



Healthwatch Kingston Annual Report 2016/17



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Message from our Chair

Looking back on 2016/17 I'm immensely proud of what we have achieved across the board, but there are two stand out aspects I want to mention in particular. The new Mental Health Strategy for Kingston has been a triumph of co-production, sponsored and supported by Healthwatch, but with the active engagement of a broad number of service users, plus the relevant local commissioners and providers. The whole project was ably facilitated by one of our active affiliates, demonstrating the considerable amount of rich talent that we can call upon in the community to assist us in our work. With a launch planned for July 26th 2017, one key priority in the year ahead will be to make sure it is being implemented properly and that its impact is being felt.

The second key aspect was the innovative grassroots engagement programme we ran. The detail of this is reported on elsewhere in this annual report, but I want to thank the whole staff team for their ideas, inspiration and doggedness to make sure these events took place, that local communities felt engaged in thinking about the sort of health service they would like to see and that we gathered significant intelligence to share with planners. We look forward to delivering a similar programme in 2017/2018. Other key achievements included a major survey of young people to determine their views on local children's mental health services, a home care service user survey and survey

of communications on outpatients' appointment. Each of these important pieces of work has contributed a significant consumer voice to the relevant commissioning cycles.

Finally, I am also delighted to report that the current board were successful in the retendering process that took place in the autumn of 2016 and therefore won the contract to deliver Healthwatch Services in Kingston for the next four years. This was a great achievement and signified the realisation of long held ambition. We look forward to sustaining the pattern of effective engagement with the public, key stakeholders in the voluntary sector and statutory partners that we have pioneered over the last 4 years.

No Chair's message is complete without some thanks. The start of this new financial year saw considerable change in our organisation with two staff members moving on and two board members leaving having completed 4 years of good service. I therefore want to record my significant debt of thanks to the staff team of Stephen Hardisty, Sophie Bird and Diva Shah without whom none of what we strive to do would be possible. Also to the task group chairs Graham Goldspring, Ann Macfarlane and Nigel Spalding (also a board member) and to my other fellow board members Liz Meerabeau, James Davitt and Kim Thomas who worked tirelessly on the bid and who continue to provide good governance, financial expertise and expert knowledge of our field of activity.

Grahame Snelling

Chair of Healthwatch Kingston



Message from our Manager

At the time of writing this report, we are recruiting to the manager post, a position that has been vacant since the beginning of April 2017. Currently we are being ably supported by our colleagues from Richmond Healthwatch, who have provided interim operational management to the team.

The manager's role is critical to the success of our whole enterprise and sets the tone for our public engagement and interaction with partners. The manager is the day to day, front facing representation of our evidence-based, critical friend approach and therefore has to get it right first time and every time. No mean feat! We are looking for someone who can combine inquisitiveness, sensitivity, and critical awareness with excellent communication, facilitation and organisational skills, and Kingston Healthwatch has benefitted from two such managers in its life to date. We are optimistic we can recruit a third.

In 2016/17 the manager led the team to deliver much of what we set out to achieve in our strategy and priorities document. At the same time, local circumstances and new policy developments can cause a change of course and a mid-year re-think about what we are doing. This year there was a real sense of needing to consolidate how we go about our business, to make sure our policies and procedures were up to date and fit for purpose and that we

were a fully accountable and confident organisation. This was achieved, almost on top of the day job, because of a strong recognition that this was critically important as we scrutinised ourselves in preparation for the tendering bid.

Managers also need the active support of their team and equally must demonstrate the ability to motivate and inspire them. Much of what was achieved in 2016/17 relied on the willingness of the staff to get out there, meet consumers and stakeholders and make real on the ground what the board set as strategic goals. Our new manager must therefore be able to demonstrate this ability to interpret organisational ambition and drive into practical, doable tasks.

