

Agenda

For enquiries on this agenda, please contact:

Stephen Hardisty 020 8974 6629

Stephen.hardisty@healthwatchkingstonuponthames.org.uk

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Board Meeting - Part A

Date: Wednesday 25 May 2016

Time: 5pm - 6.30pm

Location: Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT

1. **Welcome, introductions and apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 12 February 2016**
To approve the minutes of the last meeting
4. **Matters Arising**
Not covered on the agenda
5. **Chair's Report** Appendix A
6. **Review of Work Programme 2015-16** Appendix B
7. **Strategy 2016-17** Appendix C
8. **Performance Report (Q3 & Q4)** Appendix D
9. **Any Other Business**

PART B

Due to the confidential nature of the business to be conducted only Trustees are to attend this part of the meeting

DATE OF NEXT MEETING

Wednesday 27 July 2016 5pm-7pm

Minutes of the Healthwatch Kingston Board Meeting

12 February 2016

10am - 12.30pm at the Kingston Quaker Centre

Present:

Grahame Snelling (Chair, **GS**), Nigel Spalding (Trustee, **NS**), Kim Thomas (Trustee, **KT**), James Davitt (Trustee, **JD**), Graham Goldspring (**GG**), Sophie Bird (Staff, **SB**), Stephen Hardisty (Staff, **SH**), Glenn Davies (**GD**), Caroline Cunliffe (**CC**), Tony Williams (**TW**), Joel Harrison (Trustee, **JH**), Kate Dudley (Kingston Carers Network **KD**), Scottie McLeod (**SM**), Barbara Briggs (**BB**), Sheena Crankson (**SC**), Kate Dudley (**KD**), Patricia Turner (**PT**), Jill Mulelly & Clare Thomas (SW London Collaborative Commissioning **JM/CT**)

1. Welcome and apologies

The Chair welcomed those present. Apologies were received from Liz Meerabeau, Pippa Collins, Marianne Vennegoor, Victoria Anaele, Anne Blanche

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the last meeting held on 13 January 2016

The minutes of the last meeting on 13 January 2016 were agreed as an accurate record.

4. Matters Arising

There were no matters arising not covered on the agenda.

5. South West London Collaborative Commissioning

Jill Mulelly and Clare Thomas from provided an update on developments at South West London Collaborative Commissioning (SWLCC). The following key points were noted:

- SWLCC brings together the 6 clinical commissioning groups across the region
- A plan is being developed on how to improve the health services across South West London over the next 5 years
- This work is part of the NHS Sustainability Transformation Plan
- SWLCC also support the Transforming Care Partnership Plan for learning disability and autism
- JM/CT role is to strengthen the patient voice so that the public can influence the plans
- JM/CT have developed a proposal to put together a program of grass roots engagement events

- Part of this initiative is to recruit community health champions

JM detailed a proposal to provide funding to the six local Healthwatch in South West London for a series of community engagement events. The following key points were noted:

- HWK will receive £10,000 to coordinate these events in partnership with various local grass roots organisations
- The aim is to gain peoples views and recruit Health Champions through these events and to continue to link into the work of SWLCC
- HWK has proposed a schedule of engagement events. The aim is to coordinate one event per month targeting various community groups including: homelessness/substance misuse/alcohol abuse, mental health/autistic spectrum disorder, physical disability, young people, older people, sensory impairment, learning disability and refugees and migrants

GS asked how SWLCC will ensure there is continuity and follow up to the engagement work, JM responded that SWLCC would aim to create a citizen's panel to ensure people continue to be involved. JM added that the information gathered from the engagement events will be collated into a report as a 'You Said We Did' account, which will be fed into plans on a strategic level. SH added that the funding will provide an opportunity for HWK to reach out further into the community. He added that it is the Board's decision to agree to the funding proposal. Consequently GS asked those trustees present to approve which was done so unanimously.

6. Community Café

TW from Recovery Initiative Social Enterprise (RISE) provided a report. The following key points were noted:

- RISE has been around for 5 years originally supporting people recovering from alcohol, drug addiction. It now has a wider remit tackling inequalities
- Their service model is based on the ethos that the community is the solution
- Their core activity is to do things which promote inclusion to prevent social isolation
- RISE has run the café for around 4 years at Richard Mayo Centre, the Kingston Quaker Centre is a much better venue
- In early Autumn 2015 a proposal was developed to move the café to KQC and that HWK would fund the costs of the venue which was approved by the Board
- The cafe started in October 2015 and has been running every Wednesday afternoon from 1pm-4pm
- The café acts as a place for networking, meetings and 1:1 and group conversations
- Kingston University students are creating academic evaluation into RISE methodologies
- RISE frequently gets referrals from other community organisations
- Between 30 and 40 people attend during the course of the afternoon

SH asked those trustees present to approve funding for the year 2016-17 which was done so unanimously

7. Chair's Report

The Chair's report was noted.

8. Manager's Report

The manager's report was noted.

9. Task Group Reports

The Task Group Report was noted. GG highlighted that Kingston Hospital PALS reports continue to show concerns with A&E waiting times and issues concerning the Trust's communications around appointments. GG suggested that these areas could have a project group dedicated to explore these emerging themes in detail. SH added that priorities for next year need to take this into account and that the tasks groups are looking at are restructuring themselves to make them more project based.

10. Any Other Business

There was no any other business.

Signed by the Chair of the Board of Trustees

Dated 25th May 2016

25 May 2016

Agenda Item 5: Chair's Report

Report by the Chair of the Board of Trustees

Purpose

To update the Board on the Chair's involvement with local strategic partnerships, governing bodies, scrutiny processes and other matters of interest.

Recommendations

The Board is requested to note and discuss the report.

Introduction

1. As this report is written we are at the start of the last year of the original contract between RBK and Parkwood Healthcare, and this means that as the Board, we have to start planning for 2017/18 before we've really got to grips with our plans for 16/17. The Council has started the process of identifying an organisation to hold the contract for a further five years, and so as a Board we have firmly decided that we wish to be the selected organisation. We bring a high level of local knowledge, an excellent track record in performing in line with the Council's expectations of us, a significantly enhanced volunteer force to help us carry out our scrutiny work and a proven reputation for asking the key questions of commissioners and providers of health and social care alike.
2. We are an experienced board with significant experience of involvement in health and other public services, and so we start the bidding process confident of our local reputation and innovative approach.
3. Whilst we plan for the longer-term future, we cannot of course be detracted from our key ongoing task of being a champion for the consumer of health and social care services and holding all members of the local health landscape to account.

Taking our place in the local health landscape in May 2016

4. Whenever I prepare a report for the Board, there is always a sense of change ahead or a key issue to address, and this time is no exception. Whether it is assessing the local impact of the Junior Doctors' dispute, the appointment of a new Chief Executive at Kingston Hospital, the new approach to primary care stemming from the Gosbury Hill

changes, the roll out of Kingston Coordinated Care or the development of a new local mental health strategy, Healthwatch always endeavours to take its place in the most appropriate forums, able to represent the consumer perspective and ask the right questions. There are so many other topics to address as well. For example, this past year we have seen significant interest in the quality and availability of eye health and treatment services.

5. These questions and observations are generally provided by our growing team of active affiliates for whom we continue to be immensely grateful. Our enterprise is largely based on the work of volunteers and so we are delighted to have received the local Quality Award which signifies our good management of and support for our volunteer team.

Looking back over 2015/16

6. We look back to a successful 2015/6 with one of our major front facing successes being the Homelessness Photographic Exhibition that we staged in March this year. This was a piece of excellent partnership work with colleagues from KINC, RISE and others with significant technical knowledge of how to mount such a project, all helping to shape an event that achieved a national profile. The exhibition went to the heart of engaging with marginalised people, who may have their own health needs, and yet who are rarely heard. Healthwatch Kingston plans more events to make sure we bring the less heard voices to the attention of decision and policy makers.
7. But looking back over the whole year we have seen our task groups and other working relationships cover a lot of more mainstream ground. Enter and View in particular has become a fixture of what we do as a key evidence gathering tool. This report acknowledges the work that has been completed which is described more fully in the Review of the Year item on our agenda and which will in turn inform our annual report.
8. However at this stage we have endeavoured to be constructively critical of our overall performance in meeting the aspirations of our work plans. Readers will see elsewhere on this agenda that we have judged ourselves 'good' which, whilst a welcome score, also gives scope for further improvement. Healthwatch England does not supply a scored self-assessment tool, so we have adapted their basic 'Outcome and Development tool' by adding a scoring system of our own to help measure what we have done well and where we could do better. We see this as a position statement, and of course there is no room for complacency. We feel have been honest with ourselves in this exercise, but are now poised for more successful engagement, challenge and influence.

2016/17 Strategy

9. I'm grateful to Stephen for putting together our plans for 2016/17, the subject of another agenda item today. I believe the plans will build on our successes to date, but also help us to focus more sharply on a number of key areas where we can make a real difference. The style of the plan is simpler than previous iterations so we will be able more easily to judge our progress and recognise our achievements.

Ongoing responsibilities of the chair

11. Since our last meeting in February, as chair, I have:

- Continued to attend the Primary Care Quality and Development Group which aims to transform the way that primary care through GP services is delivered, and making sure there is consumer input into the proposed Primary Care Commissioning Committee
- Re-confirmed the focus of the JSNA Public Voice component to align better with the Council's new approach to commissioning services
- Attended the Health and Wellbeing Board, and a recent board seminar to focus on the local Sustainability and Transformation Plan which is part of a national initiative to re-shape the NHS
- Confirmed HW representation at the Health Overview and Scrutiny and HWBB for the new municipal year
- Liaised with the Council over contractual arrangements for the coming year to ensure there are no distractions about these arrangements in the immediate future
- Met Stephen and the team on a number of occasions to provide support and guidance

12. In the next two months my plans are to:

- Meet with Anne Radmore, new Chief Executive of Kingston Hospital
- Initiate more partnership work with the CCG member of public engagement
- Refresh existing relationships with key local stakeholders (e.g. senior staff, elected members)
- With the board develop plans for our pitch to be the selected provider of Healthwatch Services in Kingston
- Chair the JSNA Public Voice Group meeting in late May
- Attend the HOP, HWBB and CCG governing body meetings

13. Finally I would like to say a big thank you to Jenny Pitt who left Healthwatch Kingston in April to join the YMCA marketing department. Jenny was an influential staff member and a great asset to Healthwatch Kingston. I wish her well in her new role. As one person leaves, another starts and it is my pleasure to welcome Diva Shah to Healthwatch Kingston as our new Research Officer.

