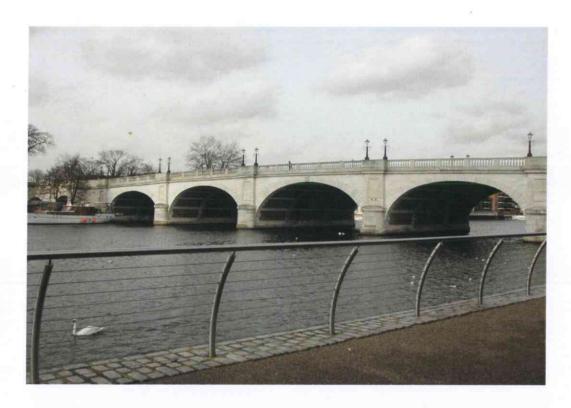




HEALTHWATCH KINGSTON PATHFINDER



ANNUAL REPORT 1st April 2011 to 31st March 2012

HealthWatch Kingston Pathfinder is hosted by Kingston Voluntary Action (Registered Charity Number 257551)



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1. INTRODUCTION

On behalf of HealthWatch Kingston Pathfinder Steering Group, I am pleased to introduce the Annual Report for April 2011 to March 2012.

This year has seen major changes, prompted by national legislation which has necessitated our own internal shifts in organisation and operation. The roles and activities expected of our organisation have changed substantially over the three years since its present structure was created. The Steering Group recognised this and called an open meeting not only to review the current demands but also to consider these in the light of the inevitable changes in becoming a Local HealthWatch.



Introducing the concept of a Local HealthWatch

Attendees were invited to review the present functions of the LINk and the future role of the HealthWatch Pathfinder, then to consider how best to deal with these and what structure would enable the work to be done most effectively. The resultant new

Steering Group met for the first time in July and held an Away Day (not very far 'away' – at the United Reformed Church!) in September to put flesh on the bones of the new structures. Four Working Groups were set up to deal with GP & Community Health Services, Hospital Services, Mental Health and Social Care, while three Standing Committees were created to handle External Agencies, Governance & Planning and Public Involvement.



David Smith, Kingston Council's Director of Adult Services, addressing the Steering Group on their Away Day

A comprehensive application for Pathfinder status was prepared during April and May; this was submitted by the local authority in conjunction with the LINk and Host. It was successful, and Kingston's LINk became HealthWatch Kingston Pathfinder in July – one of the earliest LINks to be granted this status.

In September we were delighted to welcome Rianne Eimers as our new Manager. Rianne has proved invaluable in helping with the strategic aspects of the work of HealthWatch.

A public meeting was held in November to engage with local residents about the proposed changes to acute services across SouthWest London, while later in the year we started our series of Information Events, the first concerned with the Out-of-Hours service.

In March we launched the new tool which will make such a difference to patient feedback about local health and social care – *Rate Our Service*. This is described in more detail on page 19.

It has been a pleasure to welcome a wide selection of members who have joined Steering Group Leads on the Working Groups; reports on the work of these groups over the year are included in Section 5.

Six issues of K-NEWS, our regular newsletter, were published during the year and circulated to members and stakeholders by post and electronically. Not only did they contain updates about the work and people involved in HealthWatch Kingston, but information was given on behalf of other bodies to give as wide a circulation as possible to issues of current interest. Articles and advertisements were included about Carers Week, Kingston-I, Nursing Care at Home, speech and language therapy, the Expert Patient Programme, and NHS Dentistry Charges in addition to programmes such as Better Services, Better Value and Kingston at Home. Kingston Hospital's Foundation Trust application was also given publicity.

Our new website was finally up and running in March and is continually modified to suit the needs of our members.

The end of the year saw talks beginning with Council Officers about what Kingston Council may expect from its Local HealthWatch from April 2013. Details will be included in the final Report and Accounts for HealthWatch Kingston Pathfinder, which will cover the period from April to October 2012.

I hope you enjoy reading our third Annual Report and Accounts.