The manager is also the horizon watcher for Healthwatch, the person in the organisation who first picks up on trends, spots emerging concerns, and listens to individual stories that may suggest a wider issue that needs to be explored. In 2016/17, for example, our manager identified concerns about how the developing Choosing Wisely programme (suspended during purdah) might impact on key communities, leading to an equality impact assessment being commissioned by the CCG to assess likely impact.

I therefore want to record again the board's sincere thanks to our most recent manager who left for pastures new in April this year. We look forward to recruiting a new manager who can further shape our ambition to be the very best health and social care consumer champion that we can be.

Grahame Snelling
Chair of Healthwatch Kingston



Who we are

We exist to make health and social care services work for the people who use them. Everything we say and do is informed by our connections to local people.

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and not so good. We use **your voice** to encourage those who run services to act on what matters to you.



Our vision

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

Our mission

- To be the local champion for health and social care

Our values

- Independent
- Influential
- Inclusive
- Credible
- Collaborative

Our objectives

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

- The evidence and insight shared with us by local people about their experiences of health and social care services,
- The evidence we gather from visiting health and social care services (known as 'Enter & View'),
- The evidence we gather scrutinising performance data, needs assessments, qualitative surveys and consultations.

Our priorities

In addition to the evidence we collect 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' experience or those of others, contributions at task group meetings, outreach work or being part of an 'Enter & View' team.

Our work programme 2016/17

During 2016/17 our active affiliates helped shape our work programme including addressing issues such as access to NHS services, raising the profile of mental health services, supporting improvements to the way Kingston Hospital communicates with its patients and the quality of home care services.

In order to deliver our priorities our task groups developed a series of work programmes, which were regularly updated at task group meetings. These projects included:

- To contribute to an understanding about how well home care services perform and to use this information to make recommendations to commissioners of the services,
- To engage with a wide range of people to learn their views about communication processes between themselves and Kingston Hospital, specifically Outpatients appointments,
- To work in partnership with commissioners and to facilitate the co-production of a new mental health strategy for Kingston.

Alongside our work programme we facilitated and supported a diverse range of grass-roots led engagement events and activities to help our NHS partners in South West London learn more about what people think about their local NHS services. This work enabled us to engage with hundreds of people and to develop new partnerships with local people and to strengthen our ties to the community.



Another important project was to work in partnership with Healthwatch Richmond to support a better understanding of the emotional needs of young people and to understand what is required to improve wellbeing services.

Our governance

Underpinned by legislation, Healthwatch Kingston is a charitable company led by a Board of Trustees. 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 of Trustees can deliver Healthwatch Kingston's functions.

During 2016/17 the Council's existing contract arrangements with Parkwood Healthcare came to an end. This development allowed the Board of Trustees to bid for the new contract and in January 2017 they were notified as the successful bidder.

Consequently, arrangements were made to transfer all contractual obligations to the Board of Trustees from 1 April 2017. This process has involved an extensive review of the existing governance structure and operational arrangements.



*Listening to
local people's
views on health
and social
care services.*

This has been a very busy year for Healthwatch Kingston. We have visited many local groups, spoken with lots of people and arranged numerous engagement events.

Positive about mental health

One area in particular where we have listened to the views of local people involved the co-production of a new mental health strategy. This process was led by one of our active affiliates (Tony Williams, Chair of our Mental Health Task Group) with extensive staff support from Sophie Bird.

The aim of the strategy is to set out a five-year journey to enhance the mental health and wellbeing of the whole community in Kingston and to shift the provision of services towards prevention, early intervention and most importantly, to transform the experiences and care of people with mental health problems, their families, friends and carers.

Over 200 people participated in co-producing the strategy, many of whom were vulnerable or disadvantaged. They told us what they wanted so that people with mental health problems, however mild or severe, can live their lives as fully as possible. The co-production process was led by a multi-agency steering group and supported by a series of workshops run by Healthwatch Kingston.