14. As ever, thanks to colleagues/trustees/board members for their ongoing commitment and support. It's going to be an interesting year ahead!

Grahame Snelling
Chair Kingston Healthwatch
May 25th 2016

25 May 2016

Agenda Item 6: Review of Annual Work Programme 2015-16

Report by the Manager

Purpose

To provide the Board with a report detailing achievements against 2015-16 work programme priorities.

Recommendations

The Board is requested to note and discuss the review and agree next steps.

Key Points

- A. The work of Healthwatch Kingston is shaped by the concerns that local people raise with us. Our task groups, community engagement activities and visits to local services help us identify areas related to health and social care services that we can prioritise.
- B. Five areas or domains were identified last year and a number of priorities developed which were detailed in our Health & Social Care Work Programme 2015-16. For the most part relevant task groups were responsible for delivering and monitoring progress against each priority.
- C. In order to ensure we are an effective and efficient organisation and a well-governed public body we identify a number of organisational priorities, which are included in this report. Further detail is provided in our quarterly performance reports.

Summary of review findings

1. In addition to our five domains we included one crosscutting domain making a total of 33 priority areas each one requiring evidence and a number of actions to deliver the expected outcomes. Our self-assessment process shows that we scored 103 out of a possible 165 (62% achievement rating). Each priority was assessed against a maximum achievement rating score of 5. The breakdown is as follows:

Domain	No. of priorities	Target score	Actual score	Achievement rating
Mental health services	7	35	24	69%
Hospital services	8	40	20	50%
Community care services	6	30	17	57%
Learning disability	4	20	11	55%

Young people	2	10	5	50%
Cross-cutting	6	30	26	87%
Total	33	165	103	62%

2. Based on the following scoring grades our performance was good:

Excellent	80 - 100%
Good	60 - 80%
Satisfactory	40 - 60%
Unsatisfactory	20 - 40%
Poor	< 20%

3. Five priorities were undeliverable due to the designated task group not having enough capacity to carry out the actions. This indicates that last year's priority setting process may have been over ambitious.
4. As is to be expected over the course of a year we have had to incorporate unplanned work and respond to new local developments. These include the establishment of a visual impairment project group who carried out an Enter & View to the Royal Eye Unit at Kingston Hospital as well as a secret shopper exercise in the waiting area. Our fledgling Young Healthwatch undertook Enter & View visits to the paediatric department at Kingston hospital and we conducted a Spotlight Visit to Kingston Eco-Op. In October 2015 we set up a weekly drop-in café in partnership with Recovery Initiative Social Enterprise (RISE).

Recommendations

5. Ensure the recommendations from the annual review are included in our 2016-17 work programme in accordance with our strategy.
6. Consider using the board meeting in January 2017 to agree 2016-17 review process.

Next steps

7. The Board is requested to sign off the review process and to endorse the recommendations.

Annual Review of Healthwatch Kingston's Health and Social Care Work Programme 2015-16

DOMAIN	PRIORITY AREA	EVIDENCE	ACTIONS	EXPECTED OUTCOMES
Mental Health Services	1. Kingston Wellbeing Service (particularly telephone assessment, and relationship between IAPT and CMHT)	Evidence from MH service users, Camden & Islington MH Trust, Kingston CCG	Join the KWS Partnership Board Liaise with Sylvie Ford & Phil Moore re current commissioning	Improved services More person centred assessments HWK and MH Task group contribute to design of service Patients views are routinely taken into account
	<p>Annual review findings <i>Feedback from people who have accessed the Kingston Wellbeing Service has been hard to obtain so it is not clear what people think about the service. An analysis of national performance data about IAPT services shows that the service in Kingston is performing well. From attendance at the Mental Health Planning Board the relationship between the IAPT and CMHTs seems to be a good one although it is not possible to know if this is the experience of people who use services. Information has not been received regarding the future commissioning of the service although it is anticipated that the development of the mental health strategy may have an influence on future provision.</i></p> <p>Recommendations <i>Considering that psychological therapies is a key component of the mental health system it is recommended that any further work on this area is integrated with the planned co-production of a new mental health strategy due to take place from April 2016 (this opportunity should be a priority for next year's work programme).</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
	2. Tolworth Hospital - Enter & View visit	Patients, families and carers/ staff at hospital Feedback from service users	Initial scoping visit Plan E&V visit Include mental health service users and organisations in E&V	Feedback used to improve services Service users/ patients more involved in their own care
<p>Annual review findings <i>Enter & View visits completed in October 2015. Some of the team members have lived experience of mental health and another was a carer. Recommendations were made which have been or are being actioned by South West London & St. Georges NHS Trust. Attempts to engage with other stakeholders have met with a mixed response.</i></p> <p>Recommendations <i>Another visit is planned for the future (possibly October 2016) and should be included in next year's work</i></p>				

programme.

ACHIEVEMENT RATING

3. Dementia Services (very high numbers of dementia sufferers in Kingston)

Kingston Hospital
Dementia Strategy
Feedback from patients, families & carers

Continue to monitor services
Invite key people (commissioners, providers, patient reps, carers) to meetings

Improved services
Better awareness of Dementia services

Annual review findings

The implementation of Kingston's dementia strategy is progressing. Updates are provided at the Dementia Strategy Group, which is attended by a HWK volunteer. Other volunteers and staff have benefited from a dementia awareness session provided by colleagues from the Alzheimer's Society. There has been some feedback from carers related to lack of co-ordinated care, advice and information and difficulties being able to see the same GP. These issues were presented as emerging themes at the September 2015 Health & Wellbeing Board.

Recommendations

Continue to monitor developments through attendance at relevant dementia meetings during 2016-17.

ACHIEVEMENT RATING

4. Discharge from secondary to primary care (and vice versa)

Feedback from patients/ service users

Continue to gather evidence
Monitor whether service users are given choice when being referred (Choice Framework)

Improved discharge procedures
Service users have better choice

Annual review findings

Extensive work has been carried out by the mental health task group to help shape and influence the Trust's new discharge protocol. The group has met with the Trust's lead and is reassured that its recommendations have been incorporated in subsequent drafts. One area of particular concern for the group was whether the protocol would receive support from across the health and social care system, particularly GPs.

Recommendations

Monitor implementation through attendance at 2016-17 Mental Health Planning Board meetings.

ACHIEVEMENT RATING

5. In-patient services at St George's MH Trust

Recent survey by KCCG
Feedback from local

Monitor results of survey
Attend relevant meetings to this project

Service user/ patient voice is represented
Services are designed around

	people, particularly with an interest in MH Services	Take part in/ promote future consultations	patient/ service users' needs
<p>Annual review findings <i>The establishment of regular meetings between South West London Healthwatch and South West London & St. Georges NHS Trust has facilitated a greater understanding of provision on the Springfield Hospital site. The Trust has requested local Healthwatch to be part of the 15-step programme, attend quality groups and to influence the development of their service user strategy and engagement processes.</i></p> <p>Recommendations <i>Continue to attend regional meetings. Consider Enter & View visits to regional mental health services such as mother and baby unit and forensic services during 2016-17.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>			
6. Other areas of interest: Relationship between mental health service and police and probation services Extending Recovery College to GP services, as in other borough covers by SWL & SGMHT	Evidence received from MH service users, police and probation service	Monitor services Invite key people to MH Task group (or sub-group as required) Liaise with mental health service users	Better MH awareness among police and probation service Patients can access Recovery College through GP service
<p>Annual review findings <i>The Mental Health Planning Board is a multi-agency committee that involves the police and probation services. Attendance at these meetings has shown that the implementation of the crisis concordat has improved relationships between mental health services and the police and promoted the need for greater mental health awareness.</i></p> <p>Recommendations <i>Monitor developments through attendance at 2016-17 Mental Health Planning Board meetings.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
7. Carer Needs	Evidence from carers about how mental health services support them in their caring role	Use Enter & View to obtain information about carer needs Liaise with carer services to gather evidence and case studies to improve carer services	Improved services for carers

	<p>Annual review findings A 'Mental Health Working Lunch' held in July 2015 attracted several carers of people with mental health problems and some have joined as volunteers or continue to participate in our work. One of our volunteers is a carer champion for carers UK. In January 2016 a panel of three carers from outside of Kingston interviewed bidders for the Kingston Carers Support Service. Support for carers of people with mental health problems was a key line of questioning.</p> <p>Recommendations Continue to involve carers in all aspects of our work. Monitor carer developments through attendance at 2016-17 Carers Partnership Board meetings.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
Hospital Services	8. Ambulance Services	Research by Task group Feedback received from patients/ carers PALS data Data from other SW London HW	Observing procedures and provide feedback (E&V) Liaise with LAS staff and commissioners Invite key people to meetings to provide overview of service and current issues experienced	Feedback is used to improve services HWK promotes walk-in services
	<p>Annual review findings The hospital services task group was unable to progress this priority.</p> <p>Recommendations None.</p> <p>ACHIEVEMENT RATING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
	9. A&E Performance (particularly prior to and after refurbishment if undertaken)	Research by task group Scoping visit to A&E Enter & View visit PALS data	Liaise with key hospital staff, including Emma Duffy, manager of emergency medicine and Elizabeth Tsangaraki-Wilding, Patient Involvement Work with HW Richmond and HW Wandsworth to collect wider range of data	HWK feedback to be taken into account pre and post refurbishment Improved services in A&E

Annual review findings

A follow up to the A&E Enter & View visit in March 2015 was undertaken in February 2016. We found that overall patient satisfaction with A&E services is very good particularly as the Trust was struggling last year for a couple of months to meet its 4 hour waiting time target. This information was provided to the CQC prior to their inspection in January 2016.

Recommendations

Continue to monitor A&E performance at SWL Healthwatch meetings with the Trust during 2016-17.

ACHIEVEMENT RATING

10. Weekend Care (24/7)

Feedback from local people
Enter & View visit

Liaise with Key staff
Gather further evidence to understand weekend services

Improved services
HWK feedback is taken into account

Annual Review Findings

Enter & View visit in February 2016 was undertaken at the weekend. As reported above patient satisfaction was very good.

Recommendations

Continue to monitor performance at SWL Healthwatch meetings with the Trust during 2016-17.