Sandra Berry

HealthWatch Kingston Pathfinder Steering Group Chair



Public involvement in the design of the new structures, April 2011

CONTACT DETAILS

Host Kingston Voluntary Action

Siddeley House

50 Canbury Park Road KINGSTON UPON THAMES

Surrey KT2 6LX Telephone: 020 8974 6629

Staff Manager: Rianne Eimers

Support Coordinator: Debra McCarthy

VALUES

Adherence to 'Public Service Values' is integral to membership of HealthWatch Kingston Pathfinder (HWKP). The Code of Conduct sets out what is expected from members and includes The Seven (Nolan) Principles of Public Life as they apply to HWKP's membership.

PEOPLE AUTHORISED TO 'ENTER AND VIEW'

The following people were authorised to 'Enter and View':

Patricia Allwright Anna Asher Sandra Berry
Di Childs Angela Cross-Durrant Theo Harris

Helen Hutson Rashid Laher Ann MacFarlane

Ian Reid Ray Stonehill

Other members are going through the necessary process.

PEOPLE INVOLVED IN DECISION MAKING

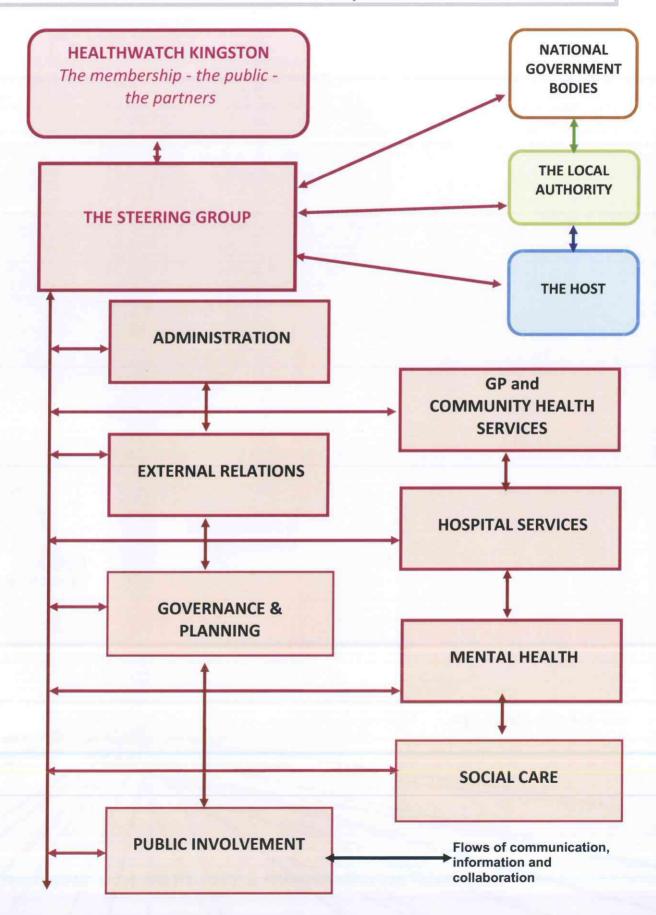
The HealthWatch Kingston Pathfinder Steering Group

Patricia Allwright (until June 2011)
Anna Asher
Sandra Berry (Chair)
Diana Childs (from June 2011)
Chuyuen Corfield
Angela Cross-Durrant (from June 2011)
Theo Harris (Vice Chair – resigned in January 2012)
Helen Hutson
Rashid Laher
Alan Percival (resigned in January 2012)
Julie Pickering (from June 2011, resigned in December 2011)
Ian Reid (from June 2011)
Douglas Reynolds (until June 2011)
Ray Stonehill



Some members of the Steering Group at their Away Day in September

CHART SHOWING THE ORGANISATIONAL STRUCTURE for HEALTHWATCH KINGSTON from September 2011



THE OPERATIONAL MODEL OF **HEALTHWATCH KINGSTON PATHFINDER from September 2011**

> **GP & COMMUNITY HEALTH SERVICES**

SOCIAL CARE

STEERING GROUP

MENTAL HEALTH

HOSPITAL SERVICES

STRATIV E

EAM

PUBLIC INVOLVEMENT

GOVERNANCE & PLANNING

EXTERNAL RELATIONS

MEMBERSHIP

MEMBERSHIP - THE PUBLIC

Total number of members as at 31/03/2012 217
Total number of members as at 31/03/2011 205
Total number of members as at 31/03/2011 who have a social care interest* (see below known

