

Our work with you

Then and now

Annual Report 2020-21



Contents

Message from our Chair	3
About Healthwatch Kingston	5
Our busiest year ever	6
Our governance, operations, quality assurance and managing risk	7
Our 2020-21 work areas that you helped choose	8
Then and now: How we've made a difference	9
1. Mental Health	10
2. Learning Disability	16
3. Hospital Services	18
4. Community Care	20
5. Young People	24
6. Safeguarding	27
7. Responding to Covid-19	29
Then and now: Helping you find the answers	33
Our people	36
Then and now: Local influence	38
Finance report 2020-21	39
Next steps: Message from our Chief Executive Officer	40
Our plans for 2021-22	41
Thank you from our Board	42
Statutory statements	43
Contact us	45

“Healthwatch staff and volunteers have continued to obtain the views of people about their needs and experience of local health and social care services, which has been particularly important during the Covid-19 pandemic. The team are passionate about promoting and supporting the involvement of local people in the monitoring, commissioning and provision of local health and social care services, which is highly valued in Kingston.”

Sarah Brown, Service Development & Commissioning Lead, Public Health Services,
Royal Borough of Kingston upon Thames

Message from our Chair

The period covered by this report has been dominated by the coronavirus pandemic, and at Healthwatch Kingston upon Thames (HW Kingston) we continue to be grateful for the ingenuity and fortitude shown by our colleagues in health and social care and the voluntary sector, delivering services in such difficult times, including the roll-out of the vaccination programme. HW Kingston has played a part in gathering views on the vaccine, and ensuring that accurate information reaches our population.



Dr Liz Meerabeau,
Chair, HW Kingston

At the beginning of lockdown in March 2020, the NHS was under central 'Command and Control' and there was little information available to us. That situation eased by May 2020 and it became apparent how much services had changed in response to the pandemic; service users' views of these changes were captured in a snapshot report by HW Kingston in spring 2020 and a longer term report is due to be published imminently. Initially all planned (elective) surgery and many investigative procedures were cancelled nationally, so our local health service (as elsewhere) is still addressing the longer waiting lists which this situation created, and encouraging people who avoided seeking advice on potentially serious symptoms to come forward. In primary care, virtually all face to face consultation was suspended, and it became 'virtual by default'.

Many of the changes which the NHS has introduced are seen as beneficial and it is keen to retain them, but Healthwatch organisations are gently reminding the NHS that (understandably) there was little or no public or patient involvement (PPI) in the changes, and that PPI now needs to take place both to give patients choice and also to ensure that the new services are used in the way they have been intended. An example is '111 First', a scheme to encourage people who are not seriously ill to ring NHS 111 rather than going to A&E. Another example, on which the NHS is keen to get insight, is the move to 'digital by default' consulting in primary care; there is data in our imminent experiences during the pandemic report on this, and also a [Healthwatch England report](#) focuses on it.

We have also received much more systematic information on social care, particularly care homes, and have regular meetings with RBK officers which are valuable. HW Kingston has also participated in developing a new framework for care providers, and is currently analysing data on residents' and family and friends' experiences in care homes during the pandemic.



Soon after lockdown started, on 1st April 2020, the six south west London clinical commissioning groups merged, and I have represented the six Healthwatch organisations at the SWL CCG Governing Body. HW Kingston's participation in such activities both gives us insight into changes in local health and care services and enables us to provide PPI. From 1 April 2022 the CCG is likely to disappear and be replaced by an Integrated Care System which sets aside much of the competition mandated by the 2012 Act and is more inclusive of social care. An important part of the ICS is the borough-based place committee, since many decisions will be made locally, although having reports on all six boroughs at the CCG is very useful in helping us benchmark our local services. Place committees should lead to a real focus on public health locally and will hopefully include other key services such as housing. The pandemic has focussed attention on inequalities in health, and Kingston has been declared a 'Marmot borough', embedding the six principles put forward by Sir Michael Marmot the expert on reducing inequalities. HW Kingston has contributed to this work through our activities in Race Equality Week and LGBT+ History Month. In addition, the place committee plays a key role in developing the primary care networks of GPs and other staff, particularly in population health management and strengthening links with community care.

We are particularly proud of our achievements in driving forward Time to Change in Kingston. At our Open Meeting on 20 October, I signed up HW Kingston to the Time to Change Employer Pledge. We were joined online by the staff team, Trustees, other volunteers, members of the local community, RBK and NHS colleagues, who all witnessed the signing.

You can watch the full online event of the pledge signing in the video [here](#). HW Kingston Board and staff have committed to the development of a Mental Health in the Workplace Policy that is committed to in our Employer Pledge Action Plan.

Lastly, we have had changes within HW Kingston. We said goodbye to Persephone since our funding as the Time to Change hub co-ordinator ended, but we are delighted that the work will continue and that she has a new role in Kingston. Tia joined our staff team in March 2020, just as we went into 'lock-down' but then said goodbye in August as she wished to continue her studies. We then welcomed Hen in September 2020 (who we recruited remotely to pick up our young people's and safeguarding work that Tia delivered previously). Two of our trustees, Nike and Winnie, stood down due to changes in their other commitments, but we have recruited a new trustee, Richard.

And at the end of March, having worked from home for a year, we moved from our office at the Kingston Quaker Centre to Siddeley House where several voluntary organisations are housed. I would, however, like to note our positive working relationship with the Quakers throughout our tenancy at the Centre. On behalf of the Board can I particularly thank our Chief Executive Officer, Stephen Bitti, his deputy, Candy, and our treasurer, Nigel, for ensuring this move ran smoothly.

About Healthwatch Kingston

Here to make health and care better

We are the independent champion for people who use health and social care services in Kingston upon Thames. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Healthwatch England network goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.



"Local Healthwatch have done fantastic work throughout the country during the Covid-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. Covid-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives."

Sir Robert Francis QC, Chair of Healthwatch England

Our busiest year ever

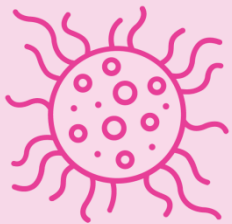
Find out about HW Kingston resources and how we have engaged and supported more people than ever in 2020-21.

Reaching out



We heard from **4,239** people who engaged with us through our projects and outreach in 2020-21. An **100% increase** over our previous year. People shared **18,489** experiences, views and concerns about health and social care. We provided advice and information to **25,406** people this year.

Responding to the pandemic



As part of the above, we specifically engaged and supported **2,656** people about Covid-19 in 2020-21, who shared **4,342** experiences, views and concerns with us. **3,754** of these were in response to our surveys, **348** by telephone or email, and **240** through questions at our Open Meetings.

Making a difference to health and social care and social media



We published **7** reports about the improvements people would like to see to health and social care services. From this, we made **25** recommendations for improvement. We also published **9** surveys and **6** newsletters (we doubled our subscribers in 2020-21). **379** social media posts reached **101,760** people.

Health and care that works for you



81 volunteers helped us to carry out our work.

In total, they contributed **4,985** hours (that's **712** days).

We employed **4.2 FTE staff (7 employees)**

The **same** as in the previous year.

We received **£129,00 in funding** from our local authority in 2020-21. The **same** as in the previous year.

Our governance, operations, quality assurance and managing risk

Our 4-year contract with the Royal Borough of Kingston upon Thames (RBK) began 1 April 2017 and was extended by a further year in 2021. We have maintained regular contract management meetings with RBK during the year. Our Board of eight Trustees became seven on 26 January 2021 and then reduced further to six on 31 March 2021. During this time, we recruited a new member of the Board (who began in May 2021). The Board continued to review the organisation’s governance structure, operational arrangements, quality assurance and associated risks during the year, and met virtually, but still open to the public in May, July, September, and November in 2020, then in January and March 2021. These six Board meetings were augmented by six private meetings and four extraordinary meetings as part of the Board’s response to the coronavirus pandemic and office accommodation.

The Board agreed changes to the operational model in March 2021 and we have now updated our ‘ways we work’ diagram (below) to help us inform local people and NHS and social care stakeholders.

Outreach and engagement support the ways we work. We use outreach to raise awareness about, and involvement with, the work of HW Kingston. We use engagement with people to raise awareness about (this includes signposting on our website and via social media), and to gather experiences of, NHS and social care services (through surveys, meetings and workshops).

“Proper risk management is absolutely critical to the delivery of our role as the independent champion for health and social care in the Royal Borough of Kingston. Our credibility rests on being a trusted voice in the local community; good risk management helps us achieve this.”

James Waugh, HW Kingston Board Lead for Risk Management.



Community Care, Hospital Services, Mental Health and Learning Disability Task Groups: Not meeting in 2021/22 but members volunteer their time, working with staff on a range of other related HW Kingston projects.

Making Safeguarding Personal: We deliver this Kingston pilot to help ensure experiences of people improve safeguarding services.

London Safeguarding Voices Group: We coordinate this group to help ensure people with ‘lived experience of safeguarding’ are part of the London Safeguarding Adults Board.

Response to COVID-19: We gather views and experiences of, NHS and social care services during the pandemic, to help ensure commissioners and providers respond appropriately to local needs.

Healthwatch Kingston 2021 Operating Model

HW Kingston was established under statute by the Government.

We are the independent health and social care champion contracted by the Royal Borough of Kingston upon Thames to involve local people in commissioning, provision and scrutiny of health and social care services.

We are also funded by the NHS and other organisations to deliver specific projects.

This diagram shows the ways we work.

Youth Out Loud!: We support this volunteer group of young people aged 13 to 17 years to review health and care services. (We do this in partnership with Healthwatch Richmond).

All Age Learning Disability Partnership Board: We independently chair and support this group to monitor the implementation of the Kingston All Age Learning Disability Strategy.

NHS and Social Care Transformation, Governance and Scrutiny: We represent community interests on a variety of influential local and regional boards, committees and groups to help ensure that local people have a say in NHS and social care service decision-making.

Communities Task Force, Mental Health & Wellbeing Subgroup: We chair and support this group to help ensure commissioners and providers meet the needs of people who use mental health services.

Other Healthwatch Kingston services:

We help people with questions about and signpost to local NHS and social care services.

We host a bi-monthly Open Meeting where people can relate their experiences of NHS and social care services and ask questions of commissioners and providers.



Time to Change Kingston: As part of the Time to Change Kingston Steering Group, we work in partnership with Time to Change Kingston Champions, local organisations and business to help reduce local mental health related stigma.



Our 2020-21 work areas that you helped choose

1. Mental Health:

- a. Review existing service user experience data and report key themes
- b. Support Time to Change Champions and events through Time to Change Kingston Hub Coordinator
- c. Provide chair and administrative support for the 'Thrive Kingston Mental Health Strategy Planning and Implementation Group' (year 3)
- d. Complete South West London and St George's Mental Health Trust Partner Fund projects - supporting a partnership approach to mental health awareness events in the community
- e. Monitor progress of specialist service provision to people with Emotionally Unstable Personality Disorder (EUPD).

