Moore)

Nothing further to report since the meeting held on 9 November. No further discussions about HWK providing secretariat duties for this group (as well as the MHSIG) have yet taken place. NB: It was agreed that further discussion will need to take place to define proposal and specific resources). SB will develop a proposal for HWK Board review/approval in due course.

6.7 Information and Advice in Kingston and the role of HWK

Chris Jones (RBK Commissioning Lead - Preventive and Community Services) has now come back to us to say we best wait until Stephen Evans the new Director of Communities at RBK is in post in April to incorporate his views into this discussion. It had been mooted that HWK facilitate some co-production style workshops with service users, the public, providers and commissioners to identify opportunities and build an evidence base of local requirements. More detailed information about this and related proposals was provided in the November 2017 Management Report.

6.8 Community Engagement on the future provision of Home Care in Kingston

An update on this is provided in the Projects and Outreach Officer Report provided as PART A Agenda Item 9 of this meeting.

6.9 HWK working with Children and Young People

An update on this is provided in the Projects and Outreach Officer Report provided as PART A Agenda Item 9 of this meeting.

6.10 '15 Steps Challenge' - Young People's Review of Pediatrics Services at Kingston Hospital

An update on this is provided in the Projects and Outreach Officer Report provided as PART A Agenda Item 9 of this meeting.

6.11 Children's Dental Health JSNA for Kingston - Public Engagement (children up to 11 years and their parents)

An update on this is provided in the Projects and Outreach Officer Report provided as PART A Agenda Item 9 of this meeting.

6.12 HWK/RBK Contract Programme Delivery Plan and Key Performance Indicators

This workbook (provided to the Board in advance of this meeting) sets out the tasks agreed as part of our local Healthwatch contract with RBK with some initial suggested timelines for delivery through to the end of this financial year (31 March 2018).

There are some worksheets of the workbook to be completed that would benefit involvement by members of the Board: Volunteers; Innovation; Additional Social Value; Safeguarding; and RBK Terms and Conditions).

If approved by the Board, this would form part of our reporting to the Board (by exception) and to our contract holder at RBK (Andrew Bessant).

A hybrid document of draft Key Performance Indicators has been created for review/discussion/approval by the Board. If approved, these will be discussed with Andrew Bessant (HWK contract holder at RBK).

6.13 'Time to Change' (Let's end mental health discrimination) Funding Application

Our local partnership was unfortunately not successful in this round of funding. Feedback indicated our bid was of high quality and will be useful should we apply for future funding. We will look at engaging the non-financial support offered e.g. opportunities for training that might build capacity to the implementation of the 'Thrive Kingston' Mental Health and Wellbeing Strategy.

6.14 'Grassroots Engagement Programme'

HWK has attended three GRE community events to date (RISE Community Café 'Christmas Party', St Peter's Church 'Vintage Christmas Banquet' and the Kingston Environment Centre

24.01.18 Healthwatch Kingston Upon Thames Board Meeting Combined Agenda and Papers Open Day). There is another Kingston/Richmond 'Magic and Fun' joint event being run by SEND Family Voices on Sunday 25 February at the Doubletree Hilton, Kingston upon Thames. Feedback from these events is being collated by NHS SWL/HWK.

6.15 'Connect Well Kingston'

A meeting has been set for 5 Feb with HWK, Chris Jones (RBK Commissioning Lead - Preventive and Community Services) and Sian Brand (Lead Programme Manager for Connect Well at the Mid Essex Social Prescribing Project, who has joined the staff at KVA for the next few months) to explore how best to share information about this local social prescribing work with the HWK Task Groups.

6.16 Risk Log

James Waugh, HWK Trustee, has developed the HWK Risk Log attached as **Appendix 6B** and will lead a review of the log at the Board meeting.

6.17 LTB

Liz Meerabeau, HWK Trustee and SB have continued to engage and LM will lead a Board discussion in PART B of this meeting. HWK has now had a response from KCCG to the request for clarification about potential loss of beds as a result of this LTB work. The HWK letter about the potential loss of hospital beds and the written response from Tonia Michaelides is attached as **Appendix 6C and 6D**.