Total number of members as at 31/03/2011 which represent the ethnicity and diversity of your population including:	2010- 2011	New Data	Total	2011- 2012 Total
Age Under 16		0		
16 - 25	0	0	0	
	0 7	2 2	2	
26 - 35	-	2	9	
36 - 45	11	3 2	14	
46 – 55	14		16	
56 - 65	23	6	29	
66 – 75	49	5	54	
76	24	6	30	
Gaps/Unknown	9	54	63	217
Gender			S. Marie	
Men	73	10	83	
Women	121	9	130	
Unknown		4	4	217
Religion				
Christian	62	9	71	
Jewish	2	0	2	
Buddhist	2 9 7	0	2 2	
Agnostic	9	1	10	
Atheist	7	2	9	
Muslim	1	0	1	
Humanist Christian	1	0	1	
Hindu		2	2	
Prefer not to say	22	14	36	
Unknown	37	46	83	217
Ethnicity - Race				
White British	114	6	120	
Black & Black British African	5	0	5	
Black & Black British Caribbean	1	0	1	
Indian	1	2	3	
White Other	4	0	4	
Asian Other	2	0	2	
White Irish	3	1		
Chinese	2	0	4	
Tamil	2849	0	2	
African Black Other	1		1	
TO DEAD A COMPANY OF THE PROPERTY OF THE PROPE	1	0	1	
Mixed White & Black African	2	0	2	
White Other Dutch	5	0	5	

1	1	2	
1	0	1	
1	0	1	
6	1	7	
55	1	56	217
73	12	85	
16	42	58	
2	0	2	
	1	1	
33	38	71	217
	73 16 2	55 1 73 12 16 42 2 0 1	55 1 56 73 12 85 16 42 58 2 0 2 1 1

Number of **active** members involved in Management Boards, sub groups, representing the LINk externally etc

25

PARTICIPANTS

Total number of participants as at 31/03/11 (people who have had contact with the LINk but not become active members)

198

^{*} People with experience of using social care services or a specific interest in social care

^{**}On our current database we have 65+ 'hard to reach' groups/organisations, all of which receive full details of the HealthWatch programme, newsletters, invitations to meetings and public education events. In 2012/13 we will continue to make contact with these groups and up-date and extend our database.

2. ABOUT OUR COMMUNITY

THE LOCAL AREA

The Royal Borough of Kingston upon Thames (RBK) is in South-West London. It is one of only three London Boroughs to be designated a 'Royal Borough', the others being Kensington & Chelsea and Greenwich.

Within the population of approx. 157,000 (2011), Kingston is the smallest borough in London but it has the largest Korean population in Western Europe, mainly based in New Malden. Broken down by age, the population as at 2011 (© GLA Round Population Projections) consists of

37,240 people aged 0-19 100,011 aged 20-64 19,973 over 65.

The ethnic breakdown of the population is estimated to be:

White	76.9%	Indian	4.8%
Black Caribbean	0.7%	Pakistani	1.8%
Black African	1.5%	Bangladeshi	0.4%
Black Other	0.9%	Chinese	2.1%
Other	6.5%	Other Asian	4.5%

Although the resident population of Kingston is c 157,000, there are 190,000 patients registered with Kingston General Practitioners. 20% of households are pensioner-only occupied.

PUBLIC ENGAGEMENT

How many people were engaged (i.e. you sought and received views) by your HealthWatch Pathfinder during 2011-12?

HWKP held four public meetings in the borough during the year to engage with local people, community groups and statutory sector organisations. Each of these was well attended by a wide range of people from the local community and featured lively and informative discussions. Where appropriate, HWKP has asked for feedback, or has reported back to members about how their input has influenced that particular issue.

How many related to social care?
All of these public meetings were about both health and social care.

How many people were from under-represented or seldom heard groups? This information is not available for the year in question.

What have been the top three most effective ways your HealthWatch has used to engage local people that have yielded the most feedback? Place in order of effectiveness with the most effective first.

