

Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 30 January 2019
Report Title: Chief Officer's Report (28 November 2018 to 29 January 2019)	Author: Stephen Bitti, HWK Chief Officer (SB)
PART A Agenda Item: 6	Appendices: None

### FOR INFORMATION and/or REVIEW/DECISION

The purpose of this report is to update the HWK Board on recent activities and progress in relation to contracts, projects and activities. The Board is requested to:

- 1. Note the HWK Chief Officer's Report (28 November 2018 to 29 January 2019).
- 2. <u>Endorse</u> HWK's approach/commitment (set out at the end of this report) to the NHS England funded, HW England requested engagement with Kingston residents on the NHS Long Term Plan as part of a SWL approach.

Subject:	Update:	Appendix:	Board/CO action:
HWK Trustee Enhanced DBS checks	Apart from recently appointed Trustee Board Member, SM, all HWK enhanced DBS checks are now completed.	No	Action: SB will arrange a time to process DBS check with SM.
HWK Contract and General Data Protection Regulation (GDPR) and HWK Data Protection Officer	HWK has been in communication with RBK. Amy Leftwich, Health Promotion Specialist in the Communities Directorate, thinks it is unlikely the Council would take on the DPO role for HWK, however she is checking with Information Governance to confirm the council's position.	No	Action: SB to chase.

Provision of Emotionally Unstable Personality Disorder Services for Kingston Residents	Kingston CCG have provided an update which is noted as part of the HWK Mental Health Task Group Chair's Report.	No	Action: SB to continue to seek updates from KCCG.
Youth Out Loud! (YOL!)	Work on the production of the (what is) Youth Out Loud! Short film with Steve Slavin, Filmmaker/Youth Educator has continued. A full update has been provided as part of LA's Project and Outreach Officer report to the Board.	No	Action: SB to continue to work with key stakeholders and attend YOL! meetings (as diary allows).
	A meeting with Doreen Redwood, Lead Children's Health Commissioner, for Kingston and Richmond Clinical Commissioning Groups took place in the first week of January to discuss YOL! and other ways that HWK might support engagement with Children and Young People (CYP) across Kingston.		
	POs have now been received and invoices raised for the 'Digital Youth Project'.  SBA will now work (1 day per week)		
	with LA to support our CYP work.		
All Age Learning Disability Partnership Board and Improving HWK accessibility to people with a Learning Disability	Now reported as part of SBA's Project and Outreach Officer (Learning Disabilities) report to the Board.	No	Action: None
Disability Confident Scheme (Levels 1-3)	Our 'Disability Confident Committed' certificate is now displayed at an accessible height, inside the office door. The period of this award is from 25.10.18 to 24.10.19. As a Disability Confident 'Committed' Employer, HWK has committed to:	No	Action: SB to work with SBA and SM to progress.

	Encure our recruitment process		
	<ul> <li>Ensure our recruitment process is inclusive and accessible</li> <li>Communicating and promoting vacancies</li> <li>Offering an interview to disabled people</li> <li>Anticipating and providing reasonable adjustments as required</li> <li>Supporting any existing employee who acquires a disability or long-term health condition, enabling them to stay in work</li> <li>At least one activity that will make a difference for disabled people.</li> <li>There are three levels to this scheme:         <ol> <li>Disability Confident Committed</li> <li>Disability Confident Employer</li> <li>Disability Confident Leader</li> </ol> </li> <li>Item 10 of this 30.01.19 Board         <ol> <li>Meeting Agenda provides an update to the proposed action plan timeline to achieve all Levels alongside the</li> <li>Time to Change Employer Pledge by the end of December.</li> </ol> </li> </ul>		
Time to Change Kingston funded Hub Application Interview	The Time to Change Kingston interview team, representing members of our partnership: Liz Trayhorn, RBK (TTCK Host); James Martin (TTCK 'Champion' and Chair of our Steering Group); Tony Williams (Chair of HWK Mental Health Task Group); Rianne Eimers (Chief Executive of Mind in Kingston) and SB met the formal interview panel on Thursday 24 January.  Time to Change will be announcing the results of this Tranche 3 funding round on Friday 1 February.	No	Action: None.

South West London	On Friday 18 January SWL HW	No	Action: Board is
STP: Healthwatch England Co-ordination grant for Healthwatch	received an email from John Taylor (here in full for accuracy):		requested to endorse HWK's approach
	'Dear Healthwatch Croydon, Healthwatch Kingston upon Thames, Healthwatch Merton, Healthwatch Richmond upon Thames, Healthwatch Sutton and Healthwatch Wandsworth		/commitment as part o a SWL approach.
	Healthwatch Engagement Programme: NHS Long Term Plan: Co-ordination Grant		
	You will have recently received an email from my Healthwatch England colleagues offering you an Engagement grant to provide extra capacity to engage local people as each STP develops their response to the NHS Long Term Plan.		
	We also need to identify one Healthwatch to act at the co- ordinating body for this engagement programme within each STP.		
	<ul> <li>The co-ordinating Healthwatch will:</li> <li>Agree engagement priorities with the STP,</li> <li>Liaise with Healthwatch colleagues and;</li> <li>Produce a report bringing together all the evidence and insight gathered by Healthwatch in that STP.</li> </ul>		
	For your STP area the available co- ordination grant is £5000.		
	We have calculated this grant based on the number of Healthwatch we anticipate being involved in your STP. If some Healthwatch do not participate and submit data and		

insight for analysis, this grant may be

reduced proportionally to reflect the reduced role.