6.18 Response to HWK Letter re: Blue Badge Parking Charge Change at Kingston Hospital

SB will provide an update from a meeting at Kingston Hospital with Sally Brittain, Director of Nursing and Quality at the Board Meeting. HWK letter to Ann Radmore, Chief Executive, Kingston Hospital attached as **Appendix 6E**.

6.19 Kingston and Richmond Youth Health and Social Care Task Force

SB has held initial exploratory meetings with key stakeholders (Kingston and Richmond Youth Council, HW Richmond, RBK Public Health and KCCG/RBK Children and Young People's Commissioning) to look at how young people can become more involved in the review and development of health and social care services across Kingston and Richmond. Further updates will be provided to the Board in due course.

6.20 Staff Team Meetings

Project management tool 'Trello' is still in pilot phase and will be reviewed in due course.

ABY'S TRAINING/SEMINAR ATTENDANCE

	COMPLETED TRAINING	PENDING
1	ENTER & VIEW	GDPR
2	DEMENTIA SEMINAR	
3	TINY FILMS BIG IMPACT	
4	KINGSTON DIGITAL HEALTH	
5	DEALING WITH COMPLAINTS	
6	IMPACT ALOUD	
7	HOW TO TAKE MINUTES	
8	ACCREDITED FIRST AID	

LA'S TRAINING/SEMINAR ATTENDANCE

	COMPLETED TRAINING	PENDING
1	ENTER & VIEW	GDPR
2	TINY FILMS BIG IMPACT	
3	KINGSTON DIGITAL HEALTH	
4	DEALING WITH COMPLAINTS	
5	IMPACT ALOUD	
6	HOW TO TAKE MINUTES	
7	ACCREDITED FIRST AID	

SB'S TRAINING/SEMINAR ATTENDANCE

	COMPLETED TRAINING	PENDING
1	ENTER & VIEW	GDPR
2	DEALING WITH COMPLAINTS	
3	ACCREDITED FIRST AID	

6.22 HWK Staff leave taken in period

SB: 27/28/29 December 2017

ABY: None

LA: None

Cllr Rowena Bass
Chair
Health Overview Panel
Royal Borough of Kingston upon Thames

30th November 2017

Dear Cllr Bass,

Re: Formal referral from Healthwatch Kingston upon Thames to the Health Overview Panel, Royal Borough of Kingston upon Thames to consider specialised provision for people with complex Emotionally Unstable Personality Disorder in Kingston

I write this letter on behalf of the Board of Healthwatch Kingston upon Thames (HWK), as a formal referral to the Health Overview Panel (HOP), Royal Borough of Kingston upon Thames (RBK), under Local Healthwatch arrangements defined in the Health and Social Care Act 2012 and set out in The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (paragraph 21).

By way of setting context for this referral, the HWK Mental Health Task Group (MHTG) heard that Kingston's arrangement for managing complex Personality Disorder (PD) was different to other boroughs in south west London.

In January 2017, HWK formally asked Kingston Clinical Commissioning Group (KCCG) why Kingston's approach to PD was different; how the implications were managed and to ensure that this is adequately managed in the Thrive Kingston, Mental Health and Wellbeing Strategy, (2017-2021).

To date, HWK have not received a formal, satisfactory response.

KCCG advised us to consult with SWLStGs on this matter and their response, confirmed our concerns that there is no specialist provision (intensive therapy) commissioned for residents of Kingston with more complex Emotionally Unstable Personality Disorder (EUPD), particularly considering links with self-harming behaviours in this group.

HWK now reframes the original questions asked of KCCG in light of the publication of the 'Thrive Kingston' strategy and seeks answers to the following questions:

1. We would like to understand the rationale for provision of PD services for residents in Kingston and in particular, more complex EUPD, (PD requiring intensive therapy)?
2. 'Thrive Kingston' is a 5-year strategy (we are currently approaching the end of year 1) and we would like to know when provision for Kingston residents with complex EUPD will be addressed in the remaining 4-years of the strategy?
3. What provision will be made for people with complex EUPD until new arrangements are in place?
4. Would the HOP consider the link between this and suicide prevention?

HWK provides further information in support of this formal referral in Appendix A (attached).