- 1. The public meetings have proved a very effective mechanism for engaging with local people, giving them an opportunity to have their say in person at the time and to follow this up later.
- 2. The newsletter (K-NEWS) is circulated to all HWKP members and stakeholders by electronic and hard copy, reaching over **750** individuals and organisations.
- 3. Members of the Steering Group have given presentations to local community groups and the HWKP presence has been prominent at numerous community events during the year.

How many people engaging felt satisfied that they were able to influence health and care services through LINk/ HealthWatch?

The active members of HWKP are confident that systems are in place to influence certain aspects of health and social care services, for example, reporting of the various HWKP working groups to service providers supports better communications between agencies to promote a more effective service delivery. Key speakers, staff and experts were invited to Steering Group and Working Groups meetings to help inform active HWKP members of activities and developments taking place and to forge better links and good working relationships with service providers.

The HWKP presence on numerous committees, boards, project groups etc is having a significant influence on the provision of care services.

What have been the most successful engagement activities to reach underrepresented groups that have generated significant feedback?

The public meetings are the most successful means of engaging with a diverse range of individuals and organisations. HWKP sends out all its information, including the monthly newsletter, to more than 65 traditionally 'hard to reach' groups.

INVOLVEMENT WITH STAKEHOLDERS

HWKP is represented on a large number of council and NHS committees, project boards and at meetings. These include projects such as Kingston @ Home (RBK), Better Services, Better Values (SW London NHS), PEAT inspections (NHS), and patients groups.

Relationships with the RBK Social Services team continue to improve and develop, and links with the South West London NHS Cluster, Kingston NHS and Your Healthcare (the community health care provider) have strengthened.

3. TRAINING

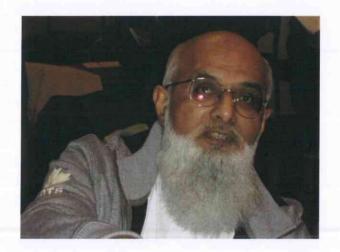
Members of HWKP attended training as follows

Equality & Diversity – Basic Training Equality & Diversity – Intermediate Training Governance Training Funding Conference (SLCVS) Outcomes

Staff training was as follows:

Equality & Diversity – Basic Training Equality & Diversity – Intermediate Training Funding Conference (SLCVS) IT for Outcomes







Interested participants at the Better Services, Better Value conference in November

4. WHAT WE DID

This section describes the full range of work in which HWKP members have been involved between April 2011 and March 2012.

THE ANNUAL WORK PLAN

In April 2011 a public brainstorming session was held to consider the future form and function for Kingston's LINk as it moved forward to become a HealthWatch Pathfinder.



Vice Chair Theo Harris and Steering Group member Helen Hutson leading a session on the future shape and role of Kingston's LINk

As a result, the structure of the Working Groups changed by reducing the number of groups; these are as follows:

- 1. Hospital Services Working Group
- 2. Mental Health Working Group
- 3. Social Care Working Group
- 4. GP & Community Health Services Working Group

Each Working Group is led by a member of the Steering Group and consists of people from the wider membership, as well as those representing specific community groups or interests. Members of the Working Groups have taken part in hospital and care home inspections. Details of all meetings are available from the HealthWatch office.

Even talking about governance can be fun!



GP and Community Health Working Group

Anna Asher writes: The GP and Community Health Working Group has been working closely with Kingston Clinical Commissioning Group; the Lead sits on the CCG and is part of their decision-making process. It has taken a year to become familiar with the new White paper proposals. Two HealthWatch members form an active part of the innovative Patient & Public Engagement (PPE) Group in Kingston, where authentic PPE is being forged as a priority for the CCG and **Rate Our Service** has been welcomed. The CCG accepted the proposal that before a change of pathway or provider is presented to the board, the public must be actively engaged.

Following the presentation at our first Information Event about the Out-Of-Hours service (Harmoni), the GP Working Group suggested that GPs personally check patient records every morning as they are submitted by the OOH service, rather than leaving this work to be done by practice administrators. The CCG accepted this proposal.

The GP and Community Health Working Group has also been involved with the Expert Patient Programme and publicised the work in K-NEWS. A focus has been given to the formation of Patient Reference Groups in GP surgeries by meeting with a practice manager to understand the issues.

Two members attended the first UK ADR conference and gave a report to the Chair of the CCG.