2. Learning Disability:

- a. Capacity building HW Kingston to improve access to, and support meaningful engagement with, local people with a learning disability (year 3)
- b. Grow the Learning Disability Task Group of people living with a learning disability, their families, carers and advocates
- c. Provide chair and administrative support for the 'Kingston All Ages Learning Disability Partnership Board' (year 3).

3. Hospital Services:

- a. Review patient experience data and report key themes
- b. Continue to monitor Kingston Hospital NHS Trust complaints and procedures.

4. Community Care:

- a. Examine the impact of community care provision (such as home care and reablement) on service users, patients and where possible, their carers
- b. Develop links with GP Patient Participation Groups.

5. Young People:

- a. Support Youth Out Loud! (YOL!) to review health and care services (in partnership with Healthwatch Richmond)
- b. Support delivery (with other partners including Healthwatch Richmond) of the Digital Youth Project (year 2) to complete a series of short health and care films by young people for young people
- c. Support YOL! to develop its online and social media.

6. Safeguarding:

- a. Explore how the Community Reference Group for adult safeguarding will become a sustainable adjunct to the Kingston Safeguarding Adults Board
- b. Deliver the Kingston Making Safeguarding Personal pilot
- c. Continue support for the London Safeguarding Adults Board Conference Planning Group (year 2) and work to ensure people with lived experience of safeguarding are integral to safeguarding systems and processes across London.

7. Responding to Covid-19:

- a. Continue to gather views and experiences of NHS and social care services during and after the coronavirus pandemic, to ensure commissioners, providers and other system leaders respond appropriately to the health and care needs of local people.



Then and now: How we've made a difference

healthwatch
Kingston upon Thames

Tell us what you

think about NHS

and social care

We're here to help make
health and care better.

www.healthwatchkingston.org.uk

t: 020 3326 1255

f /HWKingston

🐦 @HWK:

1. Mental Health

Our 2020-21 Mental Health prioritised work areas were:

- a) Review existing service user experience data and report key themes
- b) Support Time to Change Champions and events through Time to Change Kingston Hub Coordinator
- c) Provide chair and administrative support for the 'Thrive Kingston Mental Health Strategy Planning and Implementation Group' (year 3)
- d) Complete South West London and St George's Mental Health Trust Partner Fund - supporting a partnership approach to mental health awareness events in the community
- e) Monitor progress of specialist service provision to people with Emotionally Unstable Personality Disorder (EUPD).



The logo for iCope, featuring the word 'iCope' in white lowercase letters on a green background. The 'i' is smaller and positioned above the 'C'.

Psychological Therapies Service

1a) Review existing service user experience data and report key themes

AIM: Provide evidence that supports improved experience of people using psychological therapies.

After reporting last year on the extended survey period, we shared that our Kingston iCope report was scheduled for publication in September 2020. This was to facilitate additional time for the formal response from the provider due to the then initial coronavirus pandemic pressures.

The Mental Health Task Group ran a **service user experience review of the iCope Kingston Psychological Therapies Service** (which closed the end of 2019). Progress on the reporting of this project has been hampered for a range of reasons, including Covid-19. The report has been restructured and is in the process of being finalised. Recommendations are now drafted, based on a revised analysis of the report content. We will note service development updates made since our initial research, as it is important for us to publish what service users shared with us, even though delayed. The final report will shortly be submitted to Camden and Islington NHS Foundation Trust (the provider) and South West London Clinical Commissioning Group (the commissioner) of the Kingston iCope service for their formal responses to the report's recommendations which will be incorporated into the report before HW Kingston publishes it. The iCope provider and commissioner have been notified of the revised timescales.

Time to Change Kingston

1b) Support Time to Change Champions and events through Time to Change Kingston Hub Coordinator

AIM: Change attitudes about mental health in our communities and workplaces.

During the past year, we continued to build upon and maintain engagement with Champions and the public but considering Government Coronavirus guidance, HW Kingston with TTC Kingston quickly adopted remote engagement, with meetings transitioning to the online platform, Zoom. As part of a raft of Champion project related work, the TTCK partnership also ran key events linked to Mental Health Awareness Week in May 2020, World Mental Health Day in October 2020 and Time to Talk Day in February 2021.



“I am so impressed by the achievements of Time to Change Kingston over the past two years. HW Kingston has done fantastic work in coordinating the Time to Change Kingston Hub. It has been wonderful to see the Hub grow and excel, through the outstanding efforts of the Hub Coordinator and Hub Champions. It is clear you have all worked with such passion and dedication to challenge mental health stigma and discrimination in Kingston upon Thames.”

Lucy Bailey, London Community Equalities Coordinator, Time to Change.



A brief history

Time to Change (TTC) was the national campaign to reduce mental health stigma and discrimination. Mind and Rethink Mental Illness ran the national TTC project funded by the Department of Health and Social Care, Comic Relief and the Big Lottery Fund. TTC created a network of hubs across the country to combine the insights from the national campaign with local knowledge to support communities, workplaces and

schools to help end the negative attitudes and behaviours towards people experiencing mental health problems.

HW Kingston and Kingston Council bid for funds to establish Kingston as the second funded hub in London in April 2019, with the Royal Borough of Kingston as Hub Host and HW Kingston as Hub Coordinator. HW Kingston then employed one staff member on behalf of the TTC Kingston partnership who coordinated campaigns, the TTC Kingston Champions Fund and events, and reported our impact quarterly to TTC national leads.



Then and now: Time To Change Kingston Engagement Project with the UK's largest Korean Community

Then: In 2018 the Royal Borough of Kingston (RBK) completed a needs assessment for its Korean community, the largest in the UK. HW Kingston recognised that identifying and supporting the health and social care of a hard-to-reach community was especially important in tackling health inequalities and the stigma of mental health issues so set about developing the means to open a more constructive and supportive dialogue.

Now: Time to Change Kingston (TTCK), supported by HW Kingston and other partners (including RBK and Mind in Kingston), set up multi-stakeholder engagement meetings with the Korean community in November 2020. Community groups were encouraged to own the project and develop plans to help reduce mental health stigma, facilitated by money from the TTCK Champions Fund.

Empowered by the support provided, the TTCK Korean engagement project group invested time and energy to create mental health top tips in Korean.

연락하기
친구, 가족 또는 이웃들에게 문자를 보내거나 전화하세요. 누군가와 수다를 떠는 것은 마음을 편하게 할 뿐만 아니라 치매 예방에도 좋습니다.

산책 및 가벼운 운동
밖에 나가면 기분이 상쾌해 지므로 가능한 정기적으로 산책이나 소용돌이 걸으세요. 밖에 나갈 수 없다면 창문을 열어 신선한 공기를 마시고 창 밖의 나무나 하늘을 보세요. 그리고 방에서 걷거나 간단한 운동을 하는 것도 스트레스나 긴장을 완화하는 데 도움이 됩니다.

새로운 것 배우기 ART & GIFT
새로운 것을 시도할 때 약간의 두려움을 느낄 수 있지만, 이것은 우리가 활동적이고 호기심을 유지하도록 도와줍니다. 노인회에서는 여러분들을 위한 합창, 국악, 무용 등 다양한 강좌를 운영하고 있습니다.

자신에게 친절하기
가장 중요한 조언 중 하나는 자신에게 친절해야 한다는 것입니다. 우리는 다른 사람들에게 친절하고 관대하지만 자신에 대해서는 매우 가혹하거나 불친절 할 수 있습니다. 어려운 시기에 우리의 마음을 부드럽게 하면 일이 더 쉽게 느껴질 수 있습니다.

시간을 바꾸는 킹스턴
let's end mental health discrimination

Graphically illustrated by a TTCK Hub Champion and translated by Korean attendees, the top tips were shared during Kingston Korean Senior Citizens (KKSC) zoom sessions and then printed and given out with Christmas cards and seasonal goodie bags to **150** people just before Christmas last year.

Our collaborative impact in this area: We have begun to build stronger relationships with community leaders. The positive feedback and success of the project has provided Time to Change Kingston and the HW Kingston team with key learning and a better understanding of how to establish constructive dialogue about stigmas associated with mental health, particularly in the Korean community.

Kingston's Tamil Community

Encouraged by progress in the Korean Community, Kingston residents from the Tamil community are building a website in Tamil offering basic information about mental health and signposting to local Tamil services. This will, once Covid-19 restrictions are lifted, be supported by a video featuring prominent people in the Tamil community talking about mental health. Taken together, the goal of achieving acceptance that there is no stigma having a mental health problem will be an important first step for people to be willing to seek and accept help.

Not the final curtain

In January 2021, Mind and Rethink Mental Illness announced that the Time to Change national campaign, would end on 31st March 2021.

As a result, our local Time to Change Kingston partnership funding from Time to Change also ended. However, at the beginning of our local Hub campaign the 21 organisations in our Time to Change Kingston partnership signed up to creating a self-sustaining Hub to support the work of Time to Change Kingston beyond the end of the national campaign.

HW Kingston agreed to act as Hub Coordinator and employ the coordinator post (on behalf of the partnership) for the agreed two years that ran up to the end of March 2021. Plans were put in place to ensure that from 1st April 2021, HW Kingston will continue commitments outlined in its 'TTC Employer Pledge' action plan and involve interested Champions in its mental health engagement activities. It will also remain as a partner of the Steering Group, supporting activities on an ad hoc basis. HW Kingston will however, pass on the coordination role to Mind in Kingston, to continue the support of our Time to Change Kingston Champions. Find out more about Time to Change Kingston [here](#).

Comparing the stats!

In 2020-21 Time to Change Kingston outreach and engagement activities contributed to the following outputs:

35 Champions (20 in the previous year) who had conversations with more than **1200** members of the public (400 previously) at **37** public facing events (10 last year).

Our Champions worked to reduce mental health stigma in Kingston volunteering over **1725** hours (600 hours last year) planning events, activities and campaigns.

Huge thank you for all your help making this possible!

Kingston Council

Healthwatch Kingston

Champions

Time to Change

Partners

Mind in Kingston

We could not have done all this without YOU!

Time to Change Kingston Celebration Event

On Wednesday 10 March 2021, a number of Time to Change Kingston Champions shared a whistle stop tour of their highlights of the project so far.

Watch the video [here](#).

1c) Provide chair and administrative support for the 'Thrive Kingston Mental Health Strategy Planning and Implementation Group' (year 3)

AIM: Provide independent facilitation for community scrutiny of progress against mental health strategy priorities.

In response to the coronavirus pandemic in March 2020, the Mental Health Strategy Planning and Implementation Group (MHSPIG) temporarily became the Kingston Covid-19 Mental Health Response Strategy Group.

As the 'Thrive Kingston Mental Health Strategy' was due to end on 31 March 2021, and given the consensus to complete unfinished relevant plans, the Group agreed there was a need for a review and refreshed strategy to incorporate emergent mental health needs due to Covid-19.