ACHIEVEMENT RATING

11. Provision of holistic care

Feedback from patients, families and carers
Enter & View visit

Get better understanding of current care provided and identify gaps
Gather evidence specifically about the benefits of holistic care

Improved services

Annual Review Findings

The hospital services task group was unable to progress this priority.

Recommendations

Consider provision of holistic care as part of next year's work programme specifically as it is related to hospital discharge processes.

ACHIEVEMENT RATING

12. Communication/
Appointments

Evidence from patients, families and carers

Carry out further research to understand appointment system

HWK evidence is used to improve communications

	Research carried about by HWK into communications	Look to other providers for good practice	
<p>Annual review findings <i>The hospital service task group has been considering a process to obtain feedback about how well the Trust's communicates with patients.</i></p> <p>Recommendations <i>A patient survey should be carried out as part of next year's work programme.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
13. Aftercare & Discharge	Evidence from patients, families and carers Outreach/ Enter & View visits to gather further evidence	Undertake surveys about aftercare and discharge Liaise with providers (Kingston Hospital, GPs and RBKS)	Improved services, particularly between primary and secondary care
<p>Annual review findings <i>Since the publication of Healthwatch England's report (Safely Home: What happens when people leave hospital and care settings?) the hospital service task group has been investigating what the current situation is like with Kingston Hospital.</i></p> <p>Recommendations <i>A patient survey should be carried out as part of next year's work programme.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
14. Consultation	HWK responds to Kingston Hospital's 2015-16 Quality Report using a variety of evidence sources HWK gathers evidence to respond to any consultations involving significant changes to hospital services	Draft Quality Report is circulated to members for comment and Trust senior manager invited to Task Group meeting for a Q&A session Engage local people to gather views and determine HWK response	Responses provided within timeframe and recommendations taken into account Views of local people influence service re-design options
<p>Annual review findings</p>			

	<p>A response to the Trust's Quality account was provided. There were no significant changes to hospital services requiring some form of consultation process.</p> <p>Recommendations None.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/></p>			
	15. Carer Needs	Evidence from carers about how hospital services support them in their caring role	Use Enter & View to obtain information about carer needs Liaise with carer services to gather evidence and case studies to improve carer services	Improved services for carers
Community Care Services	<p>Annual review findings A 'Working Lunch' for carers was held in September 2015 and a key message was the need to improve the range of services for carers.</p> <p>Recommendations Continue to involve carers in all aspects of our work. Monitor carer developments through attendance at 2016-17 Carers Partnership Board meetings.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>			
	16. Care Agencies commissioned by RBK	Surveys conducted with current and previous service users Data from commissioner	Analyse data from surveys Share results with providers and commissioner Invite further feedback	HWK evidence is used by commissioner to improve services
	<p>Annual review findings This area of work has been a key priority although it has been challenging to progress the actions. A Healthwatch survey was produced but our community service task group decided to investigate the outcome of the national adult social care survey before deciding how to take forward our work. This decision was taken to avoid duplication and to ensure that there was support from adult social care.</p> <p>Recommendations To address the difficulties faced last year it is planned to set up a dedicated group to give this important piece of work the attention it deserves. This priority will form part of next year's work programme.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>			

	17. Care Homes	Enter & View visits Performance Data	Link with Care homes Link with CQC to share information/ data Arrange E&V visits	Recommendations taken into account to improve services
	<p>Annual review findings <i>Due to capacity issues it has only been possible to undertake one care home Enter & View visit this year. This was done in collaboration with the learning disability project group who decided to visit the London Care Partnership service in Surbiton.</i></p> <p>Recommendations <i>Care home visits should be included in next year's work programme.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
	18. GP Services	Evidence from local people Enter & View visits Outreach work	Arrange visits/ outreach work to gather evidence Link with PPGs and include them in visits/ outreach Collate reports to share with providers and commissioners	Evidence/ recommendations are used to improve services Patients/ service users are more involved in their local GP services
	<p>Annual review findings <i>Healthwatch volunteers successfully completed five Enter & View visits to GP practices this year as part of a rolling programme of visits. Overall the findings were positive and patients were satisfied with the services provided.</i></p> <p>Recommendations <i>Carry our more GP Enter & View visits as part of next year's work programme to gather feedback about service delivery and raise people's awareness of the role of Healthwatch.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>			
	19. End of Life Care	Evidence from local people Evidence from national reports (e.g. Ombudsman) Entre & View visits Outreach work	Arrange visits/ outreach work to gather evidence Collate reports to share with providers and commissioners	Evidence/ recommendations are used to improve services

	<p>Annual Review Findings <i>The community services task group was unable to progress this priority.</i></p> <p>Recommendations None.</p> <p>ACHIEVEMENT RATING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
	20. Carers	Evidence from carers about how community services support them in their caring role	Use Enter & View to obtain information about carer needs Liaise with carer services to gather evidence and case studies to improve carer services	Improved services for carers
	<p>Annual review findings A 'Working Lunch' for carers was held in August 2015 and a key message was the need to improve the range of services for carers.</p> <p>Recommendations Continue to involve carers in all aspects of our work. Monitor carer developments through attendance at the 2016-17 Carers Partnership Board meetings.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
	21. Advice & Information	Evidence from a broad range of users of advice and information services	Contribute to the Care Act Advice & Information pilot led by CAB	Improved services for the whole community that is sensitive to local needs, available in a range of formats and easily accessible.
<p>Annual review findings Successful completion of 6 information sessions as part of the Care Act Advice & Information pilot. Received positive feedback from RBK about our involvement in this work.</p> <p>Recommendations None.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>				
Learning Disability Services	22. Annual Health Checks	Evidence shows not all GPs carry these out; some AHCs are not carried out	Collate evidence and prepare report to be shared with GP/ KCCG/ RBK	GPs carry out proper annual health check for all people with LD to monitor health and spot issues early

appropriately

Annual review findings

Survey undertaken by our learning disability project group found that almost half of those surveyed did not either know about the availability of annual health checks or were not offered one. This issue was raised with CCG/RBK commissioners at a project group meeting and we have been assured annual health checks will be a key issue for the learning disability strategy refresh process.

Recommendations

Monitor developments through attendance at 2016-17 Learning Disability Partnership Board meetings.

ACHIEVEMENT RATING

23. Carers

Evidence from carers about how learning disability services support them in their caring role

Use Enter & View to obtain information about carer needs
Liaise with carer services to gather evidence and case studies to improve carer services

Improved services for carers

Annual review findings

A Lunch 'n' Launch' for people with learning disability was held in August 2015 and involved a number of carers. A key message was the need to improve the range of services for carers.

Recommendations

Continue to involve carers in all aspects of our work. Monitor carer developments through attendance at 2016-17 Carers Partnership Board meetings as well as strengthening our relationship with Kingston Mencap and supporting carers to participate in our work.

ACHIEVEMENT RATING

24. Health Action Plan

Evidence shows plans are not always implemented or reviewed; not all people with LD have an action plan

Collate evidence and prepare report to be shared with GP/ KCCG/ RBK
Liaise with GPs to ensure they contribute to AHC

Health Action Plan is reviewed by individual, GP, and care/ support worker/ family to help improve and maintain general health

Annual review findings

Survey undertaken by our learning disability project group found that almost half of those surveyed did not either know about the availability of health action plans or were not offered one. This issue was raised with CCG/RBK commissioners at a project group meeting and we have been assured health action plans will be a key issue for the learning disability strategy refresh process.

	<p>Recommendations Monitor developments through attendance at 2016-17 Learning Disability Partnership Board meetings. ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>			
	25. Liaison/ Link Nurse at Kingston Hospital	Feedback from people with LD, their families, carers and care/ support workers	Collate evidence and feedback and share with Kingston Hospital	Liaison/ Link nurse in place - will improve understanding of LD issues/ improve services for people with LD
	<p>Annual Review Findings The learning disability project group was unable to progress this priority. Recommendations None. ACHIEVEMENT RATING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
Children and Young People	26. Children/ Young people's mental health	Evidence from families, young people Performance data from CAMHS Evidence from HWE	Liaise with children/ young people's mental health providers Work with organisations for children/ young people to gather further feedback	HWK engages with children and young people Recommendations helps to improve services
	<p>Annual review findings In collaboration with the Challenge/NCS project, to get more teenagers working with charities and volunteering, we asked a group of 16 and 17 year olds to carry out a survey in Kingston town centre in September 2015. The aim was to understand teenagers' awareness of services they could access if they felt anxious, depressed or were self-harming. The survey was adapted from one used by the council's Public Health team and came up with some interesting results. We had 49 respondents and of that 10% identified themselves as transgender, while it was encouraging that just over 40% suggested a young person feeling down should contact an organisation. Recommendations Young people's mental health remains a key priority and will form part of next year's work programme. ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>			
	27. Young Carers (their physical and mental health)	Evidence from young carers and their parents Evidence from	Liaise with Kingston Carers Network and Mental Health Carers Forum	Recommendations helps to improve services

	support services and providers	Connect with RBK carers services	
	<p>Annual Review Findings <i>We were unable to progress this priority.</i></p> <p>Recommendations <i>Young carers mental health remains a key priority and will form part of next year's work programme.</i></p> <p>ACHIEVEMENT RATING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		

CROSS-CUTTING AREAS OF WORK

Engagement - Voice of the Public	28. Promoting/ increasing awareness of HWK	Evidence shows we need to reach out to certain groups, particularly working adults, children & young people and people from ethnic minority backgrounds	Use social media to reach out into the community Approach businesses to promote HWK Work with children/ young people's services Work with ECET, Korean Community, Ethnic Minority representatives	More awareness of HWK Increase in affiliates More members from ethnic minority groups
	<p>Annual review findings <i>As a relatively young organisation promoting and increasing awareness of our role remains an important part of our community engagement activities. Conveying the voice of the public, however, to have their say requires significant resources and staff and volunteer time. And as a small organisation covering the whole of health and social care there is only so much we can do. During the last we have arranged or participated in the following outreach sessions or events and we have spoken with many people about what we do and why:</i></p> <ul style="list-style-type: none"> • <i>Mental health awareness week May 2015</i> • <i>Milaap event May 2015</i> • <i>Celebrating Chessington Fun day June 2015</i> • <i>Kingston Hospital Open day June 2015</i> • <i>Dementia Awareness Week June 2015</i> • <i>Mental Health Parliament July 2015</i> • <i>Fircroft service user group July 2015</i> • <i>Hestia Good Energy Club July 2015</i> • <i>Kingston Centre for Independent Living service user group July 2015</i> • <i>Healthwatch Mental Health 'Working Lunch' July 2015</i> • <i>Healthwatch Learning Disability Launch 'n' Launch event August 2015</i> 			

- Healthwatch Garden Party August 2015
- Bi-polar Support Group September 2015
- Healthwatch Carers 'Working lunch' event September 2015
- Cambridge Road Estates Fun day September 2015
- Dyscover September 2015
- Orchard Hill outreach event November 2015
- Community Engagement for Health course November 2015
- Fast Minds Support Group January 2016
- Macular Support Group January 2016
- Kingston Youth Council February 2016
- Thomas Pocklington Trust volunteers March 2016
- Homeless Exhibition March 2016

We work closely with a number of voluntary sector organisations and have developed an excellent relationship with Council's Equalities and Community Engagement Team (ECET). Because of these partnerships we can reach out further to marginalised people. We use social media and our website to promote community engagement opportunities. We have recruited 42 new members this year, which is an increase on the previous year, including more people from BME backgrounds.

