

**Healthwatch Kingston upon Thames**  
 Community Care Task Group Meeting 26.07.17  
 At Kingston Quaker Centre

**Present:**

Ann MacFarlane (Chair)	AM	Nigel Spalding	NS
Glenn Davies	GD	Scotty McCleod	SM
Phil Levitt	PL	Alasdair McNabb	AMc
Monica Quinton	MQ	Victoria Anaele	VA
Dave Leeman	DL		

ITEM		Action
1.	<p><b>Welcome and apologies</b></p> <p>Apologies were received from Sophie Bird (SB), who was attending the Mental Health Strategy Launch and from Andrew Osborn, who had been invited to attend.</p>	
2.	<p><b>Notes and actions of the last meeting</b></p> <p>2.1 The minutes of the last meeting were agreed as correct.</p> <p>2.2 AMc offered to broker a connection SB with Kingston Carers' Network, if she had not already made contact.</p>	AMc
3.	<p><b>Presentation by Dave Leeman on the Macmillan Social Prescribing Service</b></p> <p>DL circulated copies of his presentation and offered to send a copy electronically for circulation to the group. Additional information given during the presentation and in response to questions included:</p> <ul style="list-style-type: none"> <li>• Nationally, around 40% of GP appointments are for social needs</li> <li>• It is hoped that the cost savings made across the system from this service would be quantified</li> <li>• Discussion is taking place with KVA on how to monitor access to voluntary sector services and how to reinvest the savings in the community sector</li> <li>• There is one IT system that would allow the service to track the progress of people using the service</li> <li>• There are 50k patients in the catchment area of the service and information on the demographics of the area has been collected</li> <li>• Macmillan runs a similar service in Bow</li> <li>• The assessment of outcomes will be based on patients self-reporting (The Outcome Star) as well as EQ-5DL (5 questions) and the Risk Stratification Tool (which records attendances at GP</li> </ul>	DL/SB

	<p>practices, A&amp;E etc and whether long-term health problems have started or stopped).</p> <ul style="list-style-type: none"> <li>• The service will go live in September with referrals being accepted from mid-September</li> <li>• The Link Worker for the service has already been appointed - Grace Shorthouse, ex-Staywell - and she will be based at Surbiton Health Centre</li> <li>• Evaluation of the service will be undertaken after 6, 12, 18 and 24 months which will feed into decisions on whether to expand the service beyond cancer and Surbiton</li> <li>• There is a steering group overseeing the development and evaluation of the service</li> <li>• There would be some benefit in a body external to the service being involved in the evaluation, eg Healthwatch might play a role in interviewing patients to obtain feedback</li> <li>• The service will cost £100k over two years and is funded by Macmillan</li> <li>• Another new area of work promoting early intervention is being pursued by the Self-Care Forum which is seeking to promote the 'Making every contact count' national project, ie training frontline staff to seize every opportunity to give early health advice</li> </ul> <p>DL reported that he will be leaving his post soon. Lakhwinder Gill in Public Health will take over responsibility for the Social Prescribing Service.</p> <p>AM asked what was happening on the 'Choosing Wisely' consultation. NS reported that he had seen a report on the results of the consultation which he could ask SB to circulate. The CGG was not expected to be making any decisions until their meeting in September. Completion of the consultation had been delayed by the purdah period arising from the general election.</p> <p>DL was thanked for his very helpful presentation.</p>	NS/SB
4.	<p><b>Update on the Kingston Co-ordinated Care Programme and the Advisory Group</b></p> <p>Andrew Osborn (AO) was unable to attend but had sent an email to SB and NS with the following update, which was read out:</p> <p>“Apologies for not being able to get to the meeting today. We are making progress in the following areas:</p> <ul style="list-style-type: none"> <li>• RBK will look to set up a new company to establish Well-Being teams as its approach to recommissioning home care. A quick summary of what well-being teams are is included in this e-mail. A short presentation on well-being teams was made to the advisory group who were all very positive about the model. The intention is to recruit an initial team to support people in</li> </ul>	

	<p>the New Malden area. Well-Being teams will be integral members of the new locality MDT model of care.</p> <ul style="list-style-type: none"> <li>• Your Healthcare and RBK have co-located staff to provide a integrated triage and screening that will be provide a joined up single point of access. We have been delayed in plans to align staff taking calls, so the focus for the time being will be on integrated triage and assessment.</li> <li>• The work on MDT ways of working is progressing very well. New Malden will be the trial area and start next week. Staff from each provider have been identified and they will meet to discuss the most complex or challenging people in an MDT meeting. Outside of MDT meetings those staff will be encouraged and supported to work more collaboratively to ensure joined up approaches to care and support planning.</li> <li>• The Kingston care record is now available to staff and include Health and GP data. Social Care, Hospital and MH data will be added by the end of the year. This is supporting staff to see a single view of the person and to see who else is involved with a person.</li> <li>• Please do get in touch and I am happy to discuss any of these areas in more detail.”</li> </ul> <p>Members of the KCC Advisory Group who were present at this meeting confirmed that some of the above information had recently been discussed with them. Task group members had some questions to ask AO about the nature of the well-being teams, how the current proposals connected with the original plan to re-commission home care services, how the views of the Advisory Group were being taken into account and the nature of the ‘Provider Alliance’ that was referred to in a recent report to the Health and Wellbeing Board.</p> <p>It was therefore agreed that AO’s email be circulated to the group and that group members then identify the questions they wanted answered so that these could be sent to AO. It was also agreed that AO be re-invited to the next task group meeting.</p>	NS/SB
5.	<p><b>Community Care Task Group work programme 2017/18</b></p> <p>It was agreed that, in the light of information received at this meeting, the draft work programme now be approved with one addition, namely in Priority 1, the Actions to include:  “Learn about the pilot social prescribing service and other planned services, <b>including the work of the Self-Care Forum</b>”.</p> <p>It was also agreed that:</p> <ul style="list-style-type: none"> <li>• a representative of the Self-Care Forum be invited to come and give a presentation about the work of the Forum at the next task group meeting</li> </ul>	SB via DL

	<ul style="list-style-type: none"> <li>the group should actively pursue the possibility of Healthwatch Kingston participating in the evaluation of the social prescribing service, eg by interviewing participating patients.</li> </ul>	SB via DL
6.	<p><b>AOB</b></p> <p>NS highlighted the publication of the 2016 GP Survey Results on the NHS Choices website providing the results of patient responses to some 25 questions posed (eg % of patients who find it easy to get through to this surgery by phone). It was also possible to compare the results of up to 3 GP practices. NS offered to provide a link to the results.</p> <p>It was suggested that task group members find out if the results were being displayed in each GP practice.</p>	NS/SB
7.	<p><b>Next meeting</b></p> <p>Wednesday 27 September 2-4pm.</p>	