In December 2020, the group became the Mental Health and Wellbeing Subgroup (MHW) for the new RBK led Communities Taskforce (CTF) to avoid duplication, to support planning and provide scrutiny of a Kingston-wide, coordinated approach to address mental health needs, while augmenting and benefiting from the momentum across south west London and south London. The MHW regularly reports to the CTF and is in the process of reviewing evidence to create a refreshed Mental Health Strategy and priorities for Kingston.

1d) Complete South West London and St George's Mental Health Trust Partner Fund projects - supporting a partnership approach to mental health awareness events in the community

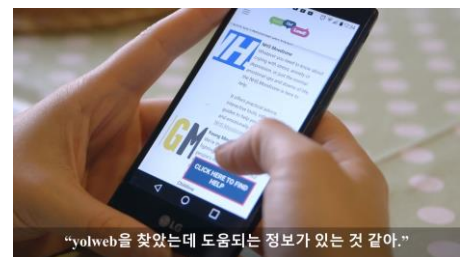
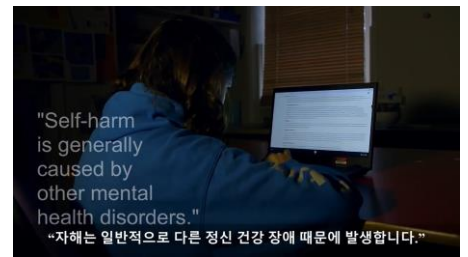
AIM: Raise awareness about mental health in our communities.

In our 2019-20 report, we noted our work with the Mental Health Trust, supporting a partnership approach to hosting mental health awareness events.

We reported that we had provided small grants to Rise Community Café and Fastminds for their Neurodiversity Festival and Korean subtitles had been added to the **Youth Out Loud!** film **'Self-harm: being a good friend'** made by and for young people. YOL! is supported by HW Kingston and Healthwatch Richmond (see page 24 to find out more about our work with Youth Out Loud!).

Our original intention was that the film would be used to either 'piggy-back' an existing Korean community event or run an event at a school attended by young people from Korean families. The event would then be co-branded with the Mental Health Trust Partner Fund and other key partners.

The feasibility of this engagement work was reviewed due to the pandemic and, in November 2020, HW Kingston met with a community leader from the Korean British Cultural Exchange, interested in raising awareness about Mental Health, who shared the film with North Korean community leaders, the Korean (North and South) Residents Society, the headmistress of North Korean Saturday school and the headmaster of South Korean Saturday School. Work will continue into 2021-22.





Then and now: Ensuring Emotionally Unstable Personality Disorder service is provided as agreed

Then: Early in 2017, people with 'lived experience of Personality Disorder' informed HW Kingston about a lack of specialist services for residents. In November 2017, having exhausted earlier requests for satisfactory information from commissioners, we made a formal referral to the Kingston Health Overview Panel. In response, a business case for an interim Personality Disorder service was approved by the Kingston and Richmond Clinical Commissioning Group (CCG) Finance Committee. South West London and St George's Mental Health Trust was due to implement the new PD service from 19 April 2019 and spot purchasing was available.

We continued our monitoring of specialist service provision to people with Emotionally Unstable Personality Disorder (EUPD) throughout 2019-20. Although the CCG and the Mental Health Trust had taken steps to provide an alternative service, HW Kingston (HW Kingston) was still hearing concerns from local people that service capacity did not meet local need. We learned that a service specification was to be created and requested that service users and local people be involved in this process.

Now: During the past year, HW Kingston (HW Kingston) further monitored progress of specialist service provision to people with EUPD (HW Kingston work area 1e).

The Chair of Trustees wrote to SWL CCG Mental Health leads in June 2020, asking for clarification on: Whether the EUPD service in Kingston was fully operational and comparable to the service provided to residents of the other five SWL boroughs. If it was not yet fully operational, whether there was scope for user involvement in its design; whether the service was available to everyone with EUPD, as HW Kingston had been told that it covers only a fraction; if so, what was the rationale for this, and what was the provision for people with EUPD who are not eligible; and what volume of spot purchasing had taken place?

The response to the letter from CCG Mental Health commissioning leads was discussed at both the HW Kingston Mental Health Task Group and HW Kingston Board and it was felt a further letter was required to explore the core unresolved issues identified. The questions were: What was the scope of the service provided for people in Kingston? Does a significant cohort fall outside it? Was a future service in design and was there scope for Patient and Public Involvement in shaping it?

Our current impact in this area: We reconnected with SWL CCG Mental Health commissioning leads on 11 December 2020, when it was agreed that input should be sought from RBK Public Health about the estimated size of the Kingston population who may be living with EUPD at the present time. CCG leads also re-confirmed that spot purchasing of specialised EUPD services would be made available to people identified with EUPD by the system.

HW Kingston have also asked SWL Primary Care commissioning leads about how integrated community mental health providers are made aware of the availability of spot purchasing. The Mental Health Trust Transformation Programme may also provide a vehicle for improvement / harmonisation of the Kingston EUPD service with other SW London boroughs. HW Kingston Mental Health Task Group members have also been invited to take part in the planned workshops to co-design new services.

2. Learning Disability

Our 2020-21 Learning Disability prioritised work areas were:

- a) Capacity building HW Kingston to improve access to, and support meaningful engagement with, local people with a learning disability (year 3)
- b) Grow the Learning Disability Task Group of people living with a learning disability, their families, carers and advocates
- c) Provide chair and administrative support for the 'Kingston All Ages Learning Disability Partnership Board' (year 2).

2a) Capacity building HW Kingston to improve access to, and support meaningful engagement with, local people with a learning disability (year 3)

AIM: Ensure HW Kingston is "Learning Disability Friendly".

We have continued to convert our outreach and engagement materials (such as our reports and surveys) into Easy Read. These are then shared with other stakeholders such as the Involve Peer Advocates, Kingston Mencap and Eco-Op for review and feedback before being published.

In May 2020, **HW Kingston became the first, and only Healthwatch** to become national holders of the **Plain English Campaign's Internet Crystal Mark** for being committed to plain English across our website.



HW Kingston created an Easy Read version of the 'Let us know what you think about the Covid-19' survey and similarly for our survey of experiences of residential care and supported living homes survey during Covid-19.

2b) Grow the Learning Disability Task Group of people living with a learning disability, their families, carers and advocates

AIM: Support people with a learning disability, their families, and carers to have a say in their health and social care services.

The HW Kingston Learning Disability Task Group (LDTG) held monthly online Zoom meetings from the beginning of the Covid-19 crisis to support regular contact with LDTG members.

HW Kingston attended the Kingston Mencap "Let's Talk" meeting, to gather local people's views on NHS and social care services during Covid. Attendees enjoyed the session, talking about what was good, as well as what wasn't, and the differences they have found, with services adjusting to being "Covid safe". Numbers attending the LDTG had grown slowly but in January 2021, we discussed how the LDTG could fit into the "Let's Talk" meetings and help further increase engagement with people living with a learning disability, their families, carers and advocates.

HW Kingston also ran Enter and View training sessions for LDTG members, so that they can join HW Kingston staff on visits to GP practices, once it is safe to do so.

2c) Provide chair and administrative support for the 'Kingston All Ages Learning Disability Partnership Board' (year 2).

AIM: Provide independent facilitation for community scrutiny of progress against All Age Learning Disability strategy priorities.

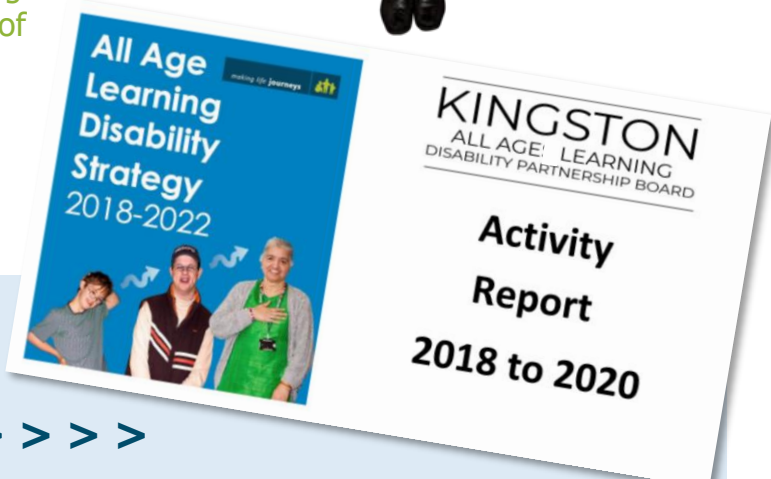
We had intended for the 'End of Year' All Age Learning Disability Partnership Board community event to take place in April 2020, but due to the pandemic, the event was rearranged, and redesigned. Partners worked together to assess how best to progress the event planning and other work of the Partnership Board, considering the Covid-19 public health and safety restrictions.

The Board continued to work through its two work groups and focused on previously agreed projects. One work group on health and wellbeing, looked at good physical and mental health services to keep people well and how to ensure health and social care services work well together. The other on communications, looked at good information and support to help people with a learning disability, their families, carers and advocates to make choices and get the right services.

HW Kingston supports the Partnership Board, which is independently co-chaired by our Chief Executive Officer and people living with a learning disability. Our 'Year in Review' report, captured the work of the Partnership and was launched at the new online community event in December 2020.

“When I became disability champion, I had limited understanding of the world of learning disabilities. HW Kingston has given me the rare privilege of being allowed into the world of learning disabilities. It has made me aware of the way in which I use language to communicate. It has made me aware of the need to really listen to the person speaking. Without a doubt, my life has been enriched through this exposure and I hope that I have adequately represented the people I know who have learning disabilities when the need has arisen. Thank you Healthwatch for educating me and always valuing and listening to people who have a unique way of looking at life.”

Councillor Christine Stuart,
Royal Borough of Kingston
Disability Champion



 **To find out more**
> > > > > > > > >

3. Hospital Services

Our 2020-21 Hospital Services prioritised work areas were:

- a) Review patient experience data and report key themes
- b) Continue to monitor Kingston Hospital NHS Trust complaints and procedures.

3a) Review patient experience data and report key themes

AIM: Provide evidence that supports improved experience of people using hospital services

The regular face-to-face, Kingston Hospital Healthwatch Forum meetings were postponed during the first part of the year due to Covid-19 pressures on the hospital and the need for patient safety. These began again virtually on 2 December and included an update on the hospital's response to Covid-19, maternity services, dentistry and their Dementia and Delirium strategy.



Then and now: Adult Inpatient Wards Enter and View

Then: At the end of 2019 and the beginning of 2020, Kingston conducted a series of Enter and View adult inpatient wards at Kingston Hospital.

Now: During the past year HW Kingston (HW Kingston) Kingston Hospital mutually agreed an extended timeline to complete our report for publication due to the unprecedented impact of the coronavirus pandemic and the need to prioritise a local response. We do, however, always have in mind the patients who shared their experiences with us to make this report and its recommendations. We have been eager to publish this report, so they know we have listened.