Recommendations

Maintain the momentum of our community engagement activities and focus on more outreach to obtain feedback that supports the successful delivery of next year's work programme. Increase the number of volunteers trained to undertake Enter & View visits and outreach sessions. Negotiate with the commissioner an appropriate target for volunteer recruitment, events and outreach sessions as part of the review of our Key Performance Indicators (KPIs).

ACHIEVEMENT RATING



29. Data Collection	HWE, RBK, NHS Services, KCCG, Your Healthcare Evidence from local people E&V visits and Outreach	Implement systematic way of collecting evidence Prepare regular reports to share with public, providers and commissioners	HWK has a solid evidence base Evidence is used to make improvements to local services
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Annual review findings

Obtaining information and data about how services are performing is another important activity that requires a significant amount of staff and volunteer time. Research has proved to be even more time consuming. Most of the time we use information publically available on, for example, NHS Trust websites and national data to help us be more informed about local performance, quality and developments. We use our News page on our website to

	<p>share important policy documents, national and local reports as well as publications from Healthwatch England. We need to develop further our evidence base and this needs to be implemented in a systematic way.</p> <p>Recommendations Continue to develop our data collection processes.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>			
	30. Providing Information and Signposting	Evidence from local people	Surveys/ questionnaires Website, Newsletters & e-bulletins Community Engagement Activities	People use HWK information to make informed choices about their health and social care services More people involved in HWK work/ activities
	<p>Annual review findings This priority is related to range and scope of our community engagement activities as detailed above as well as our staff team's daily conversations with members of the public. Our staff team regularly provides information to members of the public either by telephone or email as well as individual meetings. Our most common signposting duty is informing people how they can make a complaint and who can help them if they need it.</p> <p>Recommendations Continue to develop our information provision and signposting knowledge.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>			
Other Initiatives	31. Care Act - Engagement Project	Evidence gathered at info sessions and community engagement meetings	Organise further care act information sessions Work with other local organisations to reach out to all the community	Local people have more awareness of Care Act and its impact
	<p>Annual review findings As indicated above the project was successfully completed in May 2015. The sessions provided good opportunities to engage with the public as well as recruiting new volunteers.</p> <p>Recommendations None.</p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/><input checked="" type="checkbox"/></p>			
	32. Centre for Community	Evidence from local	Implement action plan	Improved services for refugees,

	Resilience & Engagement Project	people Evidence from surveys, needs assessment and consultations	Work with RAK to improve refugee, asylum seeker, migrant representation at HWK	asylum seekers and migrants More diverse HWK membership
	<p>Annual review of findings <i>Our partnership with Refugee Action Kingston (RAK) has helped us recruit more volunteers from BME, asylum seeker and refugees backgrounds. We have supported RAK to raise issues of concern and have learnt how to support people with little or no English.</i></p> <p>Recommendations <i>Continue to work with RAK to support more involvement from their client group.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>			
	33. Better Care Programme (Better Care Fund)	Evidence gathered by KCCG Evidence from local people	Ensure HWK gathers independent feedback Liaise with key people Attend relevant meetings	Views of patients/ services users are taken into account
<p>Annual review of findings <i>Understanding how The Better Care Fund or, as it is known now the Kingston Co-ordinated Care (KCC) programme is being implemented has been a recurrent theme of our Board and task groups, as it has for most health and social care stakeholders. Our presence on the Health and Wellbeing Board, Health Overview panel and the CCG's Governing Body provides us with opportunities to receive regular updates. We supported the Council to run an engagement event in February 2016 to update people on progress.</i></p> <p>Recommendations <i>Continue to be involved in monitoring the implementation of KCC so that we can determine to what extent this new integrated way of working will deliver a seamless service, better use of resources, a needs led response and person centred treatment and support. This important priority will form part of next year's work programme and there will be a specific focus on people who are homeless.</i></p> <p>ACHIEVEMENT RATING <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>				

Summary of other areas of work not accounted for in the work plan

<p>Enter & View visit to the Royal Eye Unit at Kingston Hospital Annual review findings <i>In July 2015 we carried out an Enter & View visit to the Royal Eye Unit at Kingston Hospital to assess the service with our volunteers who are blind or visually impaired. The team interviewed 16 patients, five of whom were visually impaired. Concerns that were raised after the visit were around signage and access to the unit itself, along with the way that patients are called by staff.</i></p>

Recommendations

Continue to work with the Trust to ensure the signage works well with those people who have problems with their sight.

Enter & View visits to Kingston Hospital**Annual review findings**

In November/December our volunteers visited five wards at Kingston Hospital. The outcome of the visits, which was very positive, was used to help inform a CQC inspection in January 2016.

Recommendations

Continue to work with CQC to support them with their inspections resources permitting.

Young People's Healthwatch Enter & View visits**Annual review findings**

Our developing Young People's Healthwatch carried out their first visit to Kingston Hospital's Children's Wards in August 2015. After a short training session where they learned about confidentiality, procedures and how to make observations, they were given a tour around the children's wards by senior staff and made a number of observations. Overall they were impressed by the wards and their staff teams. In October 2015 our young volunteers went back to the paediatric department to taste the new menu and in February 2016 they undertook an Enter & View at the refurbished children's A&E Department.

Recommendations

Continue to grow the number of young people participating in our work, which will form part of next year's work programme.

Secret Shopper**Annual review findings**

Our visually impaired volunteers carried out a secret shopper visit to the waiting room at the Royal Eye Unit at Kingston Hospital to assess staff interaction. On the whole they were pleased with what they saw and noted that recommendations from the last Healthwatch Enter & View visit had been implemented. The report was passed to the ward manager who was grateful for the feedback.

Recommendations

Continue to support volunteers to do more secret shopper visits.

Spotlight Visit**Annual review of findings**

A Spotlight visits celebrate grass-roots organisations and the fantastic work they do. We carried out our first to Kingston Eco-Op, a social enterprise that offers activities to people with learning disability and mental and physical distress.

Recommendations

Continue to carry out more Spotlight visits.

Community Café

Annual Review findings

Funding was agreed by the Board to work in partnership with RISE to run a drop-in café every Wednesday afternoon at the Quaker centre. The café has been operating since October 2015 and has proved to be a useful resource for engaging with people and stimulating conversations about grassroots led activities.

Recommendations

Continue to work with RISE to strengthen community engage and to support more people to speak out about their experiences of health and social care.

Annual Review of Healthwatch Kingston's Organisational Work Programme 2015-16

DOMAIN	PRIORITY AREA	EVIDENCE	ACTIONS	EXPECTED OUTCOMES
Contract	Activity Schedule	Quarterly Key Performance Indicators (KPIs) reports	Present activity reports at Board meetings and publish on the HWK website	HWK meets or exceeds its activity targets
	Performance Measures	Quarterly performance meetings with RBK commissioners	Present reports at Board meetings and publish on the HWK website	HWK meets or exceeds its performance outcomes
	Service Level Agreement (SLA) with Parkwood Healthcare	Annual review process with Parkwood Healthcare	Agree support services to be included in the SLA and negotiate a reasonable management fee	Affordable and fit for purpose SLA in place
	Agreement with the Royal Borough of Kingston Upon Thames (RBK)	Memorandum of Understanding and annual review process with RBK	Review terms and conditions, service specification, KPIs and other relevant schedules	Fit for purpose agreement in place
	Risk	Risk management process in place	Board receives regular risk management reports enabling it to assess and identify risks and agree mitigating actions	Actions taken to control risk
	Re-tendering	Contract end date and procurement process	Extend existing contract length with commissioners or prepare for retendering	HWK contract extended or is the successful bidder
	Annual Review Findings <i>Two performance reports have been produced which detail our activity against our KPIs.</i>			

	<p><i>SLA with Parkwood Healthcare has not been agreed. Memorandum of Understanding has not been agreed. Parkwood Healthcare support risk management process. Recommendations New contractual arrangements will be subject to re-tendering.</i></p>			
Finances	Budget Control	Monthly income and expenditure reports	Present reports at finance sub group	Parkwood retains legal responsibility for public funds in partnership with the Board
	Budget Setting	Annual budget forecasting in line with HWK activities	Produced by finance sub group and agreed by Board	HWK is efficient, competent and transparent
	Annual Accounts	Annual accounts detail all income and expenditure	Produced by finance sub group and agreed by Board	Annual accounts included in Annual Report
	Review & Benchmarking	Review examines financial activity and associated costs and benchmarks against similar Healthwatch organisations	Process agreed by finance sub group and agreed by Board	Positive feedback obtained and recommendations implemented
	Sustainability	Cost pressures (if any) identified at an early stage	Remedial action agreed by finance sub group and agreed by Board	HWK activities are not adversely affected by financial constraints
	Income Generation	Bids submitted to potential funders	Funding opportunities and project briefs agreed by finance sub group	At least three new projects implemented to expand service provision in the interests of the local community
	<p>Annual Review Findings <i>Monthly income and expenditure reports supplied by Parkwood Healthcare. Annual budget set by Parkwood Healthcare. Annual accounts provided by Parkwood Healthcare. Benchmarking process not implemented. No cost pressures have been identified. No bids were submitted to potential funders. Recommendations New contractual arrangements will be subject to re-tendering.</i></p>			