Hospital Services Working Group

Helen Hutson writes: An interesting and enthusiastic Hospital Services Group met once a month during 2011/12 and several new members were welcomed during the year. The group spent time getting to grips with the relevant data and analysing the main concerns expressed by patients via the PALS monthly reports and many other internal and external sources of information. Several members took part in the 'In Your Shoes' exercises at Kingston Hospital, which produced interesting feedback.

Speakers from Kingston Hospital Trust updated the group on progress to improve patient experience and work was done in conjunction with Claudia Thompson, the Patient Experience Manager. A very interesting visit to KHT took place, where there were inputs from a variety of staff detailing the various methods of assessing and auditing the Patient Experience and how that data is used to ensure continuing improvement.

The Steering Group asked the Hospital Services Working Group to select three areas/topics to work on to improve hospital patient experience; the three chosen were 1. Communications, 2. A&E, and 3. Surbiton Hospital. After further analysing relevant data/evidence, the Group decided to look in depth at the Patient Experience in Out Patient Clinics. A sub-group has been working on a methodology to gain evidence; this work is ongoing.

Mental Health Working Group

Sandra Berry writes: During the first past of the year, the group considered and then voiced their concerns about the recent closure of the local Psychiatric Intensive Care Unit, the discontinuation of a therapy service for older people, and the lack of additional staff for police custody cells.

The group joined with other LINks in SouthWest London in expressing their extreme reservations about the plans of SW London and St George's Mental Health Trust for Foundation Trust status. This resulted in a most useful meeting at the HealthWatch Kingston Office with Ed Davey, MP.

The meeting of the MH Working Group with local MP Ed Davey, led by Mental Health Lead and Vice Chair Theo Harris



The Mental Health Lead resigned in November 2011 and it became clear that the Working Group members had very varied backgrounds and knowledge/experience of local mental health services. They wanted a better understanding of the SouthWest London engagement strategy, particularly in relation to areas of responsibility, the St George's Mental Health NHS Trust Foundation Trust application and information about the lack of communication and public involvement concerning recent closures and changes in service provision.

To be able to speak credibly as a HealthWatch, therefore, every Group meeting now includes a presentation from a commissioner or provider in an effort to inform everyone's awareness of local mental health services, both current and those planned for the future.

Social Care Working Group

Ray Stonehill writes: Within the Social Care Working Group, members have been developing a close working relationship with CQC. The purpose is both to access and then assess their observational tools and training and understand how they operate so that HWKP can complement their work by organising its own inspections of care agencies/homes.

A check has been made on what RBK is doing with its allocation of section

256 money (NHS funds for Social Care), while engagement with relevant bodies has increased as the RBK Kingston @ Home initiative is developed and rolled out.

Members of the Working Group have been working with RBK to explore via a questionnaire whether higher individual contributions for council-funded care is causing people to pare back on their care arrangements.

In conjunction with Kingston Council Adult Services and the Care Quality Commission (CQC), our Social Care Working Group has embarked on its programme of visits to care homes. These unannounced visits look at different aspects of care from those inspected by RBK and the CQC. The aim is to use everyone's input together to give a comprehensive picture of each care home which does not just cover the statutory targets and requirements.

Two local pharmacists enjoying the Annual General Meeting





Malcolm Alexander, Chair of the National Association of LINks Members, addressing the AGM

PUBLIC MEETINGS

local

April 2011 Public brainstorming event on The Way Forward

June 2011 HWKP Annual General Meeting

November 2011 Public Meeting on Better Services, Better Value

(Review of acute services in SouthWest London)

March 2012 Information Event 1

The Out-of-Hours Service for Kingston

March 2012 Launch of Rate Our Service, an online tool for rating

health and social care services independently

RATE OUR SERVICE

In March 2012 HealthWatch Kingston Pathfinder launched *Rate Our Service*, which enables people to rate their local health and social services on a whole range of issues from waiting times, hygiene, accessibility and much more. In the same way that one can rate hotels and restaurants, it is now possible to give an honest opinion about GPs, local hospitals, pharmacies, care homes or any other health and social care service in and around Kingston.

This rating system is part of the new HW website, but for those who do not have access to the internet, staff can take their ratings over the phone



or in person. HWK now has a number of laptops and handheld computers, which will be taken out to people, local groups and service users across the borough so that they can try the software out for themselves and rate the services they use.