HW Kingston made **nine** recommendations to Kingston Hospital and their formal response is published in our [Enter and View report](#) (completed on 31 March 2021).

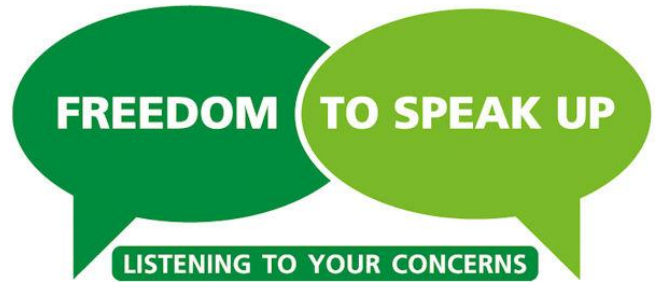
Our impact in this area: Kingston Hospital shared the findings, recommendations and their planned action relating to our report at their Patient Experience Committee in mid-June 2020.

Kingston Hospital has also agreed to update HW Kingston on actions they have taken in response to recommendations about discharge from hospital in our ['What was leaving Hospital like?' report](#), (published in December 2019, at the time our Enter and View visits began), at the Kingston Hospital Healthwatch Forum later this year.



3b) Continue to monitor Kingston Hospital NHS Trust complaints and procedures

AIM: Ensure continued robust complaints procedures are available and learning from complaints informs hospital improvements.



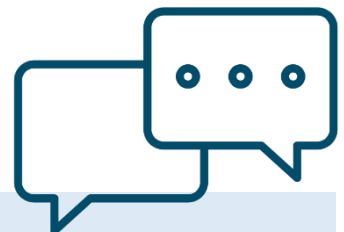
The Kingston Hospital Freedom to Speak Up Guardian joined a HW Kingston Hospital Services Task Group (HSTG) online meeting on 11 June 2020. This proved to be an extremely informative and positive meeting in which more information about the role was shared. We learned about projects to support culture change at the hospital that aim to encourage more open dialogue between staff and more opportunities to air grievances or complaints.

The HSTG also welcomed the opportunity to promote the importance of such a role at Kingston Hospital, especially to establish a culture of openness, diversity and inclusion.

HW Kingston continued to monitor complaints and procedures at the hospital in our analysis of experiences, views and concerns shared about hospital services through responses to our surveys and other, currently virtual, engagement activities.

“Our relationship with HW Kingston is a true partnership that brings us insight, opportunities for collaborative working and constructive challenge. These contributions are of great value and we are committed to ensuring they feed into our work to improve patients’ experience of care and treatment at Kingston Hospital.”

Jane Suppiah,
Head of Patient Experience
and Involvement,
Kingston Hospital NHS
Foundation Trust



Share your views with us

If you have a query about NHS or social care services, or need help with where you can go to access further support, please get in touch. Don't struggle alone. HW Kingston is here for you.

 www.healthwatchkingston.org.uk

 **020 3326 1255**

 info@healthwatchkingston.org.uk

4. Community Care

Our 2020-21 Community Care prioritised work areas were:

- a) Examine the impact of community care provision (such as home care and reablement) on service users, patients and where possible, their carers
- b) Develop links with GP Patient Participation Groups.

4a) Examine the impact of community care provision (such as home care and reablement) on service users, patients and where possible, their carers

AIM: Support improvements to their health and wellbeing.

HW Kingston continued its work in this area through our Community Care Task Group in 2020-21. The impact of this work is illustrated in the 'Then and Now' case study starting on the next page, which covers six years of work. It demonstrates how it can take patience, persistence and time to achieve significant change; a measure of the value of Healthwatch involvement.

FACTS: Care at Home (often also described as home care) is a critical service for many people in Kingston. A council report in September 2020, stated that:

- **550** people, who had met the council's eligibility criteria, were receiving Care at Home commissioned and funded by the council
- The average number of hours per week received by each service user was **between 13 and 14**
- The age range of the service users spanned from **18 to 105**
- Another **200** people were receiving a Direct Payment from the council so that they could organise their own Care at Home
- It was estimated that a further **1650** people were commissioning and funding their own care privately.

4b) Develop links with GP Patient Participation Groups.

We have engaged Kingston Clinical Commissioning Group (CCG) leads to explore how best to achieve this and met on a regular basis with POHWER (the Independent Health Complaints Advocacy service) to discuss partnership working. With the support of CCG colleagues, GP managers have been contacted to share HW Kingston's 'Test and Trace Service' survey with their Patient Participation Groups.





Then: Care at Home - Six years of work

In 2015, the HW Kingston upon Thames (HW Kingston) Community Care Task Group (CCTG) was alerted to concerns about the quality of Care at Home services available in Kingston, particularly those being provided by the council. One of the three agencies originally commissioned by the council was no longer being used and services were being purchased on an ad hoc basis to keep up with demand.

This led to an extensive and protracted dialogue between the CCTG and the council, as HW Kingston sought to identify how services were being delivered and, crucially, how client feedback was obtained and issues resolved.

The council's own survey only focused on the *circumstances* of service users, rather than on their *experiences of the service*.

So in 2016 a detailed survey was developed by the CCTG, supplemented by interviewing service users who were attending local day centres. Of the **235** questionnaires issued, **66** were completed and returned.

HW Kingston reported its findings in July 2017 and directed the following recommendations to all home care agencies operating in Kingston:

- Ensure all clients are asked annually whether or not they had been adequately involved in the planning of their care, and remedial action taken where needed
- Provide clients' care plans, and changes to care plans, in a format that enables them to understand and make practical use of the information
- Put systems in place to minimise missed visits by care workers
- Ensure care worker fluency in English or the mother tongue of the client
- Allow sufficient visiting time to ensure no client perceives visits are rushed.

The report also made two recommendations to Kingston Council:

- The capability of person-centred care, built around the changing needs of clients, must be a key criterion for the future commissioning of home care agencies
- The council should produce a statement on how it monitors the performance of the agencies from which it purchases services, and 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.

Subsequently, HW Kingston learnt that the council proposed new 'Wellbeing Teams' to provide more 'person-focused' support for people requiring care at home. To find out what care home users thought about the plans, HW Kingston agreed to host community engagement workshops and run an online survey. This collaborative work with the council also partnered with the Kingston Centre for Independent Living and Kingston Carers Network. Two workshops for **47 attendees** were run in December 2017 and a survey sent to **over 1,150 recipients** including residents in receipt of home care, HW Kingston stakeholders and through our partner organisations.



The valuable feedback led directly to HW Kingston publishing its '[Future Home Care Provision in Kingston](#)' report in February 2018.

This recommended:

- Home care provision should support the aspirations, goals and priorities of each person, rather than providing 'one size fits all' services
- Home care provision should involve people and their carers in discussions and decisions about their care and support and agreeing mutual expectations
- Home care provision should offer people and their carers information about local support groups and networks, and activity groups
- Home care provision should ensure people using services and their carers have information that supports them to make informed choices about their care
- Home care provision should regularly seek feedback (both positive and negative) about the quality and suitability of their home care.

Then in November 2018 a report presented to a council committee entitled 'Maximising Independence' focused on Reablement services provided for the short-term for people following hospital discharge. It noted the council *"had a contract with Your Healthcare to deliver Reablement services and that the principle of Reablement was similar to the concept of Wellbeing Teams contained in the November 2017 report"*. The report observed that the 2017 proposal would have resulted in RBK becoming the sole supplier of Care at Home support and costs would have risen by about 20%.

The council's 'Maximising Independence' report did not make it explicit that the previous Care at Home proposals were being discarded. Nor was it clear how the council planned to improve the quality of the Care at Home that it was providing.

With no news for several months, a HW Kingston Trustee submitted questions for the Public Questions section of a council committee meeting in June 2019. Although not answered, in the meeting council officers offered to meet with HW Kingston to provide a detailed update on Rehabilitation and Care at Home. This proved to be a useful meeting, and effective ongoing communication has been maintained between the council and HW Kingston since this time.



Now: Care at Home - Six years of work

HW Kingston was informed that officers were working towards a Care at Home Framework based on using any service provider that could demonstrate its ability to meet pre-specified standards for a fixed price, which was increased to ensure that all staff could be paid the London Living Wage. HW Kingston endorsed this development because it avoids a “race to the bottom” through care agencies having to compete on price; it put the emphasis on quality not price; and it encouraged partnerships rather than competition.

In July and August 2020, the council interacted with **79** of its service users and their family members through various methods of engagement to gauge how they felt about their current services and their wants for the future. This engagement led on to the production of a statement of ‘Outcomes that matter to people about the support they receive in their home’ on which HW Kingston was also invited to comment.

Despite the challenges created by the pandemic, a ‘Care at Home Framework 2021-2026’ was presented to a council committee in September 2020 and the committee approved a flexible fixed rate Framework from which Care at Home (Homecare and Reablement) could be procured for implementation in April 2021. The report stated: *The proposed framework will ensure consistency regarding contract terms and conditions, payment terms and quality standards. It will be sufficiently agile to respond to increasing and evolving demand for a more flexible and personalised approach to care whilst maximising independence for adults of all ages, including the delivery of reablement and technology enabled care.*

Our collaborative impact in this area: During the autumn/winter of 2020/21, home care agencies were invited to apply to join the Framework. Many more home care agencies applied than was originally anticipated (including some newly established agencies, even in the midst of the pandemic). It is hoped that using a wider range of agencies will increase the level of choice that service users can exercise and ensure that the service more effectively meets their needs and helps them to retain as much independence as they can for as long as possible. Although the Framework focuses on the **550** people receiving Care at Home from the council, it is also hoped that the arrangements will have a positive impact on the care market and benefits for the bigger number of people who fund their own care. The ‘Care in the Home’ and ‘Reablement’ Framework is live from July 2021. We look forward to hearing feedback from the council and service users on their experience of the Care at Home service that will now be provided. The success of developing the working relationship with the council also provides a model for future engagement:



“Meeting with HW Kingston gave commissioners a closer understanding of how personalised the Care at Home Framework needed to be. This and communication from service users were fed into the specification which is now increasingly person centred and allows for a more flexible approach to the delivery of Care at Home. In addition the Framework has introduced 16 new Care at Home providers into the Borough who will not only be actively working with RBK service users but also the buoyant private funded market.”

Madi Turpin, Programme Lead Adult Social Care Commissioning,
Royal Borough of Kingston upon Thames

5. Young People

Our 2020-21 Young People prioritised work areas were:

- Support Youth Out Loud! (YOL!) to review health and care services (in partnership with Healthwatch Richmond)
- Support delivery (with other partners including Healthwatch Richmond) of the Digital Youth Project (year 2) to complete a series of short health and care films and podcasts by young people for young people
- Support YOL! to develop its online and social media.