Yours sincerely,

Grahame Snelling
Chair
Healthwatch Kingston upon Thames

Further information in support of formal referral from Healthwatch Kingston upon Thames to the Health Overview Panel, Royal Borough of Kingston upon Thames to consider specialised provision for people with complex Emotionally Unstable Personality Disorder in Kingston

PREVALENCE

'Personality disorder affects one in every 20 adults (about 5,700 people in Kingston), and although many people are not affected by the disorder, others need intensive support'.¹

Estimates of the prevalence of Emotionally Unstable Personality Disorder (EUPD) also known as Borderline Personality Disorder, vary between 0.7 and 2% in the general population. It is estimated to be present in 20% of in-patients in psychiatric wards and between 10 and 30% of out-patients.²

Local estimates of the prevalence of EUPD can be taken from PANSI (Projecting Adult Needs and Service Information System) - the prevalence rates of adult psychiatric morbidity in England 2007. This indicates that, with a weighted Kingston population of 167,331, the estimated prevalence of EUPD in Kingston will be 536. There may be many more people with traits and behaviours associated with the disorder.

¹ 'Thrive Kingston, Mental Health and Wellbeing Strategy, (2017-2021)'.

² The National Institute for Health and Care Excellence (NICE), 2009.

CONTEXT

Healthwatch Kingston upon Thames (HWK) believes, based on the facts available to us - which include evidence gathered through face-to-face engagement and correspondence with local residents, clinical providers of specialist personality disorder services and also mental health service commissioners at Kingston Clinical Commissioning Group (KCCG), that although South West London & St George's NHS Mental Health Trust (SWLStGs) provides specialist personality disorder interventions through its Complex Needs Services for residents of Merton, Sutton, Richmond and Wandsworth, these services are not commissioned for residents of Kingston.

Since our letter with questions to KCCG in January 2017, HWK has been told that the majority of people with an EUPD receiving support in local mental health services provided by the mental health trust in Kingston are being cared for by the Community Recovery Support Teams. This includes individual support and the provision of the Systems Training for Emotionally Predictability and Problems (STEPPs) programme in secondary care. Individual support is provided for problems with mood (such as depression and anxiety) and support with self-harming behaviours and interpersonal problems. Support is also provided to reinforce the skills learned through the STEPPS programme which is an integral element of STEPPS.

It is well evidenced that self-harm is a strong predictor of future suicide attempts and our concern is there is no specialist provision commissioned for more complex cases of EUPD in Kingston, particularly in light of local ambitions set out in Kingston's Suicide Prevention Strategy.

HWK have been told, that to address this, SWLStGs undertook a review of services for people with EUPD and made a series of recommendations based on the findings. These included the provision of a Complex Needs Service for Kingston residents providing intensive specialist treatment for more complex presentations of EUPD. The proposal was not supported by KCCG.

Instead, we understand KCCG decided to commission a primary care service. The 'Suicide Prevention Strategy and Adult Mental Health Strategy for Kingston - a review of implementation' report by the Director of Public Health, RBK and Chief Officer, KCCG, that has been prepared for review at the HOP on 7th December 2017 supports this when it mentions:

'A primary care based Personality Disorder service is being commissioned as part of the PCMHS. Individuals with traits of, or a diagnosis of, Emotionally Unstable Personality Disorder are being offered the Systems Training for Emotionally Predictability and Problem (STEPPs) programme.'

'Thrive Kingston' (endorsed by the Health and Wellbeing Board on 28th March 2017) says (page 39):

'We will commission support for people with personality disorders:

- We will evaluate the new primary care mental health service provision for people with personality disorder
- We will explore the provision of group and 1:1 psychological therapies for people with a personality disorder

24.01.18 Healthwatch Kingston Upon Thames Board Meeting Combined Agenda and Papers

- We will evaluate the use of the crisis house (The Retreat) in Kingston by people who have a personality disorder as a primary diagnosis and see how we can work with this group.'

In addition, HWK is further concerned to learn that the length of hospital stays in Kingston, when a person is admitted with EUPD, is 80% longer than in other boroughs where there is access to specialist teams. Last year, clinicians identified that the average length of stay for all other diagnoses was actually shorter in Kingston than other south west London boroughs, which suggests this issue is specific to people with EUPD and not a general problem with discharging patients from Kingston wards.