Rate Our Service is designed by people who have worked for and with LINks and patient groups and who have a real understanding of what matters most to users of local health and social care services. As well as providing HealthWatch with reports to show what local people think, they will also monitor the ratings to ensure that people cannot influence them by repeating the same rating or using family or friends; this will give us a

much more accurate picture.



HealthWatch Kingston intends to use the data to highlight areas that need improving, and work with local health and social care services to ensure they are aware of what they are doing well, and what could be better.

Deputy Mayor Cllr Geoff Austin and the Deputy Mayoress Sheila Austin enter ratings for their local hospital at the launch in March

K-NEWS - the newsletter of HealthWatch Kingston Pathfinder

Six issues of K-NEWS have been published and circulated to all members and stakeholders, totalling over 750.

ACTIVE COMMUNITY PARTICIPATION

Steering Group, staff and Associate Members of HWKP have played an active role in the local community during the year. Some of their activities are given below:

- Taken part in *Better Services, Better Values* consultations and meetings to represent the views of local people
- Followed up on reports about discharge at unsocial hours at all local hospitals
- Made inspections of local care homes
- Involvement with the *Kingston @ Home* project which looks to reduce the usage of short-term beds
- Involvement in the Prevention and Support Brokerage project
- Took part in benchmarking of food and nutrition standards at KHT
- Gave presentations to the Richmond and Kingston ME Group and to Kingston Carers Network about HealthWatch and **Rate**Our Service
- Taken part in the PCT's Equality Delivery System Equality-Monitoring System
- Active involvement with the design and development of Kingston University's Pharmacy course
- Manned a stall at Kingston in the Market Place as part of the HWKP publicity/recruitment programme
- Manned a stall at New Malden Craft Fair as part of the HWKP publicity/recruitment programme
- Took part in PEAT inspections at Kingston and Tolworth Hospitals, making sure that the public's perception of our hospital services are duly noted and listened to.

The outcomes to this active participation have been an increase in the membership, greater awareness on the part of the public about what HealthWatch can do for them and how they can get involved, and the voice of a critical friend in inspections of various types that have served to shape the final reports on these visits.

REPRESENTATION

It is now recognised nationally that the greatest contribution being made by local involvement network members within their local communities is by giving a public voice at meetings and events of statutory and voluntary organisations.

Formal HWKP representation was requested by the following statutory bodies:

Kingston Clinical Commissioning Group Royal Borough of Kingston upon Thames Kingston Hospital NHS Trust SW London NHS Cluster The level and frequency of such meetings varies, from advisory membership on the Health & WellBeing Board and the Trust Board of Kingston Clinical Commissioning Group, to full participation on Kingston Hospital Nutrition Panel and advising members of other local LINks on best practice. A selection of occasions between April 2011 and March 2012 when HWKP was represented is given below.

Care Quality Commission

LINk/HealthWatch conference

Department of Health

LINks conferences London LINks Chairs

Kingston Clinical Commissioning Group

Board meetings
Patient Engagement Working Group
Surbiton Health Sub-Committee

Kingston Hospital NHS Trust

Annual General Meeting Trust Board Clinical Ethics Forum Equality Delivery System Hospital Focus Group Mini-PEAT assessment Nutrition Benchmarking visit Nutrition Steering Group Patient Experience Committee Patient Feedback research project Patient Readers' Panel PEAT inspection Picker Workshops Quality Accounts Quality Assurance Sexual Health Services

Your HealthCare

Dignity / Respect / Nutrition audits at Tolworth Hospital PEAT inspection, Tolworth Hospital

Royal Borough of Kingston upon Thames

Health & Wellbeing Board Health Overview Panel People's Services Committee

Other LINks

National Association of LINks Members Annual Conference LINk London meetings Richmond LINk AGM South West London LINk/ HW Chair meetings

SouthWest London Cluster

Joint PCTs Board Patient & Public Advisory Group Better Services, Better Value

Other Bodies

Kingston Voluntary Action Annual General Meeting London Ambulance Service Patients Forum Kingston Carers Network