Youth Out Loud! (YOL!), is a group of young people aged 13-17 from Kingston and Richmond helping to improve NHS care and the wellbeing of young people.

5a) Support Youth Out Loud! (YOL!) to review health and care services (in partnership with Healthwatch Richmond)

AIM: Support young people to have a say in their health and care services.

Due to Covid-19 pressures on Kingston Hospital and service re-design, it was decided that a new 'virtual 15 Steps Challenge' would be beneficial for both Youth Out Loud! and the sexual health clinic, rather than the originally planned pre-pandemic review. 'Mystery shopping' scenarios have been reviewed by YOL! and the 'virtual' review has been re-scheduled to take place in 2021-22.

5b) Support delivery (with other partners including Healthwatch Richmond) of the Digital Youth Project (year 2) to complete a series of short health and care films and podcasts by young people for young people

AIM: Develop a library of health and care films and podcasts made by young people for young people.

Our work with YOL! focused on giving teenagers appropriate information on local and national services, raising awareness of young people's experiences, and growing the number of YOL! members. We also provide opportunities for young people to develop skills and experiences through our Digital Youth Project.

Activities in 2020-21 included:

- **6** new members recruited to YOL! over the year
- **175** hours contributed by **11** dedicated YOL! members
- **2 YOLTalks! Podcasts** produced by young people (another is now in production specifically for mental health). These were distributed through social media and by 65 youth organisations and schools and covered: food, eating and body perceptions during lockdown; and experiences of being LGBTQ+



Understanding young people's experiences and sharing our success at Healthwatch Week 2020

We worked with YOL! to collect **1,761** experiences of health, care and wellbeing during lockdown from **346** young people.

Our resulting report, [Young People's Wellbeing During the Covid-19 Crisis](#) (published October 2020), gives local service providers key learnings around mental health, physical exercise and health, and the availability of online support and information that will help them better to meet the needs of young people in Kingston and Richmond.

We shared our experience, success, and achievements from supporting YOL! during the pandemic by presenting to **42** Healthwatch local organisations at the national Healthwatch Week virtual conference in November 2020.

Learning from the report:

1. Tailoring services and support provided, dependent upon the individual's needs

Professionals must take into consideration external circumstances and lifestyle changes in relation to the person's age.

2. Virtual vs face-to-face support

Young people seem optimistic about approaching or being approached virtually by mental or physical health services. Some may benefit equally or more as if they were to meet a professional in person.

3. Improving young people's wellbeing: resilience and the whole school approach

Young people should be supported to develop the resilience that is needed to adapt to adverse situations. We believe that the whole school approach would promote and support young people to better develop and maintain healthy behaviours and skills.

4. Increase GP capacity

It is important that in the future, physical health services ranging from GPs to specialist support will provide continuity of care, especially to disabled young people.

5. Cross service collaboration

There is a need for services, such as CAMHS and others who prescribe medicines, to facilitate better access to medication during lockdowns, especially when young patients have multiple needs, through cross-service collaboration.

6. Improve information provision

We recommend all agencies working directly with young people should provide reliable, clear and easy to read sources of information.



5c) Support YOL! to develop its online and social media

AIM: Support young people to safely communicate via social media.

The shift to remote work and life created a need for YOL! to boost engagement online. After revamping their website, YOL! enhanced its presence on [Twitter](#), [Instagram](#), and [YouTube](#).

Enhancing digital communications

HW Kingston and Richmond worked with young people and local organisations to promote wellbeing, events and local services or campaigns including a Cooking Challenge (see below), Sexual Health Week 2020 and Mental Health Awareness Week 2020. YOL! posted daily during the height of the pandemic. As a result, our website ([yolweb.info](#)) received **five times more visitors than last year** (from 441 in 2019-20 to **2352** in 2020-21).

“Volunteering at YOL! has been an amazing experience so far and I’ve loved all 3 years of it. It’s been really interesting learning about how the local health services work, and it’s also been great to know that I’m helping other young people in the area.

Highlights so far include being part of videos about us and self-harm and the 15 steps challenges, where we got to visit some of the services ourselves and give feedback on them.”

Youth Out Loud! member



Sweet or savoury? Through the **#FreeFromCookingChallenge**, YOL! ran a campaign through social media, to promote cooking as a great way to improve mental and physical health. YOL! challenged young people to cook something that is ‘free from’ something.

During lockdown not all ingredients were easy to obtain. This was particularly difficult and stressful if you had a food allergy. Trying out new recipes that were ‘free from’ was a great way to improve wellbeing, learn new skills and helped raise awareness about food allergies.

“Brilliant brownies without dairy? Easy! Beautiful bread without flour? No problem!”

YOL! showed that ‘free-from’ food can be delicious and people shared their ‘free from’ culinary creations via YOL! social media.

6. Safeguarding

Our 2020-21 Safeguarding prioritised work areas were:

- a) Explore how the Community Reference Group for adult safeguarding will become a sustainable adjunct to the Kingston Safeguarding Adults Board
- b) Deliver the Kingston Making Safeguarding Personal pilot
- c) Continue support for the London Safeguarding Adults Board Conference Planning Group (year 2) and work to ensure people with lived experience of safeguarding are integral to safeguarding systems and processes across London.

6a) Explore how the Community Reference Group for adult safeguarding will become a sustainable adjunct to the Kingston Safeguarding Adults Board

AIM: Gather resident experience of safeguarding to inform service developments and support positive personal outcomes.

It was agreed that the Adult Safeguarding Community Reference Group (CRG) would continue to be available through HW Kingston for residents to discuss their safeguarding experiences in an independent, safe space. Anonymised CRG reporting from HW Kingston would then be shared accordingly with the Kingston Safeguarding Adults Board (KSAB). However, because of Covid-19, no CRG meetings took place during this period. HW Kingston continues its active participation in the KSAB.



Kingston Safeguarding Adults
Board

6b) Deliver the Kingston Making Safeguarding Personal pilot

AIM: Gather personal experience of safeguarding to inform service developments and support positive personal outcomes.

Due to the local response to the pandemic, the council requested a 2-month postponement to the planning and set-up phases of the Making Safeguarding Personal pilot. A decision was then taken to run the project remotely. After HW Kingston and council safeguarding leads developed the engagement tools, the pilot began in October 2020, focusing on people living with a learning disability who had experienced the Kingston safeguarding process. The council agreed to extend the pilot into 2021-22 and widened the scope to also include mental health.

healthwatch
Kingston upon Thames



THE ROYAL BOROUGH OF
KINGSTON
UPON THAMES

6c) Continue support for the London Safeguarding Adults Board Conference Planning Group (year 2) and work to ensure people with lived experience of safeguarding are integral to safeguarding systems and processes across London.

AIM: Ensure the voices of people with lived experience of safeguarding are part of the London Safeguarding Adults Board

Our progress on this is illustrated in the following 'Then and Now' case study.



Then and now: Putting the voice of people with lived experience at the heart of London Safeguarding

Then: In 2018, we established the Community Reference Group 'translating adult safeguarding stories into evidence'. In our 2019-20 Annual Report we shared how HW Kingston had worked with the Royal Borough of Kingston and the Kingston Safeguarding Adults Board to develop a Making Safeguarding Personal pilot and that this work was shared with London safeguarding professionals and service users at the London Safeguarding Adults Board (LSAB) conference in February 2020.

Now: At the end of 2020, HW Kingston's Chief Executive Officer was asked to chair the Voices workgroup of the LSAB.

In January 2021, acknowledging our involvement in the development of the London Safeguarding Voices Group (LSVG) concept, HW Kingston was commissioned by the London Association of Directors of Adult Social Services (LondonADASS) via Healthwatch England, to coordinate the establishment of the group.

The LSVG will bring together three people with lived experience of Safeguarding from each London borough. HW Kingston are working with local Safeguarding Adults Board Chairs and Managers, and local Healthwatch organisations to identify a range of local representatives with lived experience of Safeguarding, tapping into and sharing local approaches. This initiative will support the LSAB to ensure its work is co-produced and more person-centred in future.



"We are excited to work with HW Kingston upon Thames and London Healthwatch to embed the voice of the person with lived experience of Safeguarding in the work of the London Safeguarding Adult Board. This project is the key 2021 focus of the LSAB and we are looking forward to hearing views from the London Safeguarding Voices Group on their key priorities at their first meeting in July 2021."

Tristan Brice, Programme Manager, LondonADASS Improvement Programme

JOIN THE LONDON SAFEGUARDING VOICES GROUP



7. Responding to Covid-19

Our 2020-21 Responding to Covid-19 prioritised work area:

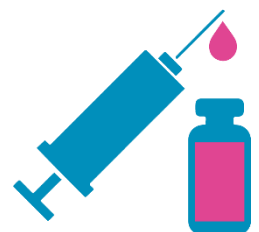
Continue to gather views and experiences of NHS and social care services during and after the coronavirus pandemic, to ensure commissioners, providers and other system leaders respond appropriately to the health and care needs of local people.

In March 2020, many people in the community began to discover a very substantial number of the NHS and social care services they depended on were either reduced or stopped altogether. The pandemic meant finite resources were diverted, with priority given to the sudden new emergency that required the development and provision of treatments urgently needed by people contracting Covid-19. Throughout 2020-21, HW Kingston worked collaboratively with many organisations including Kingston Council, South West London NHS colleagues and the Kingston voluntary and community sector to seek the views and experiences of residents to help the NHS and other providers prioritise. This work to balance service provision continues during what is hoped are the latter stages of the pandemic, through to national and local recovery and the vital reinstatement of treatments and care as the burden of Covid-19 treatment and care on providers recedes.

In playing its part in the local response to coronavirus, HW Kingston ensured the valuable insights given to us by people across the community through our surveys and engagement were shared with Healthwatch England and local commissioners, providers and other system leaders. This assisted the task of providing services which were operating as best they could during the pandemic. We also helped Government guidelines reach across the community, and greatly increased our public health messaging, helping to coordinate both borough and south west London communications and engagement in support of the NHS Covid-19 'Test and Trace' and vaccination programmes.

Other ways we supported our local Covid response included:

- Promoting a wide range of Covid-19 materials from the NHS and the Council in Easy Read on the HW Kingston website and through social media
- Ensuring that Covid-19 materials were provided in Korean and other languages
- Engaging with hesitant people who were seeking clarification about the vaccine
- Supporting grassroots groups with digital inclusion to enable food support initiatives
- Providing online drop-ins to support community connection and mental wellbeing
- Establishing weekly online sessions with health and wellbeing activities for young people through Youth Out Loud!
- Helping people to access the services and guidance they needed through signposting
- Quickly transitioning our HW Kingston bi-monthly Open Meetings to an online platform - **"See YOU at NOON on ZOOM."**



Our Covid-19 surveys

To gather views and experiences of NHS and social care services during the pandemic, HW Kingston ran a series of Covid-19 related surveys and community engagement events throughout 2020-21.