GOOD PRACTICE GUIDELINES

The evidence base as described in NICE guidance (2009) indicates that more complex cases of EUPD should be provided with treatment including Dialectical Behaviour Therapy (DBT), especially in instances where self-harming is a key feature of the presentation, or with treatment including Mentalisation-Based Therapy (MBT).

SEQUENCE OF ENGAGEMENT

The sequence of HWK engagement with stakeholders is outlined below:

1. An initial letter was drafted in January 2017 and this was sent to KCCG, asking for a formal reply to three questions:
 - a. 'We would like to understand the rationale for this position (on PD services) and, in particular, what protocol exists for sufferers in the Borough who need intensive therapy to receive this in a timely and effective way
 - b. As we were given case studies of people who currently are not having their needs met, we seek your assurances that prompt action will be taken to meet their needs, and the needs of others in the future
 - c. Whilst we are keen to address the immediate situation, we would also hope to ensure that the matter is addressed in the new five-year mental health strategy currently being developed.'
2. On 27th February 2017, KCCG replied with a brief email explaining SWLStGs were reviewing PD services across south west London and this was being considered by commissioners but that some changes would be likely as the Sustainability and Transformation Partnership (STP) unfolded from 1st April 2017.
3. This brief email response was discussed at the next HWK MHTG where it was decided the reply to the three questions was not adequate and that a request be made that a communication now be sent from the chair of HWK.
4. An email from the chair of HWK to KCCG was sent on 29th June 2017 in support of the HWK MHTG, urging a response to the questions asked.
5. KCCG replied on 3rd July explaining contributions to a reply from Camden and Islington NHS Foundation Trust and SWLStGs had been requested but there was unlikely to be sufficient time to get a response for the HWK MHTG meeting on 6th July 2017.
6. HWK agreed to allow additional time for the KCCG response.
7. The HWK MHTG then asked the chair of HWK to again chase a response in August 2017.
8. The chair of HWK then wrote once more to KCCG on 29th August 2017 to chase a response.
9. A conversation then took place with the Joint Mental Health Commissioning Lead, KCCG/RBK on 14th September, where it was explained that KCCG were still waiting for

- 24.01.18 Healthwatch Kingston Upon Thames Board Meeting Combined Agenda and Papers
SWLStGs to respond and that HWK might wish to consider contacting SWLStGs directly for an answer.
10. The Manager of HWK then emailed the Trust Head of Psychology & Psychotherapies at SWLStGs on 20th November 2017 and received a same day response which confirmed HWK concerns that there is no specialist provision (intensive therapy) commissioned for residents of Kingston with more complex EUPD, particularly considering links with self-harming behaviours in this group.
 11. Clinical and currently commissioned service provision feedback, along with communications gathered across the best part of a year, then informed a discussion at the HWK Board meeting held on 22nd November 2017, through an item tabled by the Chair of the HWK MHTG.
 12. After due consideration at the meeting, the Board of HWK agreed that a formal referral be made about this issue to the HOP at RBK.

IN CONCLUSION

In reference to the above, the Board of HWK does not believe that responses to the questions on this subject have been satisfactory to date and we now request the HOP review and scrutinise the apparent lack of planning for and specialist provision of complex EUPD in Kingston.

It is our hope that this formal referral process from HWK to the HOP at RBK, linked to our initial letter with questions in January 2017, results in the commissioning of specialist provision to meet the needs of residents of Kingston with more complex EUPD (PD requiring intensive therapy).

Appendix 6B: Risk Log Provided as a separate document and print out provided at meeting.

Appendix 6C:

healthwatch

Kingston Upon
Thames

Kingston Quaker Centre

Fairfield East

Kingston upon Thames

KT1 2PT

T: 0203 326 1255

E: info@healthwatchkingston.org.uk

Tonia Michaelides
Kingston Clinical Commissioning Group

Thursday 4th January 2018

Dear Tonia

Re: Clarification about the potential cutting of beds at Kingston Hospital

I am writing on behalf of the HWK board to seek urgent clarification about the potential cutting of beds at Kingston Hospital.