Corporate Governance	Board Membership	Board has a diverse range of skills, knowledge and backgrounds	Board members are provided with support and training to carry out their role effectively	Board provides leadership, understands organisational purpose and works effectively as individuals and a team
	Strategy	HWK understands its purpose and can explain and communicate this to its members and the wider public	Board reviews strategic direction on an annual basis and agrees process to consult with stakeholders and the wider public before final document is agreed	Strategy co-produced, published and disseminated widely
	Annual Report	Annual report details HWK activities and reflects priorities and issues raised by local people	Board contributes to the production of the annual report and agrees final version	Annual report published on time and disseminated widely
	Openness & Transparency	All HWK papers and publications (i.e. agendas, minutes, reports, surveys) available to HWK members and the public	Staff circulate dates of HWK meetings in advance and provide sufficient time for people to prepare for meetings and other activities	Board and other HWK participants receive all relevant information on time and in a variety of formats dependent on individual preferences
	Accountability	Quarterly Board meetings are held in public and open to local scrutiny	Dates of Board meetings in public are agreed for the year and circulated as widely as possible	Members of the public attend Board meetings and measures are taken to increase attendance and participation
	Diversity	Board, Task Groups and other HWK activities reflect the diversity of local people	Staff promote active participation from all sections of the community and support the recruitment of volunteers	More members from BME communities, refugees, migrants and asylum seekers, LGBT, disability and other groups participate in the work of HWK
	Annual Review Findings <i>Board has strengthened its range of skills and knowledge, specifically governance and operational arrangements.</i>			

	<p><i>Board has agreed strategic direction.</i> <i>Annual report published on time and in accordance with Healthwatch England guidance.</i> <i>Reports are available to the public and published on our website.</i> <i>All our meetings are open to the public and papers are published on our website.</i> <i>Quarterly Board meetings are open to the public and attendance has increased.</i> <i>Diversity has improved.</i> Recommendations <i>Continue to strengthen our governance during 2016-17.</i></p>			
Policies & Procedures	Annual Review	All policies and procedures are up to date	Board receives outcome of review and approves amendments and/or new policies	HWK is a competent organisation and compliant with legislative and good practice requirements
	Customer Charter	Standards are in place that support the delivery of a prompt and professional service	Draft document produced and agreed by Board	Standards are met
	Equality & Diversity Policy	HWK can demonstrate it is committed to tackling any kind of discrimination	Draft document produced and agreed by Board	Anti-discriminatory practices are promoted
	Code of Conduct	Trustees, volunteers and staff act with integrity, openness and honesty	Draft document produced and agreed by Board	No breeched reported
	<p>Annual Review Findings <i>All policies and procedures applicable to our functions have been reviewed, including equality and diversity and code of conduct.</i> <i>Customer Charter included as quality statements in our governance document.</i> Recommendations <i>None.</i></p>			
Workforce	Staff Team	Staff are motivated, skilled and effective in their roles	Staff receive annual appraisals, regular supervision and support to develop their careers	Feedback from staff is positive and they feel supported by the Board and Parkwood Healthcare
	Recruitment	Administrative support is increased	Identify funding and put in place recruitment process	1WTE administrator is appointed

		allowing staff to focus on core responsibilities		
	<p>Annual Review Findings <i>Parkwood Healthcare provides a broad range of workforce development opportunities.</i></p> <p>Recommendations <i>Subject to re-tendering.</i></p>			
Marketing	Communication	HWK is able to communicate effectively in a variety of ways with patients, service users, carers and the public	Develop a communication strategy that is sensitive to the needs of the local population and promotes the work of HWK	Effective and responsive communication channels are established, maintained and up to date
	Engagement	HWK engages with local stakeholders and establishes a variety of local networks	Develop a community engagement strategy that actively seeks to gather feedback on local services using a variety of tools	An ongoing programme of engagement events are carried out including public meetings, workshops and briefing sessions
	Publicity	Tested awareness and knowledge of the role of HWK and level of visibility in the local area	Conduct an annual stakeholder survey	The work of HWK has a high profile and is recognised as a leader in its field
	<p>Annual Review Findings <i>New communication process agreed as part of the review of policies and procedures.</i> <i>New community engagement process agreed as part of the review of policies and procedures.</i> <i>Publicity has increased due to new approach to managing our website and social media.</i></p> <p>Recommendations <i>Continue to strengthen our marketing during 2016-17.</i></p>			
Participation	Volunteers	Local people join HWK as volunteers	Increase the number of volunteers (active affiliates) from 38 to 50	More people from all sections of the local community acting as volunteers and engaged in one or more HWK activities
	Membership	Local people join HWK mailing list and become members	Increase the number of members (affiliates) from 316 to 450	More people from all sections of the local community registering an

				interest in the work of HWK
	Trustees	Board reflects the diversity of the local population	Recruit two people from the local community to become trustees	Board membership in increased and more reflective of the local community
	Task Groups	Task Groups contribute to the delivery of the annual priorities	Annual review of the terms of reference and membership of the Task Groups and regular consideration of the need for new ones to be established	Task Groups are effective in supporting the work of HWK through the active engagement of active affiliates
<p>Annual Review Findings <i>56 new volunteers have joined since last year including people from BME backgrounds, young people, people with visual impairment and those with learning disability.</i> <i>Our mailing list has increased with more people and organisations receiving information about our work.</i> <i>Three members of the Health Overview Panel trained to undertake Enter & View visits.</i> <i>One new trustee recruited.</i> <i>Task groups responsible fro delivering health and social care priorities as detailed in the annual review of the work plan.</i></p> <p>Recommendations <i>Continue to increase the number of people involved in our work.</i> <i>Support the task groups to become more project focused.</i></p>				

25 May 2016

Agenda Item 7: Strategy 2016-17

Report by the Manager

Purpose

To provide the Board with a revised draft strategy for 2016-17.

Recommendations

The Board is requested to note and discuss the strategy and agree next steps.

Key Points

- A. Healthwatch Kingston is required to review its strategy and work programme on an annual basis in accordance with its governance responsibilities. Consequently this report should be read in conjunction with the previous report on the review of our annual work programme 2015-16.
- B. Our strategy allows us to set out our purpose as the independent consumer champion for health and social care and to communicate this widely so that the public, stakeholders and our partners know what we want to achieve, how we will do so and how we know we have succeeded.
- C. Our priorities will be aligned with our strategy, reflecting the issues raised by local people, our task groups and the messages we receive from our community engagement activities, Enter & View visits and surveys.
- D. A new work programme template for 2016-17 has been proposed that is based on the Local Healthwatch Outcomes and Impact Development Tool.

Recommendations

- 1. Agree the new work programme template, which has been revised so that it is easier to populate and review on a regular basis.
- 2. Ensure our task groups become more focused on delivering specific tasks related to each priority based on a deliverable project plan.
- 3. Ensure our task groups consult with stakeholders to complete their project plans work by the end of June 2016.

4. Ensure that at each future task group meeting there is a standing agenda item to review and update the project plan(s).
5. Consider circulating the strategy for a 4 week consultation period starting on the 1 June 2016 so that members of the public can contribute to its development as well as any other interested party.

Next steps

7. The Board is requested to sign off the strategy and to endorse the recommendations.

Healthwatch Kingston Strategy 2016-17



Ensuring we are an effective and efficient organisation and a well governed public body

Contents

1. Introduction
2. About Healthwatch
3. Our Vision, Mission, Values
4. Our Relationships
5. Our Strategic Objectives
6. Our Work Programme
7. Governance

Appendices

- A. Health & Social Care Work Programme
- B. Organisational Work Programme

1. Introduction

Since 2013 Healthwatch Kingston has been speaking out on behalf of consumers at a time of major change for health and social care services. We have learnt a great deal through our conversations with people from Kingston's diverse community, specifically their experiences of health and social care services. We have also started to understand the challenges people face and what changes they want to see for the future.

Importantly we have also established a clear understanding of the environment in which Healthwatch Kingston has to work to drive these changes, including how we can work with local people to maximise our impact and influence our partners across the health and social care sector.

There is significant expectation about what we should and could be. Covering both health and social care, and representing the interests of both adults and children, the potential scope of our work is vast. It is vital that we prioritise effectively if we are to deliver long-term impact and value for money.

We need to be careful to build on existing evidence and the work of others in order to avoid replicating what is already being done. So, we will use our resources wisely to advise and challenge others to do what we believe is in the best interests of consumers, rather than trying to do everything ourselves.

All of this makes it critical for us to have a clear strategy that focuses our energies on the things that deliver most improvement for people using health and social care, holding commissioners and providers alike to account for their actions. The diagram below summarises the key features of our strategy.

Vision

- People shape health and social care delivery
- People influence the services they receive
- People hold service to account

Mission

- To be the local champion for health and social care

Values

- Independent
- Influential
- Inclusive
- Credible
- Collaborative

2016-17 Work Programme Domains & Priorities

Mental health

Priority 1: New mental health strategy
Priority 2: Young peoples mental health
Priority 3: Enter & View visits

Primary care

Priority 1: New primary care strategy
Priority 2: Service redesign
Priority 3: Enter & View visits

Social care

Priority 1: Home care
Priority 2: Carers
Priority 3: Enter & View visits

Services
working better
together

Priority 1: Integrated services
Priority 2: Homelessness

Hospital
services

Priority 1: Communication
Priority 2: Discharge processes
Priority 3: Enter & View visits

2. About Healthwatch

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body. The Royal Borough of Kingston upon Thames commissions Healthwatch Kingston and we report to them against a number of Key Performance Indicators (KPIs) as determined by our statutory remit:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of services
- Obtaining the views of local people regarding their needs for, and experiences of, services and to make these views known to commissioners and providers of services

- Enabling local people to monitor the standards of provision of services and whether and how services could and ought to be improved
- Making reports and recommendations about how services could or ought to be improved which should be directed to commissioners and providers of services and people responsible for regulating services such as the Care Quality Commission (CQC)
- Providing advice and information about access to services so choices can be made about services
- Formulating views on the standard of provision and whether and how services could and ought to be improved, and sharing these views with Healthwatch England

Along with KPI performance reports provided for the Council, an annual report, as directed by the Secretary of State, must be produced in relation to our statutory functions at the end of each financial year, which must include details of expenditure.