Experiences of Covid-19 NHS Test & Trace

Between October 2020 and January 2021, HW Kingston gathered views from Kingston residents on how they felt about the NHS Covid-19 App, the NHS Test and Trace App, and taking a Covid-19 test.

119 people responded and shared **521** experiences and views. Find out more about our 'What you thought about Test and Trace and the NHS Covid-19 App' report [here](#).



Residents, and family members and friends' experiences of residential environments during Covid-19

Between January and March 2021, HW Kingston ran two surveys about the experiences of residents, family members and friends of residents of Care Homes, Supported Living Homes and Extra Care Housing during the pandemic so we could provide anonymised feedback to service providers and commissioners to help improve services.

Our Community Care Task Group reviewed the draft surveys. We met with council lead officers to discuss the project and agreed to collaborate. We acknowledged the sensitive nature of this work and the council offered to provide active listening or emotional support services through the Kingston Stronger Together Hub. HW Kingston also attended the Care Home Providers Open Forum on Thursday 19 November to promote the survey.

145 people responded to online and paper surveys via participating care homes. You can find out more about our report [here](#).



Let us know what you think about the Covid-19 vaccine

HW Kingston collaborated with the NHS, Kingston Council and Kingston Voluntary Action to develop this vaccine survey to gather views from communities across the borough. Survey versions included Korean, Polish, and Easy Read. We promoted the survey through Kingston Community Champions and to harder-to-reach groups with access barriers to technology, such as the Kingston Association for the Blind, where we helped people to complete the survey over the telephone.

In reaction to the comparatively low response to the survey from people that did not want the Covid vaccination we decided to trial a different social media post.



831 people responded to our HW Kingston 'Let us know what you think about the Covid-19 vaccine' survey.

Anonymised data has been reported to the NHS, Kingston Council and Kingston Voluntary Action to support timely, targeted vaccine communications and further engagement. Find out more about the report [here](#).

Share your views: Long Covid Experiences and Support

In the Autumn of 2020, HW Kingston began to scope out how to engage with people with Long Covid. We shared our findings at the HW Kingston Open Meeting on 16 February 2021 and have established a Task and Finish Group to develop this project and explore cross borough working.

After attending the Kingston and Richmond Post-Covid Steering Group, it was decided that HW Kingston and HW Richmond would run the same engagement surveys so we might draw comparison and explore what themes might emerge from our work.

HW Kingston (along with other Healthwatch) have now agreed to work with the NHS in South West London to gain insight into people's experiences of Long Covid, to help improve the support and services that are available. Find out more [here](#).

What is Long Covid?

Many people feel better in a few days or weeks and most will make a full recovery within 12 weeks. But for some people, symptoms can last longer. The chances of having long-term symptoms does not seem to be linked to how ill you are when you first get Covid-19. People who had mild symptoms at first can still have long-term problems.

FACT: The [REACT](#) study led by Imperial College London estimates that around two million people in England may have had some long-lasting symptoms after having had Covid-19.

A year of experiences with Covid-19

HW Kingston continued its role alerting health and social care commissioners and service providers of any issues that relate to patient and service user safety throughout the coronavirus pandemic in 2020-21.

We wanted to learn about how Covid-19 might be affecting services and how service providers had adapted in response to the coronavirus pandemic.

Our compilation report provides examples of what local people have shared with HW Kingston over a 15-month period, between 1 January 2020 and 31 March 2021.

During this period, **602** people shared **2262** experiences, views and concerns with HW Kingston about access to NHS and social care services, the quality of the care they received, and any aftercare.

You can find out more about the HW Kingston '**A year with Covid-19: Experiences of NHS and social care services in Kingston before and during the Coronavirus pandemic**' report [here](#).

“Throughout the pandemic, the work of our colleagues at HW Kingston has been so important to help steer us in making the best decisions for the people of Kingston.

“The Healthwatch team worked in partnership with the NHS, local authority and voluntary sector to ensure that public health messages were shared consistently, in a timely way across Kingston. The pandemic has laid bare the health inequalities in our society, and so we have been grateful for the support of Healthwatch in advising and helping us to reach those communities in Kingston who are harder to reach.

“We are grateful to Healthwatch for helping us to promote the vaccination campaign in Kingston, which has been extremely successful. More recently Healthwatch is contributing to the integrated programme of work being done at both Kingston and at South West London, to ensure that we are providing appropriate services to meet the longer term needs of residents living with long Covid.”

Dr Naz Jivani, Programme GP, Clinical Lead Kingston Borough, SWL CCG Governing Body

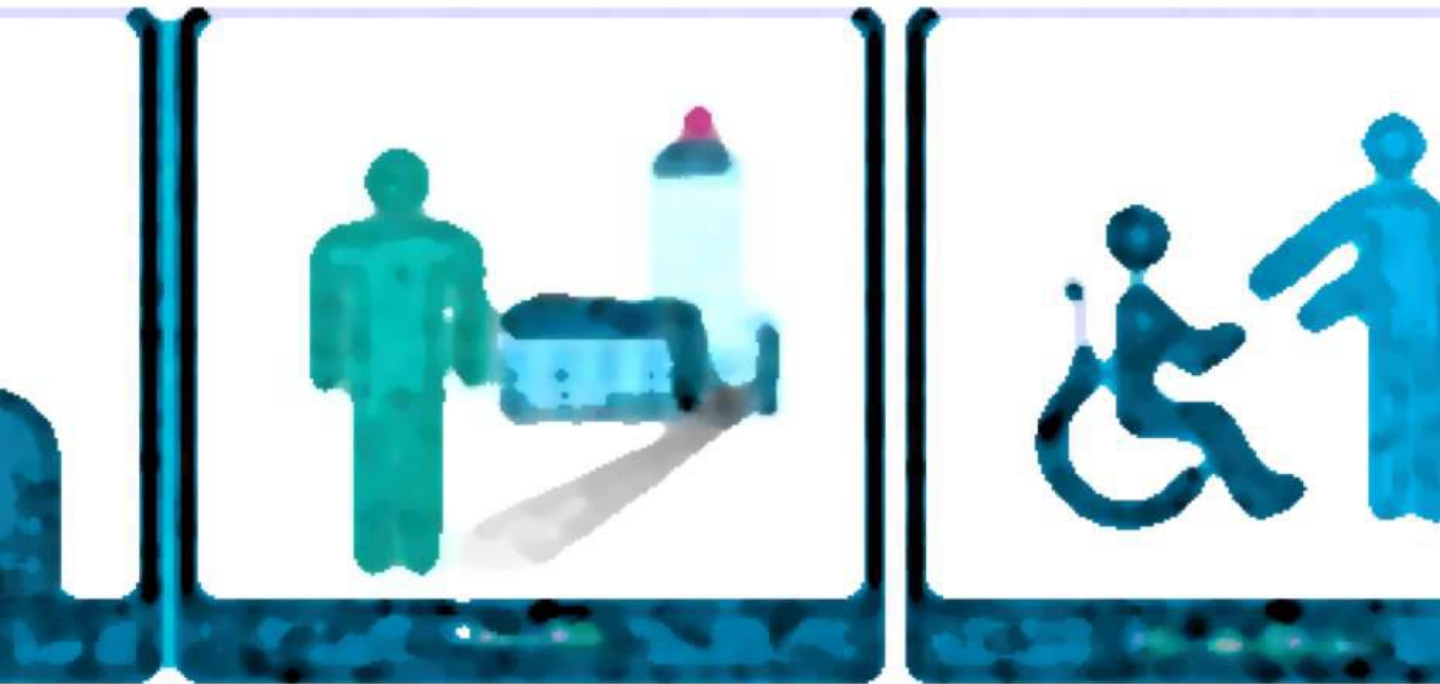
“GP online or phone consultations were an effort to get - long explanations before consent and tests cancelled.”

“Very accommodating, offering video calls.”

“When I finally managed to get an appointment, the phone call we had with the doctor was brilliant and very helpful. I appreciated the offer of a follow up video call.”



Then and now: Helping you find the answers



Telephone, email and web contacts

Finding the right service can be worrying and stressful. HW Kingston plays an important role in signposting people to the information they need to take control of their health and care and find services that will provide them with the right support.

Here's what the **448*** people (168 people last year), **who contacted us by telephone, email or our online 'contact us' form** talked to us about:

Healthwatch Kingston includes Volunteering.

Primary Care includes Clinical Commissioning Group, GPs and Dental Services.

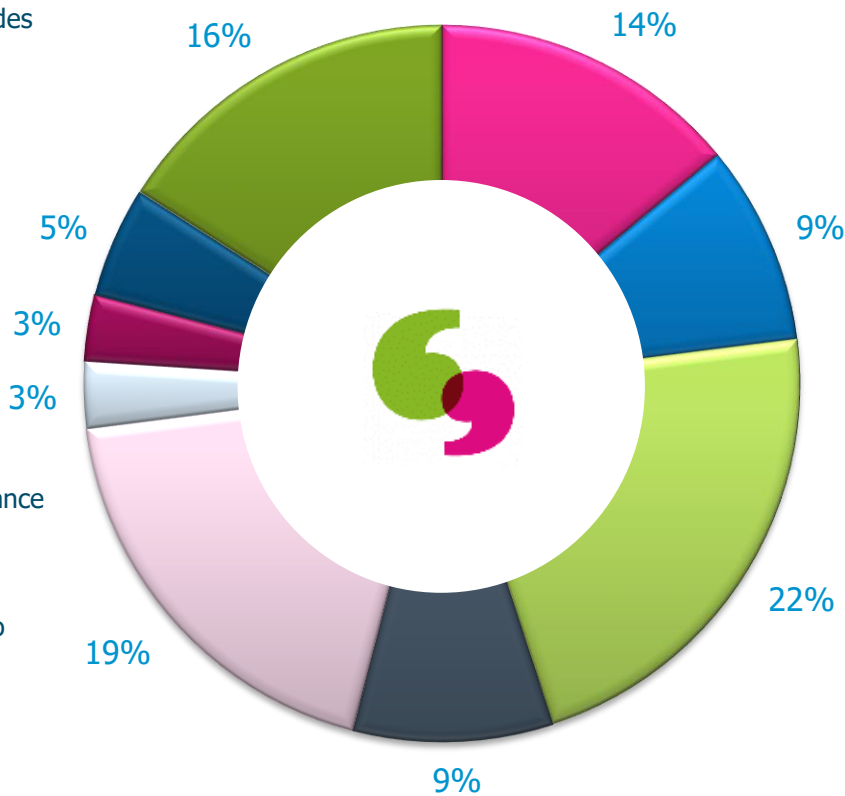
Hospital Care includes Ambulance Services.

Mental Health includes Time to Change and Neurodiversity Services

* People often talk about more than one area of interest in any one contact

Social Care includes Community Care Services, Advocacy, Homelessness and Housing, Royal Borough of Kingston, Safeguarding, Disability Services and Social Services.