REGIONAL ACTIVITIES

- (a) The London Ambulance Service (LAS) PPI Forum did not disband at the end of March 2008 but continues its work. Several members of HWKP Steering Group continue to attend their meetings. The Ambulance Service operates over all London Boroughs and is therefore a necessary and important partner in the work of every London LINk.
- (b) Relationships with LINk members in the neighbouring boroughs of Richmond upon Thames, Sutton, Merton, Wandsworth and Croydon have always been good. HealthWatch Kingston Pathfinder hosts regular meeting of the Chairs, who meet to discuss local, regional and national developments, to share good (and bad) practice and to provide support to each other. With the change from LINk to HealthWatch coming up, the need for co-operative working with neighbouring boroughs and LINks is essential.

The formation of LINk London as part of the National Association of LINks Members (NALM) has also enabled useful relationships to be created.

NATIONAL ACTIVITIES

(a) Department of Health

Every meeting of LINk chairs and members from London LINks organised by the Department of Health and/or the Care Quality Commission has been attended by either one or two members of HWKP.

(b) National Association of LINks Members (NALM) Five members of HWKP and one member of staff attended and took active parts in the NALM annual conference in September 2011.

CORPORATE PLANNING

In conjunction with Russell-Cooke (Solicitors), HWKP started work on the documentation necessary to convert Kingston's HealthWatch Pathfinder to a registered charity limited by guarantee. The Memorandum and Articles of Association have reached the stage where they will be submitted firstly to Companies House and then the Charities Commission when the appropriate approvals are given by Kingston Council



Local Councillors enjoying the Better Services, Better Value public meeting

5. OUR FINANCES

The sum of £102,000 for the operation of the Pathfinder in Kingston was received by the Royal Borough of Kingston from the Department of Health. £4,212 was retained by the local authority.

FINANCES FOR 2011 / 2012

Income from RBK Start-up costs for HealthWatch Other income	£97,788 £5,000 £40
Total	£102,828
Brought forward from 2010-11	£12,102
Expenditure	
Salaries	£42,889
National Insurance	£3,883
Recruitment	£1,262
Training (Staff)	£20
Training (Third Party)	£255
Staff Travel and Subsistence	£196
Meeting hire, venues and refreshments	£1,931
Volunteer travel and other expenses	£596
Utilities	£639
Maintenance/ housekeeping	£213
Rent	£12,000
Postage	£752
Telephone	£2,725
Printing (incl Annual Report)	£2,194
Subscriptions	£710
Stationery	£3,622
Computer Equipment/ IT Support	£6,955
Other Equipment	£48
Sundry	£51
Legal Fees	£2,160
Hosting Fees (KVA)	10,000
Total	£93,101

Carried forward

£21,829

6. NEXT STEPS Looking ahead to the next 12 months

More change, more business planning, more preparation of documentation and review of governance and procedures – these actions will all be fundamental during the next 12 months. For HealthWatch Kingston to become a charitable company limited by guarantee will mean many more hours spent round office tables that could otherwise have been used in more directly benefitting the population. These things have to be done, however, and in the long-term will prove to have been time well spent.

The situation also throws up clearly the need for greater levels of recruitment and greater education about the role and function of HealthWatch – and in ways that will inspire more residents to want to play an active part in the work. The size of the membership needs to be increased, especially in those groups which 'need to be heard'.

Rate Our Service has an important role to play here, not only in spreading the word about HealthWatch more widely and in generating interest among members of the public but by demonstrating the ability to provide the hard evidence necessary for HealthWatch to demand action on any health and social care services that may be falling short.

For the organisation itself, key questions need to be answered, including

- how to make certain that information is reaching all parts of the population and that everyone feels encouraged that he/she can play an important role at whatever level of involvement is appropriate for them,
- how to ensure information is disseminated to members and stakeholders speedily and efficiently,
- how to make sufficient training available so that people representing HealthWatch Kingston feel confident that they appear credible and knowledgeable in public.

Areas which it has not been possible to look at so far include dental services and community health provision; these will be high on the list of priorities for 2012-13. Extending the number of visits made to all types of care homes will be increased – the CQC is encouraging our involvement in this function – and the creation of relationships with the new patient reference groups in GP surgeries will be extended.