The information below will help you to discuss the co-ordinating role with other Healthwatch in your STP area, so you can jointly nominate a Healthwatch for this role. We hope this can be decided locally amongst lead officers but where this is not possible, we have developed an application and selection process.

We know in some areas local conversations have already identified a co-ordinating Healthwatch and you have informed us of this. In the interests of transparency, we are providing this additional information and grant offer. We hope this extra information will enable you to confirm any existing decision as requested below.

If one or more Healthwatch wants to co-ordinate
Where agreement is not possible or several Healthwatch wish to

several Healthwatch wish to undertake the co-ordination role, we ask that you complete the online application.

### What you need to do:

- Read and consider all the information enclosed within this email.
- Following local conversations, respond back to me to confirm the agreed nominated Healthwatch to undertake the coordination function in this STP. Please copy in all addressees, including

grants@healthwatch.co.uk by 12 noon on Wednesday 30 January.

3. Or, where agreement is not possible locally and you wish to be considered for this role, complete and submit the online application form www.healthwatch.co.uk/nhslong-term-plan-engagement-programme by noon on Wednesday 30 January.

# What happens next?

Once we have your reply, Healthwatch England will confirm (or select) the coordinating Healthwatch and will issue a Grant Agreement including a schedule of activities as described in this email.

If you're selected as the co-ordinating Healthwatch, your engagement and co-ordination grant will be combined into one agreement.

We will ask you to sign and return this in early February and we will then issue the full grant payment immediately.

More information on the coordination role and grant All co-ordination activities to take place between February and June 2019.

As part of the role to facilitate coordination across your STP for this work you will need to:

 Set up and run an initial meeting with the NHS STP lead and Healthwatch colleagues to identify local priorities for engagement within the

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	programme framework by end of
	February.
	2. Agree and co-ordinate activities with Healthwatch and the STP to
	ensure they are complementary,
	avoid duplication and are carried
	out using a consistent approach.
	3. Inform and engage the STP and
	Healthwatch England on a monthly basis about activities, insights and
	findings to influence the emerging
	Local Plan.
	4. Liaise, where required, with any
	work undertaken locally by the Voluntary Community and Social
	Enterprise 'Health and Wellbeing
	Alliance'.
	5. Compile, submit and present an STP level report of feedback from
	the public, informed by the
	activities of all Healthwatch in that
	area by mid-June 2019 (template and quality assurance provided by
	Healthwatch England).
	6. Work with the STP to ensure that
	any changes made to Local Plans based on Healthwatch
	engagement are clearly
	communicated to the public.
	7. Use tools provided by
	Healthwatch England to provide learning on the process.
	Whilst this particular funded activity
	seeks to support local health and
	social care systems to utilise public engagement and insight into their
	planning, this in no way prevents
	Healthwatch England and Healthwatch

fulfilling their statutory functions which mandate independence.

Each STP will be responsible for demonstrating how they have taken account of local feedback and public engagement.

### How we will support you:

- Our national staff, including several secondments in policy, research and communications, will be available to assist and advise you when undertaking activities or analysing data.
- We will provide support via our research helpdesk to help you and will quality assure your analysis and draft STP report.
- We will produce branded materials and report templates to assist you.
- Our Network Development
   Team will continue to provide support to you through usual mechanisms.

## Possible questions you may have:

In our STP there are Healthwatch working in more than one STP area.

As co-ordinating Healthwatch, we will ask you to liaise with them and utilise any relevant findings and insight when compiling your STP report. Most Healthwatch can identify a primary STP area and the focus of their engagement activities will be led by the priorities of their primary STP area.

Co-ordination grant calculation

Each STP covers an area represented by a different number of Healthwatch ranging from 1-13. To take account of this difference, we have adjusted the co-ordination grant to reflect the complexity and work involved. The grant offer value is based on all Healthwatch participating in the engagement programme in your STP. If not all Healthwatch participate and submit data and insight for analysis your grant may be reduced proportionally to reflect the reduced role.

What is the role of the Voluntary
Community & Social Enterprise (VCSE)
'Health and Wellbeing Alliance'?
NHS England has commissioned this
national Alliance of VCSE health and
care agencies to communicate with
the VCSE sector about the Long Term
Plan and to provide additional routes
to engaging the public. When we have
more information about this offer
from NHS England we will share it with
you. Please see
link www.england.nhs.uk/hwalliance/'

SWL HW convened a conference call on Monday 28 January to discuss how we wished to respond, and we have agreed an identical approach. The following communication will be sent to HWE to confirm commitment from each SWL HW pending clarification.

*'We have discussed this with the other five Healthwatches for South West* 

London. Having had a track history of meeting and working together in the past, we believe we can share the responsibility of coordinating between us and could share £5000 to deliver this.

However, we are unsure of what is being asked and the timescales and resources we need to apply to deliver it. Asking each of us to gain 250 surveys without any idea of the number or format of the questions make it difficult for us to predict how much work, and therefore prepare the resources we need. Likewise, what are the expectations of the number and range of views we gain at events.

We need clarification on this, so we can plan resource accordingly. We feel 250 survey responses may be quite ambitious when you consider the resource between us, particularly if there is a lot of qualitative data to be analysed.

We have agreed that we would like to meet with Charlotte Gawne, Director of Communications and Engagement at South West London, to gain further insight of the local priorities of interest. We are trying to fix a meeting next week with a delegation of HW managers. However, we need to be sure that Healthwatch's independence is not compromised or is a replication of engagement work South West London plan to do. Again, we would like to get clarifications of the quidelines on this particularly as South West London NHS have announced a public discussion on the HCP in March-April.'