Covid-19 includes Vaccine



- Healthwatch Kingston 14% (13% last year)
- Mental Health 9% (6% in 2019-20)
- Primary Care 22% (13%)
- Hospital Care 9% (6%)
- Social Care 19% (51%)
- Learning Disability 3% (4%)
- Children and Young People 3% (1%)
- Other 5% (6%)
- Covid-19 16% (not reported in 2019-20)

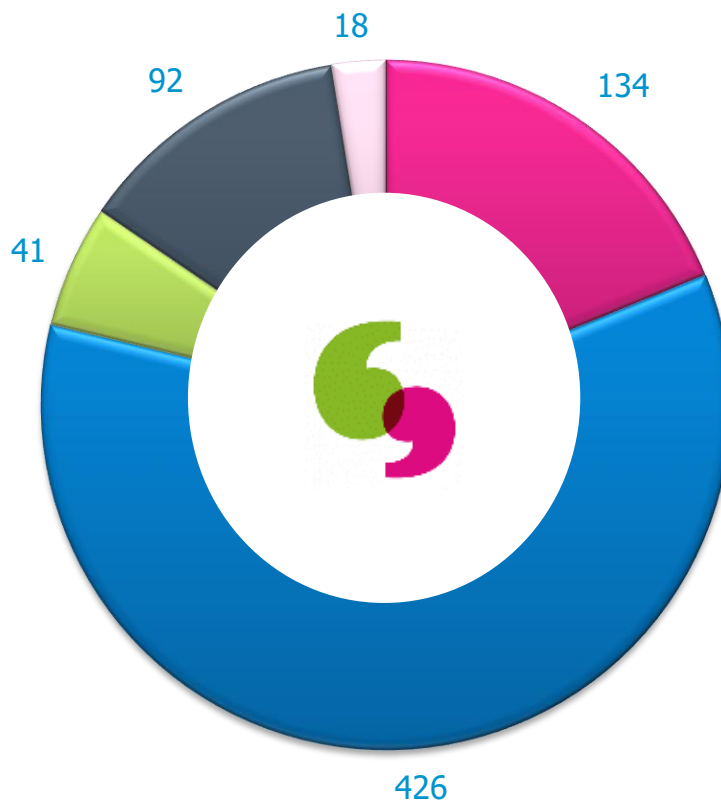


Based on data shared with and then analysed by HW Kingston between 1 April 2020 and 31 March 2021

Advice and information online

Healthwatch helps people to get the advice and information they need to manage their health and care and find services that will provide them with the right support.

12,822 people visited our website in 2020-21, out of which **711** people sought help through the section of our website set up to provide information and advice.



- Find NHS services: 134 (115 last year)
- Mental health services: 426 (28 in 2019-20)
- Older people's services: 41 (24)
- Local services: 92 (15)
- Social care services: 18 (10)



Our people



HW Kingston staff have worked alongside 81 volunteers during 2020-21.

In the past year, our Board and other volunteers have helped us:

- Govern our organisation
- Find out what local people thought was working and what improvements local people would like to make to NHS and social care services
- Set our priorities, and develop new outreach and engagement projects
- Review our survey data and identify themes for our reports
- Stay well informed by attending meetings and sharing what they learned
- Review and develop our volunteer induction materials
- Create films, podcasts and other digital content for our website and social media
- Reduce mental health stigma in our community.

Our growing 'Healthwatchers' Family Album:

We are healthwatch Kingston upon Thames



Some of our Healthwatch Kingston faces

Liz, Chair

Stephen, Chief Officer

Nigel, Treasurer

Grahame, Trustee (Former Chair)

Candy, Deputy Chief Officer

Jaimy, Communications and Engagement

Alan, Volunteer

David, Volunteer

Scott, Former Projects and Outreach Officer

Sheena, Volunteer

Eva, Volunteer

"As we are all 'socially distanced' due to coronavirus, this personal hand-drawn approach hopes to illustrate that our Board, staff and volunteers all work together to achieve our results. It treats everyone visually equally."

Stephen Bitt
Healthwatch Kingston
Chief Executive Officer



Winnie, Trustee

Nike, Trustee

Kezia, Projects and Outreach Officer (Learning Disabilities and Mental Health)

Tony, Volunteer

Laila, Former Projects and Outreach Officer

Rona, Learning Disabilities Support Officer

Isabella, Volunteer

Tia, Projects and Outreach Officer (Young People and Safeguarding)

Rob, Volunteer

William, Trustee

Elinor, Volunteer



Hugh, Volunteer

Volunteer with us

Are you feeling inspired? We are always keen to welcome new volunteers. If you are interested in volunteering, please get in touch at HW Kingston.



- www.healthwatchkingston.org.uk
- 020 3326 1255**
- info@healthwatchkingston.org.uk

Then and now: Local influence

A key part of the remit of local Healthwatch is to influence decision makers. In order to help facilitate this, HW Kingston has a seat on the Health and Wellbeing Board where key decisions are made about strategy, commissioning and delivery of local health and social care services.

Our staff and Trustees and volunteers attended a number of other meetings and committees, to ensure that we are well informed about anything that may impact on NHS and social care services for people in Kingston.

Boards, Committees, Groups and regular meetings attended during 2020-21 included:

- 1.** Royal Borough of Kingston upon Thames (RBK) Health and Wellbeing Board, which has a key role in the local integration of health, social care and other public services;
- 2.** RBK Health Overview Panel, the chair of which has regular meetings with the chair of HW Kingston;
- 3.** NHS South West London (SWL) Clinical Commissioning Group (CCG) Governing Body;
- 4.** Kingston and Richmond Primary Care Management Group;
- 5.** SWL CCG Primary Care Commissioning Committee;
- 6.** SWL Community Engagement Steering Group (was the SWL Patient and Public Engagement Steering Group until June 2020);
- 7.** Kingston and Richmond Communications and Engagement Steering Group;
- 8.** Kingston Patient and Public Forum;
- 9.** Kingston CCG and HW Kingston Meeting;
- 10.** RBK Director of Adult Social Care Meeting;
- 11.** SWL HW Chief Officers' Meeting;
- 12.** Kingston Chief Officers' Network;
- 13.** Kingston Hospital HW Forum;
- 14.** SWLStG Mental Health Trust HW Forum;
- 15.** Kingston Health and Wellbeing Network;
- 16.** Kingston All Ages Learning Disability Partnership Board;
- 17.** Kingston Communities Task Force (CTF);
- 18.** Time to Change Kingston Steering Group;
- 19.** London Safeguarding Adults Board (LSAB);
- 20.** LSAB Voice Work Group;
- 21.** London Safeguarding Voices Group;
- 22.** Kingston Safeguarding Adults Board;
- 23.** London Healthwatch Network;
- 24.** Care Providers Forum;
- 25.** Kingston Carers Board;
- 26.** South West London Health & Care Partnership;
- 27.** 'Thrive Kingston' Mental Health Strategy Planning and Implementation Group (became the Kingston Covid-19 Mental Health Response Strategy Group in March 2020 and then became the CTF Mental Health and Wellbeing Subgroup in December 2020);
- 28.** London Healthwatch Network.
- 29.** Kingston and Richmond Post-Covid Steering Group.
- 30.** Youth Out Loud!
- 31.** Kingston and Richmond Youth Council.



During 2020-21, HW Kingston attended or hosted over **513** meetings, presentations and workshops (over 230 in 2019-20).

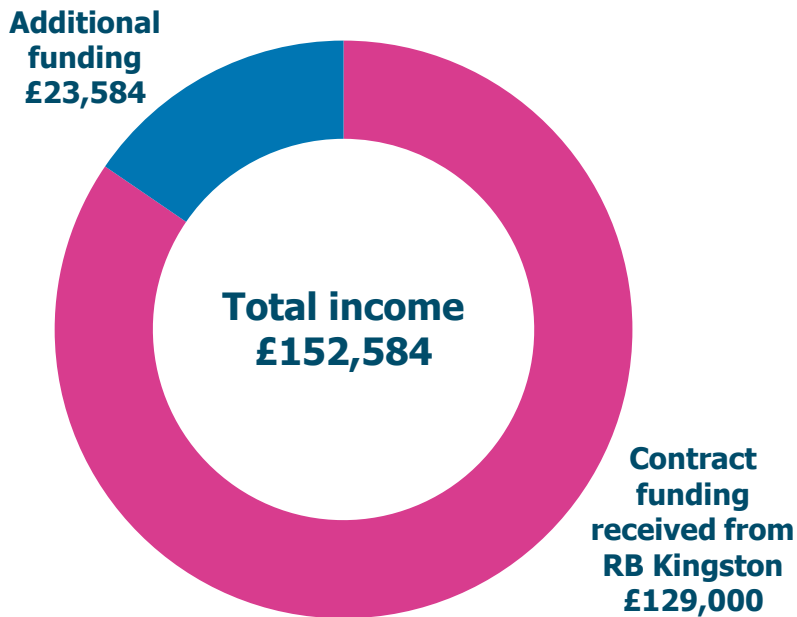
HW Kingston Board of Trustees in 2020-21:

Dr Liz Meerabeau, Chair
Nigel Spalding, Treasurer
Grahame Snelling,
 Lead for Safeguarding
Nike Alesbury,
 Lead for Volunteering
William Ostrom,
 Lead for Communications
James Waugh,
 Lead for Risk Management
Scotty McLeod,
 Lead for Business Continuity
Dr Winnifred Groves,
 Lead for Hospital Services

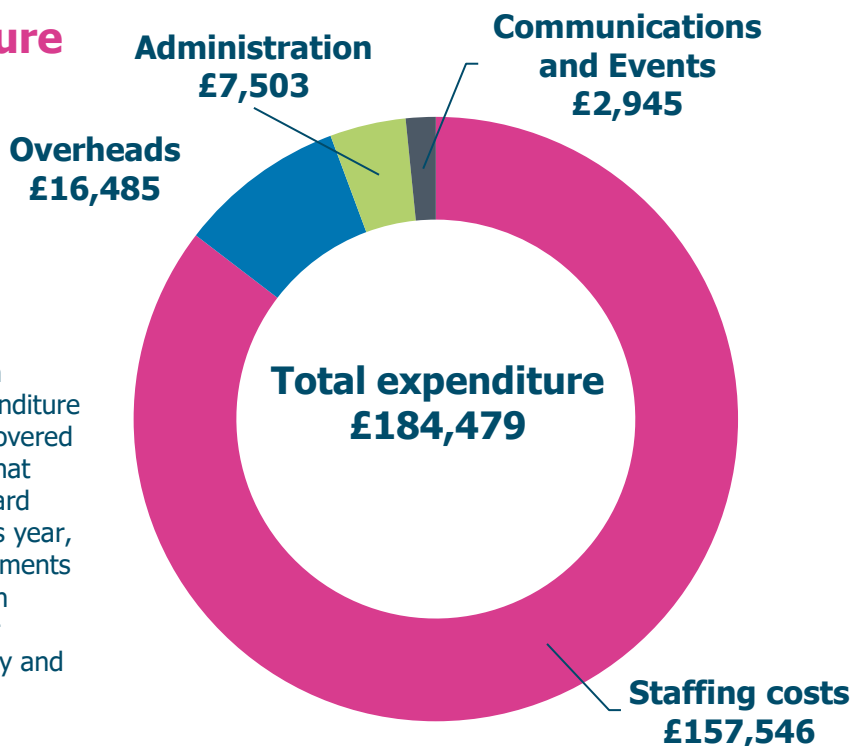
Finance report 2020-21

To enable us to carry out our work we receive contract funding of £129,00 from our local authority under the Health and Social Care Act 2012. Our full annual accounts are available, once submitted, on the Charity Commission and Companies House websites

Income



Expenditure



The gap between income and expenditure was more than covered by the £83,000 that was carried forward from the previous year, during which payments were received - in advance - for our Learning Disability and Time to Change Kingston work.