The reason for writing is to try to unpick any confusion arising from the fact that statements made on the same day - December 7th - at the LTB in the afternoon and the Health Overview Panel in the evening seem to be at variance. At Health Overview Panel, Rob Robb asked whether there were any plans to cut beds at Kingston Hospital and received a reply from Fergus Keegan that there is currently no planned reduction. Ann Radmore did not comment on this topic. However, at the LTB meeting in the afternoon measures to enable a reduced bed stock at Kingston Hospital were discussed. We therefore hope you could advise us as clearly as possible what the actual plans are.

We are not clear whether the LTB papers are confidential (they are not marked so) and so we would also like to know when the LTB plans to make the proposals public and what form of public and Health Overview Panel consultation is envisaged. We are also concerned that Healthwatch Kingston's involvement in scrutinising the LTB proposals on behalf of the public will be limited in early 2018, a key period, as the January LTB has now been changed to a closed meeting and the March meeting has been moved back by two weeks and will now fall after the start of purdah.

You will be aware of recent groundswell of public support for St Helier, and a petition opposing bed closures, so if HWK is to act as an effective consumer champion and play an appropriate part in effective scrutiny of the plans, we do require some clarity about LTB intentions and our role as scrutineers.

I look forward to hearing from you, and best wishes for the new year.

Kind regards,

Grahame Snelling

Chair

Healthwatch Kingston upon Thames

Appendix 6D: TM response to HWK Provided as a separate document.

Appendix 6E:

healthwatch
Kingston Upon
Thames
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Kingston upon Thames
KT1 2PT
T: 0203 326 1255
E: info@healthwatchkingston.org.uk

Ann Radmore
Chief Executive
Kingston Hospital NHS Foundation Trust
Galsworthy Rd
Kingston upon Thames
KT2 7QB

Thursday 11th January 2018

Dear Ann

Re: New car parking system at Kingston Hospital and car parking charges to apply for Blue Badge Holders from 22 January 2018

Healthwatch Kingston is concerned to learn of the intention to charge blue badge holders, that this intention has been publicised less than three weeks before the implementation date, and that it was not explicitly addressed at the 7 December Health Overview Panel, when parking at Kingston Hospital was discussed in relation to on-road parking outside the hospital.

Charging for on-site blue badge parking is likely to exacerbate the on-road parking, which is already causing problems at times for the several bus routes which use Galsworthy Road.

Our main concern however, is the hardship which may be caused to some disabled people attending the hospital. We note that it may be possible to get charges reimbursed through a hardship fund.

We would like to know what consultation has been had with bodies in Kingston, and what equality assessment has been undertaken. We also note that Healthwatch Kingston, Kingston Centre for Independent Living, Kingston Carers Network or Staywell have not been part of any consultation to date.

Kind regards,

Grahame Snelling
Chair
Healthwatch Kingston upon Thames



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Community Care Task Group (22 November 2017 to 23 January 2018)	Author: Ann Macfarlane, Chair, HWK Community Care Task Group
PART A Agenda Item: 7	Appendix: No

FOR DISCUSSION AND DECISION:

The Board to decide with the Chief Executive the outcome of the joint Meeting of Task Group Chairs to discuss issues that provide a greater knowledge of agenda items that span all three Task Groups. These issues are often duplicated and will provide a larger attendance of Healthwatch Members for relevant speakers and give Members the opportunity for them to increase their knowledge. Each Task Group will continue with their own agendas which will follow on from the combined Meetings. Not only would this change benefit Healthwatch and Members; it could provide some cost savings. The Board is requested to approve trial of this new arrangement.

The purpose of this report is to update the HWK Board on the November Meeting and to discuss and approve the outcome of the meeting that took place with the CEO and the other Task Group Chairs.

7.1 REPORT OF THE NOVEMBER MEETING:

Kate Dudley from Kingston Carers Network (KCN) gave a detailed account of KCN for informal carers of all ages supporting ill and disabled people. The work undertaken is far-reaching and includes:

assisting carers to access £1.5M in benefits last year.