The Information Events which started this year provided a useful opportunity to focus on specific issues and areas which might not have justified holding a full-scale public meeting. The initial theme was *Keeping Out of A&E* and further events of this type will be taking place during 2012/13.

Paul Bond, from Harmoni (the Out-of-Hours provider) explaining how the system works and answering questions





Equally, the major changes which are taking place in the NHS and social care need to be given prominence in public engagement – Better Services, Better Value, Kingston @ Home, Prevention, Support and Brokerage and changes in Mental Health services all need HealthWatch Kingston to host public meetings so that members of the public can be informed and have their say.

All in all, the emphasis must be on reaching out still further into the community, to encourage more participation in HealthWatch Kingston from a wider range of people, to make known that everyone's views are listened to and that these are relevant in ensuring those changes that may be necessary to our health and social care services will be made.

7. IN SUMMARY

2011-2012 has been yet another year of change, with little time to assess the best way forward to meet new challenges. Much effort and resources were spent designing and then transforming Kingston's LINk into HealthWatch Kingston Pathfinder, detracting from some of the energies that could have been directed towards monitoring health and social care services. Having sufficient active members to help in everything we do is fundamental; but publicity and recruitment is time-consuming and hence a vicious circle.

The new Steering Group started work in September and now form an experienced, informed group of people with varied backgrounds who are making an excellent team. It is unfortunate that, thanks to the lack of guidance from central government, so much valuable time has had to be spent understanding the new legislation and its implications. This lack of clarity and leadership has been felt not only by HealthWatch but also by parts of the Council, who have had to work out what their new role will be in terms of commissioning the new organisation with effect from 1st April 2013.

However, even more HealthWatch involvement has been asked for from the statutory and voluntary sector, so more members are now out and about representing our organisation and giving a public view to bodies that to date have not always been used to this. The downside to this, of course, is that with limited volunteer resources it is sometimes difficult to balance the time spent sitting on and being involved with other committees with the time available for the activities of HW Working Groups.

2012-2013 will not be an easy year, as HealthWatches prepare for their new existence from April 2013. The uncertainty caused by lack of government guidance affects not only the Council (which must decide how to commission its Local HealthWatch), the staff (who have virtually no information about their future employment status), and the volunteers themselves, since the nature of their work may change according to the wishes of the local authority. Though the government intends Local HealthWatches to be the strong, independent voice of patients and public, it is difficult to see how this can necessarily work when the budget is controlled by the Council.

However, local people feel strongly about and value the quality of their health and social care services, so the onus will be on them, through HealthWatch Kingston, to ensure the provision is as good as it possibly can be. *Rate Our Service* has the potential to be a very useful tool to help this process by providing hard evidence of what residents are actually experiencing and feeling.

It will not be easy on a small budget but, with good will and good humour between the statutory and voluntary sectors, your Steering Group is confident that it can be done. HealthWatch Kingston Pathfinder is, after all, viewed nationally as a flagship HealthWatch and this reputation has been earned by both the teamwork existing within our organisation and our partnership working with others. Mutual understanding of respective roles is as fundamental to providing a solid, credible and cohesive voice for the people of Kingston as is the understanding of concerns and problems.



Hilary Garner (CEO of KVA), Sandra Berry (Chair of HealthWatch Kingston) and David Smith (RBK Director of Adult Services) taking part in the Steering Group Away Day, September 2011

List of Abbreviations used in the Text

BEM Black and Ethnic Minorities
CCG Clinical Commissioning Group
CQC Care Quality Commission
CRB Criminal Records Bureau

DoH or DH Department of Health FT Foundation Trust

HOP Kingston Health Overview Panel

HWE HealthWatch England

Kingston's LINk The Local Involvement Network for Kingston upon

Thames

KCCG Kingston Clinical Commissioning Group

KHT Kingston Hospital NHS Trust

LA Local Authority

LAS London Ambulance Service LINk Local Involvement Network

LHW Local HealthWatch

NALM National Association of LINks Members

NHS Kingston The Primary Care Trust for Kingston upon Thames

PEAT Patient Environment Action Team

RBK Royal Borough of Kingston upon Thames

SG Steering Group of Kingston's LINk

SWL&StGMHT South West London & St George's Mental Health Trust