The workshops were used to discuss Kingston's unique issues and assets and to

listen to what the community would like the results of the strategy to be, specifically that they are person-centred and incorporate outcomes for carers. Some of the key messages from local people are as follows:

"I can use my experience to help others"

"I am actively involved in decisions about my care"

"Services are focused on outcomes which are important to me"

"I feel that the service understands my needs"

"I always have a place to go where I feel welcomed and supported"

It is intended that the co-production community should be sustained so that it can continue to be involved in the implementation, delivery and ongoing review of the strategy during 2017-18 and beyond.



Caring about young people's emotional wellbeing

During the summer of 2016 Healthwatch Kingston, in partnership with Healthwatch Richmond, worked with local Youth Councils to listen to young people and find out about their emotional wellbeing, the support they need and what services they would want to access if they had a choice.

We collected the experiences of 1,580 young people and used these invaluable insights to produce a report accompanied by a short film made by young people.

The report found that some young people did not access help when they felt emotionally unwell because of the stigma they associate with mental health issues. A number of young people also highlighted concerns about the standard of care they had received and the ability of staff to connect with the young person they are helping. Some of the key messages from young people are as follows:

"I didn't feel like my problem was important enough"

"People would say.. get over it"

"Teachers and adults are often not educated about mental health"

"Any problem is worth talking about"

"I think online counselling is a good idea"



The report identified a number of recommendations:

- Accessibility, anonymity and confidentiality are key factors in improving young people's mental health services,
- Some services should be located out of schools, in a safe and discreet environment,
- Support should be available "all of the time", or at least before or after school times and at weekends,
- There should be more online counselling services or chat rooms and dedicated websites where young people can feel comfortable exploring and discussing their problems,
- Care should be more focused to help young people deal with their sexuality, ethnicity and gender,
- Services should be more person-centred, easily accessible and responsive ("no more waiting lists").



Working with other organisations

For 2016/17 Healthwatch Kingston secured funding from South West London Collaborative Commissioning (an NHS body) to facilitate and support a number of activities and events to actively engage with seldom heard communities.

Based on a community development approach we worked in partnership with local grassroots groups and the voluntary sector to create opportunities for meaningful discussions with a diverse group of local people about local health issues and health related matters.

In total we held 15 events attended by 680 people of whom 302 spoke with NHS representatives. The events targeted the following people from our community:

- Children and young people and their families,
- People with learning disabilities,
- People with mental health problems,
- Older people,
- People for whom English is not a first language,
- People with long term conditions,
- Refugees, asylum seekers and migrants,
- LGBTQ+ community,
- Carers,
- Socio-economically deprived communities,
- People with adult ADHD,

- People from different races and of different religions.

How we've worked with our community

We believe each group knew the best way to engage with the people with whom they work. We encouraged groups to be as creative and innovative as possible so that they could attract people on the basis that the event would be enjoyable and fun. Below is a list of Kingston based groups and organisations who worked with our local community and what they did:

- **Carers Network** - celebration evening of food, music and dance,
- **Mencap** - pampering and wellbeing day,
- **Refugee Action** - health fair event,
- **Environment Centre** - information evening, healthy barbecue and music,
- **Cambridge Road Estate** - family fun day,
- **Independent Living Centre** - information day,
- **St Peter's Church** - vintage banquet and a Christmas celebration,
- **RISE** - music evening,
- **Tamil Community** - first aid training day,
- **LTC Support Group** - coffee morning,
- **Nanoom** - Korean community day,
- **Eco-Op** - music evening,
- **LGBT Forum** - film festival.

Due to the success of these events, plans are in place to extend the programme into 2017/18.

What we've learnt from visiting services

In April 2016 our Hospital Services Task Group chaired by one of our active affiliates, Graham Goldspring, set out a schedule of visits to a number of outpatient departments at Kingston Hospital. The reason for the visits was to find out what patients thought of the communication processes between themselves and Kingston Hospital. This project was in response to information from a variety of sources (e.g. complaints) that appointments systems required improvement.

Task Group members wanted to find out what the current appointment system was like and what quality assurance processes were in place. This information helped inform members so that they could devise a number of questions, which were used as prompts to engage with people at the time of the visits.



