

**Healthwatch Kingston upon Thames**  
 Community Care Task Group Meeting 27.09.17  
 At Kingston Quaker Centre

**Present:**

Ann MacFarlane (Chair)	AM	Glenn Davies	GD
Nigel Spalding	NS	Scotty McLeod	SM
Stephen Bitti	SB	Phil Levick	PL
Adelaide Boakye-Yiadom	ABY	Andrew Osborn	AO
Laila Awda	LA		

ITEM		Action
1.	<p><b>Welcome and apologies</b>            Apologies were received from John Hatherley, Linda Dellagrotta, Tulloch Kemp and Alasdair McNabb</p> <p>AM also made her apologies as she needed to leave the meeting at 3.15pm, NS agreed to take over in her absence</p> <p>SB mentioned that a new process would be adopted across all the Task groups, a dictaphone would be used to record all meetings as long as there were no objections, and if there was any time during a meeting where anyone felt that there was sensitive information that was felt should not be minuted, the tape could be stopped and comments made off the record. This was being done to ensure good documentation - there were no objections to this.</p>	
2.	<p><b>Presentation by Andrew Osborn - update on Kingston Coordinated Care (KCC), the Advisory Group and the Re-commissioning of Home Care Services</b></p> <p>Andrew Osborn circulated copies of his presentation which had been circulated electronically to the group before the meeting. Additional information given during the presentation and in response to question included:</p> <ul style="list-style-type: none"> <li>• In the new proposed model there will be a consolidated single point of access for information and advice. At the moment there isn't agreement as to how this will happen because there are multiple access points and too many organisations/agendas. It is something that will not be delivered in the immediate short term</li> <li>• In the future - even before it gets to the GP, social /mental health and the voluntary sector will meet up as</li> </ul>	

	<p>a team to discuss the needs of an individual and then direct the person to the service that best meets their needs. Ideally at this point there will be a single person - a care co-ordinator who will be best placed to contact that person and who will be their main contact and will manage all the different relationships.</p> <ul style="list-style-type: none"> <li>• There will be a co-location of the different agencies to enable this and help build relationships and understanding between different services.</li> <li>• It is not really a public facing service at the moment, you still need to go to your normal point of access - i.e. contact social care by phone/ visit the GP or turn up at the hospital. The single point of access will be created going forward in the future.</li> <li>• Nationally all the London boroughs are doing their own version of this new model and good practice will be shared.</li> <li>• MDT'S have been set up across 4 areas, in Kingston, New Malden, Surbiton and Chessington, there are 17 GP clusters across those areas - teams operate at GP cluster level. The approach is being trialled in surgeries in New Malden.</li> <li>• Currently there is a risk stratification tool that can be used by GP's to identify the top 2 and half percent of the population who have the most challenging/complex needs e.g. many visits to the doctors/hospital/ have a high level of prescription drugs</li> <li>• The CCG has paid GPs to use this tool to work closely with those on this list and draw up a care plan for these patients. AO has seen this system in practice and looking forward doesn't see this as the way forward and that MDT's will offer a much more personalised approach.</li> </ul> <p>NS, raised the issue that it would be impossible to invite all groups/organisations from the voluntary sector due to their numbers. AO suggested that either towards the end of this year or early next year and that it would be a good idea for Chris Jones to present at the CC task group meeting re early intervention and prevention.</p> <ul style="list-style-type: none"> <li>• AO also mentioned that there is some Department of Health money available that will be used to try and</li> </ul>	<p>ABY</p>
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	<p>address this issue - and there is a possibility of looking at a 'voluntary sector link worker' role. This person would have knowledge of the community work going on in Kingston, and would be part of the MDT meetings provide a link to the voluntary sector groups and be able to make connections/referrals to appropriate services.</p> <ul style="list-style-type: none"> <li>• Agreement was a given last week to set up a limited trading company - to carry out work this will allow RBK to work with people who pay for their own care and this will subsidise for those who have council funding. This will help keep it sustainable. It will take up to 2 years to build up the capacity that is needed. In time this will mean employing up to 300-400 care workers over Kingston in time. Initially there will be a trial of 20 -30 carers to see how/if it works. However, in the meantime the council will continue to purchase spot services from several agencies to make sure they are still able to offer the right support.</li> <li>• The company will be run 100% by council officers who will have voting rights - but they will be a process of getting external input to ensure that the people who use the services are represented.</li> <li>• AO would like run a couple of workshops with HWK - to get servicer users thoughts and feedback on this model - SC is keen to be involved in this. Ideally theses could take place in late October so AO could report back to the committee in November if this is not possible then the next meeting is in February. NS conscious of all the things that need to be put in place to facilitate - transport /care etc.</li> </ul> <p>NS requested to see the financial model- AO stated that it something that they are still working on this and that it would not be a document that would be openly available. AO will see what information he is able to provide HWK</p> <p>AO was thanked for his presentation</p>	AO/SB/ABY
3	<p><b>Notes on the meeting held on the 26 July 2017</b></p> <p>3.1 The minutes of the last meeting were agreed as correct</p> <p>3.2 Copies of the presentation given by Dave Leeman were circulated electronically to the task group prior to the meeting</p>	ABY

	<p>3.3 The Choosing Wisely Report was circulated to all TG members</p> <p>3.4 PL and SM noted that their names had been spelt incorrectly - to be amended</p> <p>3.5 The 2016 GP Survey Results on the NHS Results has been circulated to the Task group</p>	<p>SB</p> <p>ABY</p> <p>SB</p>
4	<p><b>Community Care Task Group work programme 2017/18</b></p> <p>4.1 It has been agreed that priority 1 be amended, the Actions to include:</p> <p>“Learn about the pilot social prescribing service and other planned services, <b>including the work of the Self -Care Forum</b>”.</p> <p>DL has passed on the details of Iona Liddington who is Director of Public Health has been leading the work on Self Care to request her or someone else from the group to attend the next task group meeting. ABY to pursue the possibility of Healthwatch Kingston participating in the in the evaluation of the social prescribing service.</p> <p>4.2 A series of questions were circulated to AO and SB and ABY also met with AO - from this a briefing paper was put together and these were put in paper and sent to the task group prior to the meeting</p> <p>NS felt that in view that home care services will not be recommissioned the task group will need to amend the wording in the outcomes for priority 2:</p> <p>“to ensure the recommissioned home services meet the needs of users and carers”</p> <p>4.3 SB stated that Tonia Michaelides was coming to give the board of trustees an update on the STP. NS raised his concerns with the upcoming elections next May and related how important it was to have a proper plan in place otherwise it may mean some services in the future would be financially unviable.</p>	<p>ABY via DL/LG</p>

5.	<p><b>AOB</b></p> <p>There was generally agreement that there should be a link to the GP survey on the HWK website</p> <p>PL requested a copy of the tape from the meeting - NS stated the purpose of the diaphone is to get an accurate record of the meeting but that in the future this might change.</p>	LA
6.	<p><b>Next meeting</b></p> <p>Wednesday 29<sup>th</sup> November 2017 2-4pm</p>	