3. Our Vision, Mission & Values

Our Vision

We are working towards a society in which people's health and social care needs are heard, understood and met. Achieving this vision will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

Our Mission

Healthwatch Kingston is the local champion for health and social care. We achieve this by:

- Listening very carefully to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same

Our mission is underpinned by our charitable objects (i.e. what we have been set up to do as a charity) - the advancement of health and the relief of those in need including by reason of youth, age, ill-health, disability or financial hardship primarily for the population of Kingston upon Thames by:

- Providing information and advice to the general public about local health and social care services
- Making the views and experiences of members of the general public known to health and social care commissioners and providers
- Enabling local people to have a voice in the development, delivery and equality of access to local health and care services and facilities

- Providing training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing and monitoring local health and care services and facilities

Our Values

We adopt the same values as Healthwatch England, which inform all our work and influences our operational arrangements:

INFLUENTIAL

- We set the agenda and make change happen
- We are responsive
- We take what we learn and translate it into action
- We are innovative and creative
- We know that we cannot fix things by sticking to the status quo

INCLUSIVE

- We start with people first
- We work for children, young people and adults
- We cover all health and social care services, including hospitals, GP practices, care homes and community services
- We work for everyone, not just those who shout the loudest

CREDIBLE

- We value knowledge
- We seek out data and intelligence to challenge assumptions with facts
- We celebrate and share good practice in health and social care
We hold ourselves to the highest standards

COLLABORATIVE

- We keep the debate positive and we get things done
- We work in partnership with the public and the health and social care sectors including voluntary and community organisations
- We learn from people's experiences and from specialists and experts
- We build on what is already known and collaborate in developing and sharing new insights

INDEPENDENT

- We are independent and act on behalf of all consumers
We listen to consumers and speak loudly on their behalf
- We challenge those in power to design and deliver better health and social care services
- We like to highlight what works well but are not afraid to point out when things have gone wrong

4. Our Relationships

Working with the public, health and social care organisations and the voluntary and community sector is central to our approach.

In accordance with statutory guidance the Chair of Healthwatch Kingston is an active member of the Health and Wellbeing Board, the Health Overview Panel and the CCG's Governing Body. In addition our volunteers attend NHS Trust Board meetings, partnership boards, committees and planning groups.

We have support from the Royal Borough of Kingston, Kingston Clinical Commissioning Group and local NHS Trusts to work collaboratively with openness and transparency.

As a partner agency we have a proactive approach to working with the Care Quality Commission to ensure that their inspections benefit from our local insight, knowledge and experience of local services. Similarly we will work with South West London Collaborative Commissioning (an NHS England regional body) to develop the Five Year Forward View. Throughout 2016-17 we will monitor the development and subsequent impact of the South West London Sustainability and Transformation Plan.

In 2016-17, our work programme will further develop the positive working relationships we have with a diverse range of community and grassroots led organisations.

5. Our Strategic Objectives

The potential scope of our work is vast and this is why we have to prioritise the issues we focus on. We have several task groups who use a range of sources to inform their work. These are:

- The evidence and insight shared with us by local people about their experiences of health and social care services
- The evidence we gather from Enter & View visits
- The evidence we gather scrutinising performance data, needs assessment, qualitative surveys and consultations

In order to prioritise our work our Board consults with our task groups and carefully consider all these sources of information to decide which areas will add most value to the community. In so doing we:

- Ensure that our priorities fit with our role and responsibilities to ensure we are fulfilling our statutory duties
- Consider how much issues matter to local people so that our priorities are guided by them and that they have the confidence we are the voice of people in health and social care
- Determine how much change we can bring about so that we choose priorities on which we can have the greatest impact and deliver the best return for our resources
- Limit the number of priorities to five so that we can use our limited resources to best effect

In order to steer the delivery of our priorities and fulfil our statutory role we must have a core set of strategic objectives. As in our previous strategy these objectives are determined by our vision, mission and values. This year our strategic objectives will be focused on three clear statements of intent all of which will have a direct

influence on our work programme. At the heart of these objectives is listening and acting upon the voice of the consumer:

Strategic Objective One: To ensure current concerns about health and social care services are addressed through our work

Why? Through the eyes and ears of our community, and using our own information, we identify emerging themes and areas of concern which helps inform our priorities.

What are we going to do? Where there are significant issues or long-term problems we will take action and put forward recommendations. We will work with the Care Quality Commission so that our insight and intelligence is used as part of inspections of health and social care services. We will work with people to identify their assets and ensure that they have their say and to engage them in areas of interest to them so that they can see the outcome of their involvement.

How will we measure our success? We will identify changes brought about through our use of intelligence, highlighting priorities for our own future work programme and those of other organisations.

Strategic Objective Two: To ensure that services are built to meet people's needs and are shaped by the people who will use them

Why? Major changes in services are currently underway in our local community. The Kingston Co-ordinated Care Programme is a new opportunity to integrate health and social care provision. Personal budgets and patient choice also mean that individuals are making more decisions about their care.

What are we going to do? We will support local people to be part of these changes. Alongside local people, we will encourage health and social care providers and commissioners to engage directly and actively with their local communities, especially those people who are frequently marginalised or who have complex needs. When it is reasonable to do so we will advocate for and support the implementation of co-production across health and social care services.

How will we measure our success? We will identify when our work has driven local decisions on the shape of future services and investment.

Strategic Objective Three: To ensure we are an effective community led, well governed public body

Why? We want to ensure we are a credible, approachable and an innovative local Healthwatch and we want more people to join us to help deliver our priorities.

What are we going to do? The major part of this work is investing in our volunteers and ensuring they are supported to make an effective contribution. We want to ensure we are a community organisation that facilitates grassroots led opportunities.

How will we measure our success? We will carefully monitor our use of financial resources to ensure we are cost effective and evaluate our own contribution, to ensure we constantly learn and adapt, so that our community is empowered to contribute to our work in a meaningful and sustainable manner.

6. Our Work Programme

In addition to the information received from the public we also rely on our volunteers (known as active affiliates) to help decide our health and social care priorities and to develop an associated work programme. This can involve feedback about local health and social care services based on peoples lived experience or those of others, contributions at task group meetings, outreach work or being part of an Enter & View team.

During 2015-16 a number of active affiliates have helped shape our work programme including addressing issues such as access to health services for the visually impaired, raising the profile of homelessness in Kingston and supporting greater patient participation in the development of primary care services. This year we want to build on the energy and enthusiasm of our active affiliates and support more people to become involved in our task groups. A key area for growth involves supporting young people to have their say about mental health services.

In April 2016 a desk top review of our 2015-16 work programme was undertaken to help compile a list of priorities for 2016-17 which are detailed under the five service areas or domains listed below:

Domain 1 - Mental health services

Access to and the quality of mental health services has been a number one priority since 2013. Our mental health task group continues to investigate how well services are performing through visits to Tolworth Hospital, meetings with commissioners and providers and, most importantly, talking with people who have lived experience of mental health. On the whole mental health services work well in Kingston although issues about levels of funding and how this is spent needs to be explored. Consequently the opportunity to work with the community to help them co-produce a new mental health strategy will be the main focus for the next 12 months. Alongside the development of the strategy we will be working with young people to help them have their say about mental health services.

Domain 2 - Primary care services

Although mental health is our number one priority, it is closely followed by last year's top issue which was primary care, in particular access to GPs. Our community care task group has visited a number of GP practices over the past year and identified issues related to accessibility, appointments, continuity of care and patient choice. Our volunteers are currently helping the Kingston Clinical Commissioning Group (CCG) set up a Patient Forum as part of the development of a new primary care strategy as well as involvement in the development of a new primary care service in Surbiton.

Domain 3 - Social care services

Like mental health, social care services have been an area of interest since 2013, particularly the quality of home care services and support for carers. A key priority for 2016 will be the setting up of a dedicated home care project group to give this

complex issue the attention it requires. We will also continue to work with Kingston Carers Network to ensure the voice of the carer is heard across all service provision.

Domain 4 - Services working better together

The Kingston Co-ordinated Care Programme continues to remain a priority due to the need to ensure that this new way of integrated working delivers a seamless service, better use of resources, a needs led response and person-centred treatment and support. Our trustees and volunteers will continue to monitor developments through attendance at the Health & Wellbeing Board, Health Overview Panel and involvement with implementation processes. Another area where a more integrated approach would produce better outcomes for people concerns rough sleeping. A key priority for the next twelve months will involve working with local agencies to determine if there could be a better way of supporting people who are homeless.

Domain 5 - Hospital services

Ensuring people are discharged at the right time and are provided with the right support to recover effectively remains one of our top priorities in health and social care. Our hospital services task group will continue to visit Kingston Hospital and talk with patients about their discharge experiences as well as exploring better ways of obtaining feedback from patients. Issues such as communication between the hospital and the patient will be investigated during the year and our visual impairment project group will continue to work with the Royal Eye Unit to help improve signage and other accessibility issues.

Organisational priorities

In accordance with our governance structure and operational arrangements our work programme will be reviewed on a six-monthly basis and amended to take into account unplanned work or new local developments that we could not anticipate. Updates about the work of our task groups are provided at our public board meetings.

Our Board decides on our organisational priorities to ensure sound governance arrangements, contractual and financial stability and to support growth and business development, holding ourselves to account and demonstrating our performance. The nature of our organisational priorities will have a direct impact on our achievements against our health and social work programme.

We are accountable to the Council for delivering an effective and efficient local Healthwatch service and we report to our commissioner against a number of Key Performance Indicators (KPIs) based on our statutory functions. This information is made publicly available in two detailed reports covering the following periods:

- QTRs 1-2 (April-September)
- QTRs 3-4 (October-March)

As in the previous year we will have two work programmes (see Appendices) to deliver our priorities; one related to our health and social care priorities as highlighted above and another concerning our organisational priorities as set by the board. This year the Council will be re-tendering local Healthwatch functions

so the board will be engaged with this process for several months. This is the reason why this strategy is only for one year.

7. Governance

Healthwatch Kingston is a statutory body and a charitable company. It has been operating since April 2013 through an agreement with the Royal Borough of Kingston upon Thames and Parkwood Healthcare, with the latter agency providing the staff and support services to ensure the Board can deliver Healthwatch Kingston's functions.

As a local Healthwatch we must involve the public in our work and activities, so our priorities and work programme are based on input and feedback we get from our volunteers, service users, patients, carers, families, friends and people in the local community. We actively encourage involvement from local people, and the number of people that have become Healthwatch Kingston volunteers is ever increasing. In addition, Healthwatch Kingston actively encourages local stakeholders, such as community groups, voluntary organisations as well as providers, to join our activities to ensure that people from a range of different backgrounds and with different health and social care needs are represented.