From September 2016 - January 2017 task group members visited 10 outpatient departments and collected the views of 84 patients.

Our evidence and insight

What we learnt from these visits was detailed in a report with the following recommendations:

- Kingston Hospital should investigate standardising their appointments system so it is more effective and consistent across all departments. This would streamline communications and prevent patients getting confused by negotiating different processes,
- Kingston Hospital should work to improve verbal and visual communication, and ensure there is provision for patients with visual and hearing problems,
- Kingston Hospital should ensure that patients do not receive contradictory information regarding their appointments,
- Kingston Hospital should implement text and phone call appointment reminders across all departments,
- The self-check in machines should be monitored to assess their efficiency,
- Kingston Hospital should put up a sign directing people from Kingston Hill and Norbiton Station.



How our experiences are helping influence change

Our Community Services Task Group chaired by one of our active affiliates, Ann Macfarlane, agreed to develop a project to gather evidence to support a better understanding of home care provision. The reason for doing so was based on information received from, for instance, Care Quality Commission reports that some home care providers required improvement and that one commissioned service was no longer providing services in Kingston.

In order to gather evidence about current home care provision the Task Group devised a questionnaire, which with the help of some home care providers, was sent out to services users. We also visited two day-care centres to speak to service users. To encourage people to complete the form we gave them the opportunity to win one of four £25 M&S vouchers.

We received 66 completed forms out of 235 distributed (a return rate of 28%).

Our evidence and insight

The report is due to be published in 2017/18 and we anticipate that it will include recommendations such as:

Recommendations to Care Agencies

- Ensure that clients are asked on an annual basis whether or not they have been adequately involved in the planning of their care and remedial action taken, where necessary,
- Care plans, and changes to care plans, should be provided to clients in a format that best enables them to understand and utilise the information,
- Systems must be put in place to minimise missed visits by care workers,
- Care workers must be fluent in English (or, where practicable, the mother tongue of the client),
- Care workers should be given sufficient time for each visit so as to ensure that no client perceives that their care worker is in a rush when visiting.

Recommendations to Royal Borough of Kingston

- The ability of agencies to provide person-centred care, built around the changing needs of clients, must be a key criterion for the future commissioning of care agencies,
- The council should produce a statement on how it monitors the performance of the agencies from which it purchases services. This statement should be published along with an annual report on the results of the monitoring.

As one means of measuring performance, the council should set out a standard methodology for seeking client feedback, to be used annually by all agencies from which the council purchases services.



How we help people with advice and information

Healthwatch Kingston helps people in many different ways to enable them to get what they need from health and social care services.

- We provide a free, friendly and confidential service that is independent from the NHS and social care services.
- We have a signposting role which means we will give you the contact details that best support your request from a range of services.
- We can give you information about choices you have with regard to where you might get help in relation to your health, social care and wellbeing needs.
- We can put you in touch with sources of information on NHS and social care services in Kingston.
- We can give you information about what to do when things go wrong and you don't understand how to make a complaint.

Sometimes we will ask you if we can use your experiences about local health and social care services to help us to gather evidence about how well services operate.

The following case studies demonstrate how we do this:

Client A

Client A needed information about how to make a complaint concerning their treatment and care at a local GP practice.

How we helped

We advised the client to discuss their concerns with the practice in the first instance in case the issues could be resolved at a local level. If the client was not satisfied with this approach we advised them to make a formal complaint and provided contact details for a local advocacy service.

Client B

Client B wanted to make a complaint about the local Hospital.

How we helped

We signposted the client to the Hospital PALS (Patient Advice & Liaison Service). We then followed up to establish the outcome. The client had a positive experience with PALS and resolved the issue with no formal complaint necessary.

Client C

Client C was a parent and carer to a child with ADHD and was struggling to cope with the demands.

How we helped

We signposted the client to two local voluntary sector organisations; a carers support organisation, and a local ADHD Peer support group. These helped the client manage their own needs, understand the condition more, and relate to other family members in a similar situation.