In recent years it has diversified services that include:

- helping people who may need a lasting Power of Attorney, deputyship and has been able to advise carers on long term planning for the future
- Providing information and advice
- Running a discharge project in Kingston Hospital wards on the care of older people two days a week and works in partnership with nine local

24.01.18 Healthwatch Kingston Upon Thames Board Meeting Combined Agenda and Papers
GP surgeries

- Carrying out carers assessments, running a carers wellbeing programme, social activities, fitness classes, counselling, holistic therapies, support groups and getting carers back into employment
- Providing activities and support for young people who care for adults and/or siblings and other relatives.

The Speaker was warmly thanked following questions. Before leaving it was decided HWK and KCN would explore further ways in which there would be collaboration.

7.2. MATTERS ARISING FROM THE NOVEMBER MEETING

There were several matters arising and included:

- engaging a January speaker from Public Health to discuss the Year of Self-Care;
- update on Social Prescribing (Both possible topics for a combined meeting).

7.3. COMMUNITY CARE TASK GROUP 2016-17 Priorities

7.3.1 Priority 1: To examine the suitability, efficacy and cost effectiveness of new and planned services that mean “People will only have to go to hospital when they really need to be there”

7.3.2 Priority 2: Kingston Coordinated Care

7.3.3 Priority 3: Keep track on NHS SWL Sustainability and Transformation Plan and HWK to respond as and when appropriate.

Please refer to full November Meeting Minutes for additional information.

7.4. DATE OF NEXT MEETING 24TH JANUARY 2018.

PART A Item 7:



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Hospital Services Task Group Report (22 November 2017 to 23 January 2018)	Author: Graham Goldspring, Chair Hospital Services Task Group (GG)
PART A Agenda Item: 7	Appendix: No

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to update the HWK Board on the project on Discharge from Kingston Hospital and regular updates on Complaints and Concerns, NHS SWL STP (SB), Kingston Coordinated Care programme (NS), PALs reports (GG) and the Kingston Hospital Dementia Strategy Delivery Group (GG).

The Board is requested to note the content of this report and the following requests:

1. I would ask the Board to support initiatives to persuade Kingston Hospital to engage with HWK and respond to its communications within agreed timescales.

7.5 Since the last Board meeting report, there has been no activity due to the Christmas and New Year holiday, except that GG has compiled a set of possible questions or prompts for the Discharge project. These have been drawn from Kingston Hospital claims on its website to deliver for patients when they leave hospital and what is being planned in the new discharge policy as explained to the Task Group by Anna and Tasmin last year.

7.6 The main business of the next TG meeting on 18 January is to discuss the methodology.

7.7 To date we still have had no response from the Discharge team at the hospital about our requests for feedback data and agreement for the team to assist us in reaching out to discharged patients who do not come back for follow up appointments. I believe we are also awaiting a feedback from Sarah Mills, Community Services and Outreach Manager (Volunteering) about setting up a conversation/focus group between HWK and the Discharge Support Volunteers to gather anecdotal evidence of people’s discharge experiences and the inclusion of signposting options for Def persons.

7.8 SB was due to meet Ann Radmore, CE Kingston Hospital, and Sally Brittain, Director of Nursing, for a tour of the hospital and to raise the Task Group concerns regarding lack of responses.

24.01.18 Healthwatch Kingston Upon Thames Board Meeting Combined Agenda and Papers

7.9 In the event that these responses are not forthcoming, we will look at conducting E&V with outpatients at the hospital about discharge experiences and also in community care centres e.g. nursing homes, day centres etc. However, going into community care centres would focus mainly on the elderly and not younger patients.

7.10 We will look at the latest PALs report to identify any discharge issues.

7.11 The last scheduled Dementia Strategy SG meeting was cancelled. GG is due to attend the next one on 18 January at 11am-12.30pm and can feedback to the HSTG meeting that afternoon.

PART A Item 7:



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Mental Health Task Group Report (22 November 2017 to 23 January 2018)	Author: Tony Williams, Chair, Mental Health Task Group
PART A Agenda Item: 7	Appendix: No

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to update the HWK Board on recent and planned activity by the Mental Health Task Group (MHTG)

The Board is requested to note the content of this report.