Our organisational work programme is agreed and overseen by the Board. Their responsibilities are to:

- Review the strategy, priorities and work programme at Board meetings, with input from volunteers and members of the public
- Ensure that appropriate governance procedures are in place, and trustees receive training and support to carry out their roles
- Ensure that Healthwatch Kingston is transparent and open in its decision-making, procedures and engagement activities
- Regularly review the Key Performance Indicators to ensure Healthwatch Kingston is meeting its obligations to its commissioner
- Regularly review finance reports received from Parkwood Healthcare
- Agree new projects to supplement its income, in line with Healthwatch Kingston's strategic objectives and priorities
- Ensure that the Board meets its obligations in terms of Companies House and the Charity Commission
- Ensure that Healthwatch Kingston is an active member of the local health and social care economy and is represented on a wide range of committees
- Produce regular reports on its work, activities and outcomes
- Conduct an annual review of Healthwatch Kingston's governance structure and operational arrangements including policies and procedures

Board approval date: 25 May 2016

Review date: 1 April 2017

Addendum

The following publications were used to produce this document:

- Local Government Association: Establishing Local Healthwatch (Governance), 2012
- Local Government Association: Delivering effective local Healthwatch (key success features), 2013
- Local Government Association: Local Healthwatch Outcomes and Impact Development Tool, 2013
- Local Government Association: Local Healthwatch Governance (a self-assessment toolkit), 2015
- The King's Fund: Local Healthwatch (progress and promise), 2015
- Healthwatch England: Understanding the Legislation, 2015
- Healthwatch England: Maintaining Independence, 2015
- Healthwatch England: Draft Quality Statements, 2015

What are our AIMS?	What ACTIONS will take to achieve them?	What are our OUTCOMES?
DOMAIN: Mental health services		
<p>Priority 1 - New mental health strategy To support the implementation of co-production across the commissioning cycle, specifically the active participation of groups or individuals as equal partners in the development of a new mental health strategy.</p>	<ul style="list-style-type: none"> • Produce a joint project plan with commissioners. • Facilitate a system wide response to co-production, supported by an asset based community development approach. • Support the active participation of people with lived experience of mental health and their carers. • Nominate one of our trustees or volunteers to take a lead on mental health developments and to represent our interests at a strategic and operational level. 	<ul style="list-style-type: none"> • We have involved a wide range of people with lived experience and their carers. • We have embedded the principles of co-production in the commissioning process. • We have built a network of stakeholders to contribute to the implementation of the strategy. • We have influence at a strategic and operational level. • Our involvement promotes our commitment to ensuring people have a voice and an opportunity to be heard.
<p>Priority 2 - Young peoples mental health To raise the profile and importance of young peoples mental health and developed innovative solutions for better mental wellbeing.</p>	<ul style="list-style-type: none"> • Produce a project plan with the Kingston and Richmond Youth Councils and Healthwatch Richmond. • Conduct a survey to find out what young people think about mental health. • Facilitate group discussions and one to one conversation with young people to add depth to our understanding. 	<ul style="list-style-type: none"> • We have involved a wide range of young people so that we understand what matters most to them about mental health. • We have given young people the opportunity to be creative and develop new ideas. • We have increased awareness of commissioners and providers of the needs of young people. • We have evidence that we have improved mental health services for young people.
<p>Priority 3 - Enter & View visits To use our Enter & View function to have a positive influence on the delivery of health and social care services.</p>	<ul style="list-style-type: none"> • Produce a visit schedule and share this with stakeholders to gather feedback. • Carry out background checks to ensure we are informed about service delivery prior to visits. • Visit Tolworth Hospital and other services (including regional provision) to observe the environment, talk with patients, carers and staff and make recommendations. 	<ul style="list-style-type: none"> • We identify and share positive stories about service delivery as well as highlighting areas for improvement. • Our reports inform people about services by providing balanced and objective findings. • Our recommendations are acted upon and the service user experience is improved.

	<ul style="list-style-type: none"> • Share our findings with CQC, Healthwatch England, commissioners and other relevant partners. 	
DOMAIN: Primary care services		
<p>Priority 1 - New primary care strategy To support the implementation of co-production across the commissioning cycle, specifically the active participation of groups or individuals as equal partners in the development of a new primary care strategy.</p>	<ul style="list-style-type: none"> • Support the development of a Patient Forum that will have an impact on the implementation of the strategy. • Work in partnership with primary care Patient Participation Groups to strengthen the voice of the patient. • Nominate one of our trustees or volunteers to take a lead on primary care developments and to represent our interests at a strategic and operational level. 	<ul style="list-style-type: none"> • We have involved a wide range of people from all sections of the community. • We have embedded the principles of co-production in the commissioning process. • We have built a network of stakeholders to contribute to the implementation of the strategy. • We have influence at a strategic and operational level.
<p>Priority 2 - Service redesign To be involved in significant changes to service provision so that we are able to influence what happens on behalf of our community.</p>	<ul style="list-style-type: none"> • Nominate one of our trustees or volunteers to take a lead on the development of an Enhanced Primary Care Access Hub at Surbiton Health Centre and to represent our interests at a strategic and operational level. 	<ul style="list-style-type: none"> • We have influence at a strategic and operational level. • Our involvement promotes our commitment to ensuring people have a voice and an opportunity to be heard.
<p>Priority 3 - Enter & View visits To use our Enter & View function to have a positive influence on the delivery of health and social care services.</p>	<ul style="list-style-type: none"> • Produce a visit schedule and share this with stakeholders to gather feedback. • Carry out background checks to ensure we are informed about service delivery prior to visits. • Visit GP practices in accordance to observe the environment, talk with patients, carers and staff and make recommendations. • Share our findings with CQC, Healthwatch England, commissioners and other relevant partners. 	<ul style="list-style-type: none"> • We identify and share positive stories about service delivery as well as highlighting areas for improvement. • Our reports inform people about services by providing balanced and objective findings. • Our recommendations are acted upon and the service user experience is improved.
DOMAIN: Social care services		
<p>Priority 1 - Home care To contribute to an understanding about how well home care services perform and use this</p>	<ul style="list-style-type: none"> • Learn about current service provision and what quality assurance processes are in place. 	<ul style="list-style-type: none"> • We identify to what extent home care services offer more choice and control for service users, specifically enabling people to

information to make recommendations to commissioners of the service.	<ul style="list-style-type: none"> • Produce a project plan with stakeholders such as Staywell and Kingston Centre for Independent Living. • Conduct a survey to find out what people think about their home care services. 	<p>live independently.</p> <ul style="list-style-type: none"> • Our findings are used to improve service provision so that physical and mental wellbeing are at the heart of service delivery.
<p>Priority 2 - Carers To engage with a wide range of carers to understand what matters most to them in their caring role and to support their involvement across the health and social care system.</p>	<ul style="list-style-type: none"> • Nominate one of our trustees or volunteers to take a lead on the development of services for carers and to represent our interests at a strategic and operational level. 	<ul style="list-style-type: none"> • Our involvement promotes our commitment to ensuring carers have a voice and an opportunity to be heard. • Our partnership with Kingston Carers Network has helped strengthen the role of the Carers Forum and supported carers to be involved in our work.
<p>Priority 3 - Enter & View visits To use our Enter & View function to have a positive influence on the delivery of health and social care services.</p>	<ul style="list-style-type: none"> • Produce a visit schedule and share this with stakeholders to gather feedback. • Carry out background checks to ensure we are informed about service delivery prior to visits. • Visit care homes to observe the environment, talk with residents, carers and staff and make recommendations. • Share our findings with CQC, Healthwatch England, commissioners and other relevant partners. 	<ul style="list-style-type: none"> • We identify and share positive stories about service delivery as well as highlighting areas for improvement. • Our reports inform people about services by providing balanced and objective findings. • Our recommendations are acted upon and the service user experience is improved.

DOMAIN: Service working better together

<p>Priority 1 - Integrated services To monitor the roll out of the Kingston Co-ordinated Care programme to ensure that this new way of working delivers a seamless service, a needs led response and person-centred care and support.</p>	<ul style="list-style-type: none"> • Nominate one of our trustees or volunteers to take a lead on the development of integrated provision and to represent our interests at a strategic and operational level. 	<ul style="list-style-type: none"> • We have a good understanding about how integrated services improve the patient experience. • We have evidence of our influence on the closer integration of services.
<p>Priority 2 - Homelessness To engage with a wide range of stakeholders to develop better integrated options for people who are homeless.</p>	<ul style="list-style-type: none"> • Build on the success of our work last year to raise the profile of homelessness in Kingston and work stakeholders to improve service responses. • Produce a project plan with stakeholders such as Churchill Medical Centre, KCAH, 	<ul style="list-style-type: none"> • We have involved a wide range of people with lived experience of homelessness and the impact this has on their health and wellbeing. • We have worked with stakeholders and identified a new way of working.

	<p>Joel Project, Spear, YMCA, commissioners and statutory services.</p> <ul style="list-style-type: none"> • Work with people who are homeless to understand what matters most to them and what they need to get off the streets. • Explore news ways of working such as an integrated service that acts as a one-stop-shop, making it easier and simpler for homeless people to access support. 	<ul style="list-style-type: none"> • We have increased awareness of commissioners and providers of the needs of people who are homeless. • We have evidence that we have improved health and social care services for people who are homeless.
DOMAIN: Hospital services		
<p>Priority 1 - Communication To engage with a wide range of people to learn about what they think about communication processes between themselves and Kingston Hospital, specifically outpatient appointments.</p>	<ul style="list-style-type: none"> • Learn about current appointments system and what quality assurance processes are in place. • Produce a project plan in consultation with Kingston Hospital. • Collect information to find out what people think about their communication with the hospital. • Work with our volunteers who are visually impaired and those with a learning disability to monitor the implementation of the accessible information standard (e.g. secret shopper exercise). 	<ul style="list-style-type: none"> • We identify what people think about communication processes at Kingston Hospital. • We have evidence that we have improved communication processes. • We have learnt to what extent the accessible information standard has been implemented. • We have increased awareness of commissioners and providers of the communication needs of people.
<p>Priority 2 - Discharge processes To engage with a wide range of people to learn about what they think about discharge processes at Kingston Hospital.</p>	<ul style="list-style-type: none"> • Learn about current discharge processes and identify areas of good practice (e.g. Healthwatch England' report 'Safely Home'). • Produce a project plan with Kingston Hospital based on the successful project carried out by Healthwatch Richmond in 2015. • Collect information to find out what people think about their discharge from hospital. 	<ul style="list-style-type: none"> • We have produced a comprehensive report detailing our findings supported by recommendations. • We identify what works well in Kingston and what does not. • We promote best practice and better ways of working across the system. • We have evidence that we have influenced improvements to discharge processes.
<p>Priority 3 - Enter & View visits To use our Enter & View function to have a positive influence on the delivery of health and social care services.</p>	<ul style="list-style-type: none"> • Produce a visit schedule and share this with stakeholders to gather feedback. • Carry out background checks to ensure we 	<ul style="list-style-type: none"> • We identify and share positive stories about service delivery as well as highlighting areas for improvement.