How we make decisions

As part of our approach to good governance it is essential that we have in place clear, effective, transparent decision-making processes. As a charitable company and in accordance with company and charity law, our Board of Trustees is responsible for decision making as set out in the company's Articles of Association. Furthermore, legislation states that we must have a procedure for making relevant decisions, specifically to include provisions for:

- Who may make a decision,
- Involving lay persons or volunteers (known as active affiliates) in such decisions,
- dealing with breaches of any procedure referred to in the previous points which should include circumstances in which a breach would be referred to the Local Authority.

Relevant decisions could include:

- When to escalate issues to Healthwatch England and/or the Care Quality Commission,
- Which health and social care services we plan to scrutinise through our activities,
- The resources we will commit to these activities,

- Whether to request information from commissioners and providers,
- Whether to make a report or recommendation to a service provider,
- Which premises to “Enter & View”.

How we involve local people

Most relevant decisions will be made at our Board Meetings in public. Most of the decisions will be applicable to our work and will be discussed as part of the annual planning cycle and included in our work programme. A key feature of this process is involving members of the public as interested parties or volunteers (known as active affiliates).

Our volunteer recruitment is a key feature of our work and we have involved many local people in what we do. Without their contribution we could not fulfil our statutory role. The benefits of being an active affiliate include:

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

Our volunteers are offered training (e.g. ‘Enter & View’) and reimbursement of appropriate expenses.

Our people

Our Board

During 2016/17 our Board included:

- Grahame Snelling (Chair of the Board)
- James Davitt
- Helen Gravestock (until October 2016)
- Joel Harrison (until October 2016)
- Liz Meerabeau
- Nigel Spalding
- Kim Thomas

Our Active Affiliates

Our Active Affiliates (Enter & View trained) for 2016/17 were:

- Ann Macfarlane (Chair, Community Care Task Group)
- Graham Goldspring (Chair, Hospital Services Task group)
- Tony Williams (Chair, Mental Health Task Group)
- Pippa Collins
- Glenn Davies
- Jo Boxer
- Marianne Venegoor
- Helen Haywood
- Marita Brown
- Alan Moss
- Anne Blanche

Enter & View is one of the most powerful tools that Healthwatch Kingston can deploy to gather intelligence about patient and service user experience. It provides an opportunity to observe practice at first hand and as necessary to alert the organisations we visit to concerns about quality or the impact of policies. Active Affiliates who conduct Enter & View visits

are trained about the purpose of visits, best practice, and what is permitted and what is not. In addition, they all receive safeguarding training. Before each visit there is a briefing procedure, led by staff, to agree the scope of the visit, the format of the questions to be asked, and how the visiting team will be deployed. On their return there is a debriefing session and an opportunity to reflect on what has been heard, observed or learnt. This is especially important if the team has encountered any distressing or concerning situations. The team's notes will be collated and formed into a report that is sent to the establishment along with a set of recommendations that require a response within a 28-day time limit.

Healthwatch Kingston presented with Kingston Quality Award

In June 2016 Healthwatch Kingston was presented with the Kingston Quality Award in recognition of its commitment to the principles of volunteering good practice. The award was collected by our Trustee Liz Meerabeau.

What's next?

Over the last four years we have established a good local reputation for taking our place at the key forums that influence and shape health and social care planning, including the Health and Wellbeing Board, and for offering constructive observations about where things can improve. We have enabled service users and carers to enter into constructive dialogue with commissioners and providers alike. We want to sustain this successful approach and continue to offer a service to health and social care consumers that reassures them that their concerns and aspirations are being heard and listened to. In 2017/18 we plan to develop a closer partnership with our colleagues at Healthwatch Richmond to minimise duplication of effort and promote efficiencies. This is a logical next step given the re-configuration of commissioning arrangements across both boroughs that has brought ever closer alignment between the Clinical Commissioning Groups (CCGs). At the same time, we will continue to monitor the development of Sustainability and Transformation Plans across our 'footprint', facilitating dialogue between consumers, commissioners and providers, to ensure that Kingston residents reap the health benefits of the proposed changes. Internally we aim to complete recruitment to two key posts by the end of the summer and strengthen our board.