7.12 Mental Health Task Group - Report for Healthwatch Board 24th January 2017

The Healthwatch Kingston (HWK) Mental Health Task Group (MHTG) has 3 priorities for 2017/18:

- Support for the implementation of Thrive Kingston (the new mental health strategy for Kingston)
- Review of the SWLStG Community Service at Tolworth Hospital
- Support for the retendering of the iCope Service (IAPT) at Hollyfield Road

7.13 Support for the implementation of Thrive Kingston (the new mental health strategy for Kingston)

Thrive Kingston was launched in July 2017. HWK are engaged in the development of a governance model to oversee the transition from approval of the strategy into implementation. A model has been proposed and agreed with Royal Borough of Kingston (RBK) public health and Adult Social Care. The model has been socialised with Kingston CCG and awaits ratification there. A date for a 2nd meeting of the Implementation Group (part of the model) is being arranged.

7.14 Review of the SWLStG Community Service at Tolworth Hospital

A date has been set (20th February) for an Enter & View exercise in the Community Service at the Acacia Unit at Tolworth Hospital. A physical survey of the Unit was conducted on 12th December. A planning session based on the survey was held on 14th January, in order to agree a plan for the E&V. In the meantime, necessary logistics (DBS certificates, training) are being attended to.

7.15 Support for the retendering of the iCope Service (IAPT) at Hollyfield Road

The MHTG was notified in November 2017 that the retendering of the iCope service would be postponed 1 year to March 2019. In view of this delay the MHTG decided to use the time available to conduct a review of the existing iCope service, to establish a baseline of customer satisfaction against which the new service could be compared when let. A workshop was held on 14th December to agree on the approach to be taken. This will be discussed with Kingston CCG on 31st January.

7.16 Priorities for 2018/19

A workshop will be held on 15th March 2018 to decide on new priorities for 2018/19.

7.18 Emotionally Unstable Personality Disorder inquiry

The MHTG has been seeking clarification on the policy for EUPD services in Kingston. This was taken to the Health Overview and Scrutiny Panel on 7th December. KCCG are required to respond in time for the March 2018 meeting.



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Finance Report	Author: Nigel Spalding, Treasurer, NS
PART A Agenda Item: 8	Appendix: No

FOR DISCUSSION AND/OR DECISION

The main purpose of this report is to provide the HWK Board with a statement of the HWK income and expenditure accounts to the end of December 2017. The report also asks the Board to approve an increase in the mileage allowance paid to staff.

8.1 Accounts to 31 December 2017

INCOME 2017/18		
	Budget	Income to 31 Dec 2017
RB Kingston	122,000.00	91,499.94
Grassroots Project	10,000.00	10,000.00
Waitrose donation	0.00	375.00
Malden Fortnight re-imburement	0.00	20.00
Re-imburement for Home Care events (due so far)	392.31	
TOTAL	132,392.31	101,894.94

EXPENDITURE 2017/18		
	Budget for year	Expenditure to 31 Dec 2017
START UP COSTS		
3 new PCs and software	2,076	2,075.92
Telephone and internet connections	786	786.00
IT Set-up and Helpdesk	1,200	929.99
Registration with the Information Commissioner	35	35.00
ADMINISTRATION COSTS		
Insurance	1,677	1,676.55
Photocopier maintenance contract	1,400	909.26
Independent Examination of Accounts	50	-
Rent of Community Venues	1,000	163.20
Companies House Annual Return	13	13.00
Legal and professional fees	1,000	746.00
Other Equipment	1,000	769.55
COMMUNICATION COSTS		
Printing	1,000	-
STAFF COSTS		
Salaries, including Employer's NI and pension	80,000	44,867.78
Additional staffing/staffing costs	3,000	3,003.12
Staff recruitment	1,200	1,096.00
DBS checks for employees	150	-
Staff training and attendance at conferences/workshops etc	1,500	108.00
Payroll service	720	280.08
EXPENSES		
Staff travel	500	59.00
Volunteer expenses	500	74.80
OVERHEADS		
Office Rental	6,600	4,950.00
Telephone/Internet	1,500	960.65
Stationery & Postage	1,500	65.06
Consumables and cleaning materials	500	362.81
Journals and Subscriptions	500	-
GRASSROOTS PROJECT		
Grassroots Community Funding Allocation	6,700	490.00
TOTAL	116,107	64,421.77

8.2 Mileage Allowances

It has become apparent that the mileage rate currently being paid to staff is below the rate commonly used by other organisations.