	<p>are informed about service delivery prior to visits.</p> <ul style="list-style-type: none"> • Visit Kingston Hospital to observe the environment, talk with patients, carers and staff and make recommendations. • Share our findings with CQC, Healthwatch England, commissioners and other relevant partners. 	<ul style="list-style-type: none"> • Our reports inform people about services by providing balanced and objective findings. • Our recommendations are acted upon and the service user experience is improved.
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Organisational Work Programme 2016-17

Appendix B

What are our AIMS?	What ACTIONS will take to achieve them?	What are our OUTCOMES?
DOMAIN: Governance		
<p>Priority 1 - Focus on priorities To be focused on achieving our outcomes, but maintain our capacity to respond to urgent business (e.g. re-tendering of local Healthwatch) or new funding opportunities.</p>	<ul style="list-style-type: none"> • Develop an effective mechanism for delivering our priorities such as the establishment of project groups. • Consult with our stakeholders to ensure that we are acting in the best interests of our community. • Review what we have achieved on a regular basis and communicate this widely. • Ensure we are fully prepared to write and present our bid for the re-tendering of local Healthwatch. 	<ul style="list-style-type: none"> • Our priorities are supported by deliverable project plans and subject to regular reviews. • Our stakeholders understand what we want to achieve and are invited to comment on our progress and achievements. • Our annual report reflects the issues and priorities raised by our community. • We amend our governance structure and operational arrangements in response to feedback from our stakeholders. • We are the successful bidders following the retendering process.
<p>Priority 2 - Role of volunteers To ensure our volunteers understand their role so that their wide range of skills, knowledge and experience have a positive impact on external perceptions of HWK.</p>	<ul style="list-style-type: none"> • Follow our volunteer policy so that we recruit people who feel supported and motivated to contribute to our work. • Recruit volunteers that reflect the diversity of our community and/or use services. • Provide support, supervision and training opportunities. • Involve experienced volunteers in our training sessions, mentoring and personal 	<ul style="list-style-type: none"> • Our website includes up to date information about what our volunteers do and how people can volunteer for us. • We increase the number of people joining us as volunteers. • We retain the volunteers we have. • We increase the number of volunteers who reflect the diversity of our community and/or have experience of using services or

	<p>development opportunities.</p> <ul style="list-style-type: none"> • Celebrate the role of our volunteers. 	<p>are carers.</p> <ul style="list-style-type: none"> • We receive positive feedback from our annual volunteer satisfaction survey.
<p>Priority 3 - Continuous improvement To demonstrate our commitment to continuous improvement and acting on feedback from our community, voluntary and statutory partners and our commissioner.</p>	<ul style="list-style-type: none"> • Act in accordance with the Council's requirements as our commissioner. • Evaluate our impact using robust performance management processes. • Develop the scope of our work to ensure it continues to meet the needs of our community. 	<ul style="list-style-type: none"> • We deliver against our statutory functions and the Council is satisfied with our performance. • We receive feedback from our community that we act in accordance with our values and strategic objectives. • We listen to our partners so that we learn what we need to do to improve our role.
<p>DOMAIN: Operations</p>		
<p>Priority 1 - Ease of access To ensure anyone who wishes can contact us for information and advice that is accessible, up to date and provided in a timely manner.</p>	<ul style="list-style-type: none"> • Accessible website, publicity material and social media channels. • Systems in place to record contacts, inquiries and our response times. • Ensure information about us, how we work and what we do is up to date. • Establish links with other information and advice providers. 	<ul style="list-style-type: none"> • We have evidence our website is used as a source of information about what we are doing and what we can offer our community. • Our advice and information is being used to help people make informed choices about their treatment and care. • We have evidence that our signposting activities is supported and used by a diverse range of people.
<p>Priority 2 - Promoting consumer rights To ensure our community understands that as citizens and users of services they have certain rights in terms of quality and access to services.</p>	<ul style="list-style-type: none"> • Monitor inquiries to ensure the most disadvantaged are receiving information to make informed choices. • Analyses the information provided by services to ensure it is accessible, up to date and relevant. • Ensure services make it easy for individuals to make a complaint or provide feedback about the service they are using. 	<ul style="list-style-type: none"> • We have evidence that people are increasingly inquiring about their entitlement to services. • We use our website to provide information about the latest developments in health and social care that will impact on choice. • We use intelligence about service deficits to improve the experience of people accessing health and social care. • We have a good working relationship with advocacy providers and complaints services.
<p>Priority 3 - Research To ensure commissioners and providers respond positively to our evidence based assessments, intelligence and research based on the lived</p>	<ul style="list-style-type: none"> • Provide reports to commissioners and providers and ensure that they respond to our recommendations in a timely manner. • Use our knowledge of local services to 	<ul style="list-style-type: none"> • Our contributions are acknowledges and our recommendations are acted upon. • We are valued as an organisation that can provide unique insights about service

<p>experience of people using health and social care services.</p>	<p>contribute to statutory responsibilities such as the JSNA, Quality Accounts and statutory consultations.</p> <ul style="list-style-type: none"> • Respond to requests for local intelligence from Healthwatch England and the CQC. 	<p>provision.</p> <ul style="list-style-type: none"> • Our research and intelligence gathering supports improvements to service delivery. • Our reports to Healthwatch England and the CQC add value to their work.
<p>DOMAIN: Relationships</p>		
<p>Priority 1 - Community To understand our community and what it wants from us so that we are trusted to act as an independent voice speaking on behalf of people who use health and social care services.</p>	<ul style="list-style-type: none"> • Use local intelligence such as the JSNA to learn about the key issues facing our community. • Identify a variety of approaches to engage with people, particularly those whose voices are less heard such as young people, those with disabilities, the homeless and older people. • Involve people from a range of backgrounds in our community engagement activities, outreach work and Enter & View visits. • Implement a programme of grassroots led events that raise our profile and that of our target audience. 	<ul style="list-style-type: none"> • Our work programme is driven by input from our community. • We gather stories from individuals about how they have made a difference by engaging with us. • We have a diverse range of volunteers involved in our work, including outreach to seldom heard groups. • Our events attract a wide audience and our evaluation processes show that participants have benefited from their involvement. • Our outreach work demonstrates that we have reached out to all sections of the community.
<p>Priority 2 - Voluntary sector To be seen as a partner and a potential source of support by the voluntary and community sector, particularly service user led groups.</p>	<ul style="list-style-type: none"> • Develop partnerships with the voluntary sector to strengthen the voice of the community. • Promote best practice in the development of grassroots led networks. • Collaborate with community groups to champion high quality health and social care services. 	<ul style="list-style-type: none"> • We have evidence that our partnerships have has a positive influence on health and social care services. • We work collaboratively with our partners to bring about a more integrated approach to network development. • Our role is valued and supported by our voluntary and community sector partners.
<p>Priority 2 - Statutory sector To be treated as an equal partner and a critical friend by all sections of the statutory sector and influence what they do.</p>	<ul style="list-style-type: none"> • Involvement with statutory governance processes such as the Health & Wellbeing Board, Health Overview Panel, CCG's Governing Body and NHS Trust Boards. • Contribute to the development of local strategies, needs assessment processes and service redesign through attendance at relevant strategic meetings (e.g. dementia, 	<ul style="list-style-type: none"> • We provide regular input about what we know about our community. • We bring emerging themes about health and social care provision to the attention of statutory partners and they act on this information. • We have evidence that we have influenced commissioning decisions and supported

	<p>learning disability, carers)</p> <ul style="list-style-type: none">• Present evidence-based reports and recommendations about how services can be improved, such as Enter & View reports.• Influence the work of the CQC and Healthwatch England.	<p>improvements to service delivery.</p> <ul style="list-style-type: none">• We have a proactive relationship with the CQC and we are seen as adding value to their inspection processes.
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25 May 2015

Agenda Item 8: Performance Report Q3 & 4

Report by the Manager

Purpose

To provide the Board with a report on our performance over the last two quarters of the reporting year (October 2015 to March 2016).

Recommendations

The Board is requested to approve the report and endorse its findings.

Key Points

- A. This document sets out our performance against our key performance indicators as advised by our commissioner (Royal Borough of Kingston upon Thames).
- B. The key performance indicators included in this report are related to our statutory functions as set out in the service specification. In order to reduce duplication and repetition this way of reporting focuses on Top 10 KPIs, each with a strategic outcome and performance measurement supported by evidence that shows how each KPI has been delivered.
- C. It is important to note that our functions are interdependent and some activities such as Enter & View can be applicable to more than one KPI as is the case with intelligence gathering and partnership working across the health and social care sector.
- E. If approved by the Board it is recommended that the report is published on our website and comments invited from the public and any other interested party.



**Performance Report
October 2015 to March 2016**

1. Introduction

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

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

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

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

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

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

2. Our key developments

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

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

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

3. Our functions and what we have achieved

A. Promoting and supporting the involvement of local people

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

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

B. Obtaining the views of local people

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

	<p>primary care strategy</p> <ul style="list-style-type: none"> • Involvement with the Kingston Co-ordinated Care Programme
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C. Monitor the standards of local service provision

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

D. Produce reports and makes recommendations

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

E. Provide advice and information

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

F. Sharing information with Healthwatch England

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

4. Emerging themes

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

I. Kingston Hospital discharge

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

II. Carers of people with dementia

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

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

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

III. Needs of refugees

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

IV. Physiotherapy waiting times

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

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

V. Support for people with adult ADHD

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

5. Summary of our principle activities

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

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