Our successful bid for the Healthwatch Kingston Contract proposed the following aspirations, summarised here, to measure our success in the future:

1. We aim to increase the amount of feedback from people about the services they receive especially from hard to reach groups
2. We will maintain a comprehensive advice and information database that can be easily accessed on line or through personal or telephone contact
3. We aim to increase the number of volunteers involved in our work, especially those from diverse or seldom heard communities
4. We will strive to ensure that local priority setting and service delivery is shaped by the views of local people, with an emphasis on co-production
5. We will aim to ensure that Healthwatch influences the planning and delivery of work by service commissioners and providers
6. Healthwatch will conduct its business in a professional, efficient and competent manner evidenced through compliance with the highest standards of governance and transparency in all that we seek to do
7. We will respond quickly to emerging concerns and issues stemming from local, regional or national intelligence
8. We will seek to promote the active inclusion of all Kingston's diverse communities in Healthwatch activities
9. Healthwatch will endeavour to increase public awareness of our work.

Our strategic and operational plans for 2017/18 will reflect these bold ambitions. We aim to be an agile and responsive organisation that learns quickly and responds promptly to what we see and hear about in our local community. Staying ahead, asking the right questions and anticipating what's coming up next will be our touchstone in the year ahead.



Our finances 2016/17

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	122,444
*Additional income - NHS SW London Grassroots Engagement	10,000
Total income	132,444
Expenditure	
Operational costs	25,745 [^]
Staffing costs	112,984
Office costs	9,691
Total expenditure	141,020
Balance brought forward - Parkwood Healthcare Ltd contract 0	
*Balance b/f - NHS SW London Grassroots Engagement	2,600

All of the above information has been supplied by Parkwood Healthcare Ltd except for the two items marked with an asterisk*.

The Operational Costs marked [^] include £7,400 spent on Grassroots Engagement.



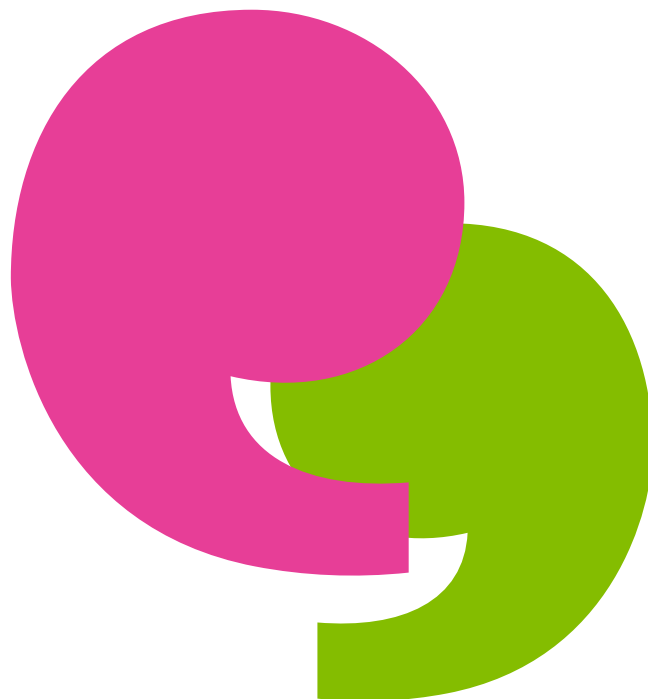
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Healthwatch Kingston upon Thames is a Registered Charity No. 115937 and a Limited Company Registered in England and Wales No. 08429159

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, the Care Quality Commission, NHS England, Kingston Clinical Commissioning Group and the Royal Borough of Kingston upon Thames.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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