The Board is asked to approve an increase in the rate from the current 30p per mile to 45 pence per mile (for the first 10,000 miles). This is the rate provided on the website

<https://www.gov.uk/expenses-and-benefits-business-travel-mileage/rules-for-tax>.

PART A Item 9:

Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Projects and Outreach	Author: Adelaide Boakye-Yiadom (ABY), Projects and Outreach Officer
PART A Agenda Item: 9	Appendix: No

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to update the HWK Board on recent and planned Projects and Outreach.

The Board is requested to note the content of this report.

9.1 CCTG - Community Engagement on the Future Provision of Home Care in Kingston Events and Report

The 2 engagements events were held on Friday the 1st at the Kingston Centre in Chessington and Monday the 4th of December at the Quaker Centre

Both were very with 47 attendees (15 people at Chessington & 32 at the Kingston event)

There was also a survey online which was available up until Wednesday 27th of December and paper copies were available on request. 50 questionnaires were completed in total

A draft report has been produced for review by the board and partner organisation before being sent to Andrew Osborn by the end of February.

9.2. Mental Health Task Group - Enter and View Tolworth Hospital

As part of my work with the Mental Health Task group, I have been working with Tony Williams alongside the staff team to organize a visit to Tolworth Hospital on Tuesday the 20th of February. I have been liaising with Richard Dalton the Community Clinical Manager, Kingston and Richmond SWLStG to ensure we have all the relevant documents have been received. These include the Tolworth Hospital site fire procedure, floor plan, fire procedure for Acacia ward and evacuation routes for the first floor.

9.3 Volunteering - Hack it Forward project with Kingston University

I have engaged with Kingston University on their Hack it Forward initiative. It is a free 3 month programme, working with charities and community organisations to harness the power of tech to solve community problems. The university recruits teams of programming students to work on briefs put forward by charitable organisations.

They work with you to produce a brief for a gap you need to bridge in your organisation. I have attended two meetings at the university on the 6th of December and Wednesday 9th of January and we have 2 students who will be working with us to look at ways of developing tools to encourage and support the establishment of a Young Healthwatch. They have given me a contract which needs to be approved and be signed off by the Board.

9.4 - Office

I have set up an account with Viking so we can now order stationary items for the office directly I have ordered 100 lanyards and 100 clear plastic wallets, these are primarily to use for the E & V visit to Tolworth hospital for staff and volunteers but will also be used for HWK volunteers I shall be looking at getting other merchandise for the office including pens and /bags which we can utilize in our outreach/engagement work

PART A Item 9:



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 24 January 2018
Report Title: Projects and Outreach Office	Author: Laila Awda (LA), Projects and Outreach Officer
PART A Agenda Item: 9	Appendix: No

FOR DISCUSSION AND/OR DECISION

The purpose of this report is to update the HWK Board on recent and planned Projects and Outreach.

The Board is requested to note the content of this report.

9.5 Children’s Oral Health

Two ‘Healthy Teeth, Healthy Kids’ sessions are due to run:

- Kingston Quaker Centre 20th January
- Kingsnympton Youth Club 30th January

There is an online survey which parents will be asked to answer at the KQC event, and this has also been shared via social media and mail outs.

9.6 Working with young people at Kingston College

- Following a visit to Kingston College I liaised with course providers at the College and they have invited us to present to Health and Social care students aged 16-18 on 5 March 2018.
- I will be advising them on what we do at Healthwatch and our latest projects, and hear from them about how they might want to get involved with our work.

9.7 Updates to website:

- I have added an information and advice section to our website to better perform our signposting role. I will be updating this further.

9.8 ‘15 Steps Challenge’

- This is now on hold due to limitations at Kingston Hospital. I have spoken with the young people who had volunteered to take part and will keep them informed of future projects.

PART A Item 10: Documents provided separately.

NB - PART A Item 5: Chair’s Report to follow.