Next steps: A message from our Chief Executive Officer

Looking back one year, before looking ahead to what the future holds for HW Kingston, I feel distinctly proud of our achievements.

In what has been an exceptionally challenging year for us all, we have proven agile and adept at facing great change. We have had to be both reactive and proactive as a staff team to not only support each other but to muster additional energy and compassion to support our dedicated Board and wonderful volunteers during the strangest of times.

On the flip side, I am extremely grateful for the energy and compassion our Trustees and our other volunteers have provided us as a staff team to enable HW Kingston to deliver our Healthwatch goals to: support you to have your say; provide a high quality service; and, ensure your views help improve health and care.

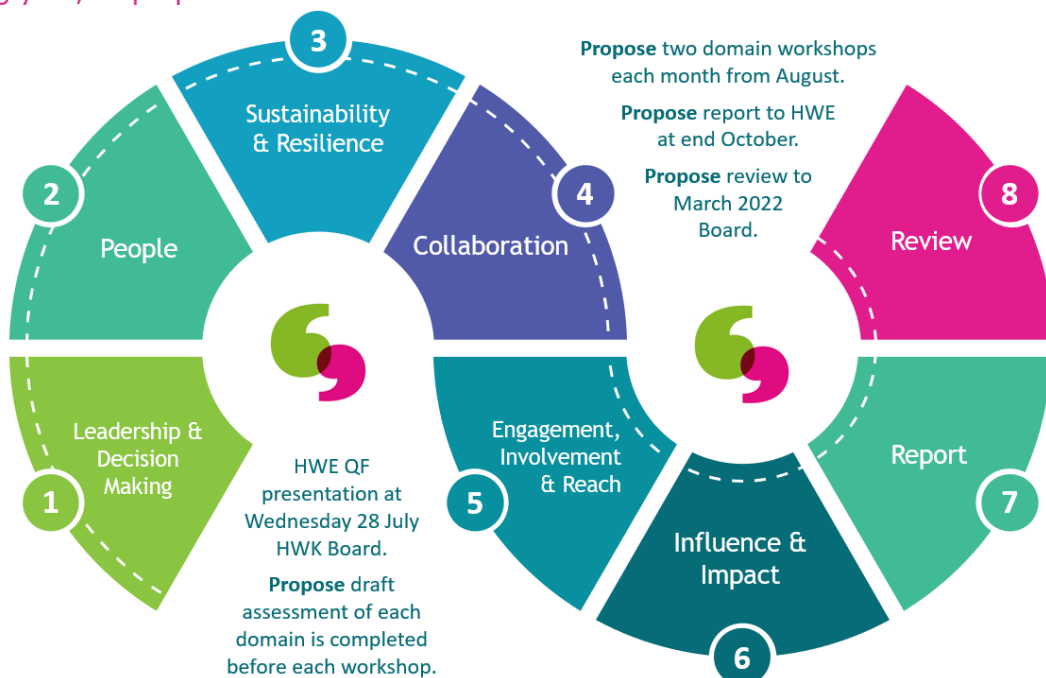


Stephen Bitti
Chief Executive Officer, HW Kingston

Whereas we will always passionately reiterate our Healthwatch independence, collaboration and partnership working are an essential part of our work. Without our residents sharing experiences, views and concerns with us and without the openness to 'critical friend' challenge and the candour of our local commissioners and providers, we would achieve less. Fortunately, I have been amazed by how much we have achieved together. Thank you. I very much look forward to continuing to work with everyone to deliver our plans for 2021-22. These are set out on the next page. We are always keen to welcome new volunteers. If you are interested in volunteering, to help us do this, please get in touch:

info@healthwatchkingston.org.uk

HW Kingston looks forward to exploring the Healthwatch England Quality Framework in the coming year, as proposed below.



Our plans for 2021-22

1. Response to and recovery from the coronavirus pandemic:

- a. Continue to gather views and experiences of NHS and social care services during and after the coronavirus pandemic, to ensure commissioners, providers and other system leaders respond appropriately to the health and care needs of local people.

2. NHS and Social Care transformation:

- a. Monitor the commissioning, provision and transformation of health and care in Kingston, in particular the introduction of the south-west London Integrated Care System.

3. Learning Disability:

- a. Support meaningful engagement with local people with a learning disability in the work of HW Kingston, including Enter and View training.
- b. Provide chair and administrative support for the 'Kingston All Ages Learning Disability Partnership Board' (2018-22 Strategy - Year 4).

4. Mental Health:

- a. Provide chair and administrative support for the 'Kingston Communities Taskforce - Mental Health and Wellbeing Subgroup' (with the work of the subgroup incorporating the refresh of the 'Thrive Kingston' Mental Health and Wellbeing Strategy).
- b. Continue to monitor progress of and engagement with specialist service provision to people with Emotionally Unstable Personality Disorder (EUPD).

5. Young People:

- a. Support Youth Out Loud! (YOL!) to review health and care services (we will do this in partnership with Healthwatch Richmond).
- b. Support delivery (with other partners including Healthwatch Richmond) of the Digital Youth Project (year 3) to complete a series of short health and care films and podcasts by young people for young people.
- c. Support YOL! to develop its online and social media.

6. Safeguarding:

- a. Continue membership of the Kingston Safeguarding Adults Board.
- b. Continue to deliver the Kingston Making Safeguarding Personal pilot (Year 2).
- c. Continue support for the London Safeguarding Adults Board, Safeguarding VOICES and Conference Planning Groups (Year 3) to ensure people with lived experience of safeguarding are integral to safeguarding systems and processes across London.

Thank you from our Board

The HW Kingston Board of Trustees would like to everyone that is helping us put people at the heart of health and social care, including:

- The **4239** people who shared **18,489** views and experiences with us through our outreach and engagement events and projects in 2020-21
- Our staff: Stephen Bitti (Chief Executive Officer); Candy Dunne (Deputy Chief Officer); Jaimy Halliwell-Owen (Communications and Engagement Officer); Kezia Coleman (Projects and Outreach Officer, Mental Health and Disabilities); Helena Wright (Projects and Outreach Officer, Young People and Safeguarding); Tia Arberry (left in 2020); Rona Topaz (Learning Disabilities Support Officer)
- Our wonderful volunteers, including Youth Out Loud! and Time to Change Champions, we could not do as much as we do without you
- Our diligent Enter and View Authorised Representatives: Alan Moss; Elinor Young; Graham Goldspring; Jillian Dempsey; Jo Boxer; Nigel Spalding; Pippa Collins; Rob Robb; Scotty McLeod; Sheena Crankson; Tony Williams
- The many, essential voluntary and community organisations that have contributed to our work
- Our NHS, social care, educational partners, officers and Councillors working within the Royal Borough of Kingston, and across south west London, the London Safeguarding Adults Board, the London Association of Directors of Adult Social Care and of course our helpful colleagues at Healthwatch England.

Engagement levels by work area	2020-21	2019-20
Mental Health	1202 people shared 5243 views...	355 people shared 1155 views...
NHS	711 people shared 3103 views...	No data to compare
Covid-19	608 people shared 2647 views...	No data to compare
Children and Young People	607 people shared 2651 views...	187 people shared 562 views...
HW Kingston	398 people shared 1736 views...	375 people shared 1213 views...
Community Care	291 people shared 1268 views...	208 people shared 688 views...
Learning Disability	238 people shared 1037 views...	333 people shared 1082 views...
Hospital	173 people shared 754 views...	604 people shared 1906 views...
Other	11 people shared 50 views...	21 people shared 39 views...



Statutory statements

About us

HW Kingston upon Thames, Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX.

HW Kingston upon Thames uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of **seven** members who work on a voluntary basis to bring oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met ten times and made decisions on matters such as how to deploy staff most effectively, business continuity during the pandemic, and reshaping the work of the task groups in response to the pandemic.

We ensure wider public involvement in deciding our work priorities through the HW Kingston Open Meetings and other outreach and engagement projects. We also review our contact log and survey responses to assess what key themes may be emerging.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, our targeted engagement with our Korean, Tamil and Learning Disability communities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our HW Kingston website and share it through our social media, press release and by email to our stakeholders. We also present the report at our August Open Meeting and other local health and social care Boards, Committees and Groups.

2020-21 priorities

Project / activity area	Progress and impact
Mental Health	See page 10
Learning Disability	See page 16
Hospital Services	See page 18
Community Care	See page 20
Young People	See page 24
Safeguarding	See page 27
Responding to Covid-19	See page 29

Responses to recommendations and requests

All providers responded to requests for information or recommendations. This year, due to the Covid-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. We did, however, publish a delayed report on the findings with nine recommendations from an Enter and View that took place in 2019-20 (see page 18 of this Annual Report 2020-21).

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

HW Kingston upon Thames is represented on the Royal Borough of Kingston upon Thames Health and Wellbeing Board by our Chair, Dr Liz Meerabeau. In February 2020 our Chair contributed to the detailed peer review of the role and functioning of the HWB, but this was not pursued due to the pandemic. The HWB had a joint briefing with the Health Overview Panel in July 2020 on the response to the pandemic; a further workshop in October including the 'refresh and reshape' of NHS services, where our representative questioned how the public would be briefed on changes to access to A&E by people who are not seriously ill. Since then, all partners in the HWB have focussed on their contribution to tackling inequalities in Kingston as a 'Marmot borough' with a particular focus on obesity and mental health. This has been complemented by our Chief Executive Officer's contribution to the Communities Task Force.

HW Kingston upon Thames
Suite 3, 2nd Floor, Siddeley House
50, Canbury Park Road
Kingston upon Thames
KT2 6LX

www.healthwatchkingston.org.uk



t: 0203 326 1255

e: info@healthwatchkingston.org.uk

 @HWKingston

 /HWKingston

 healthwatchkingston

If you need this in an alternative format please contact us.

Registered charity no. 1159377, and a company registered in England and Wales no. 08429159

© Copyright HW Kingston upon Thames 2021