Healthwatch Kingston Board Meeting (Part A)	**Date:** Wednesday 20 March 2019
Report Title: Community Care Task Group report	**Author**: Nigel Spalding, Acting Chair (NS)
PART A Agenda Item 13	**Appendices:** Yes

FOR DISCUSSION AND/OR DECISION
The purpose of this report is to update the HWK Board on the work of the Community Care Task Group. The Board is requested to: 1. Note the work of the Group. 2. Note that no member of the Group has offered so far to become the Chair or Vice-Chair of the Group and that NS is continuing as the Acting Chair for the time being. 3. Approve the Group's proposed project for 2019/20 as presented in Appendix 2.

The CCTG's agreed priority for 2018/19 has been the 'Evaluation of the local impact of "Connect Well Kingston", an emergent local online social prescribing tool'.

The Task Group met on 18 February. There were 6 members were present.

The main items of discussion and decision were:

- The proposed **Task Group terms of reference**: two suggested amendments were made (a) to rule out representatives of health or social care providers on the Group from appointment as chair or vice-chair, in order to minimise potential conflicts of interest and (b) to make explicit that, in the event of the chair and vice-chair not being present at a meeting, that the Group should appoint a chair for the meeting.

- The **appointment of a chair and vice-chair**: there were no offers to take up either of these roles. NS agreed to continue as acting chair for the time being, offering to talk to anyone

who might be interested, with the intention of raising the matter at each future meeting. It was noted that, in the absence of volunteers from the existing membership of the Group, the Board might choose to recruit and appoint people from outside of the Group's membership.

- **Connected Kingston and Kingston Co-ordinated Care programme:** updates were provided on a number of meetings and conversations with the service providers and commissioners that had been held since the last Task Group meeting. The commitment in the NHS Long-Term in relation to Social Prescribing was highlighted, ie that "Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

- A plan of action for seeking **feedback from users of Connected Kingston**, focusing initially on people who have been referred to the Staywell Community Connector service was discussed: an updated version of the outline project plan (as at 13 March) is attached as Appendix 1. [*A larger print version will be available at the meeting.]*

- A **project proposal for the Group for 2019/20** – this also was discussed taking into account comments received form the KCC Programme Director - an updated version is attached as Appendix 2 and is now recommended to the board for approval.

Selecting an issue for Task Group project work in 2019/20

Proposed topic for Community Care Task Group: ***To examine the impact of Kingston Co-ordinated Care on service users, patients and where possible, their carers.***

During the year, individual services that are established or have been revised by the KCC programme will be considered for review, with the initial focus being on Connected Kingston.

Criteria for selecting an issue *(Staff and Task Group Chairs can help you better understand each question)*	**Write in your answer**	**Scoring**	**Score Given**
1. How much evidence is there that this issue is of importance to local people?	Evidence is provided below against each of the emerging themes being pursued by the KCC which are of relevance to the Community Care Task Group: Primary Care Networks (including the locality delivery models for the integration of services in Kingston and the commitment in the NHS Long-Term Plan for **"**£4.5 billion of new investment to fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices"): there is ample evidence nationally (eg HW England annual report 2017-18 p18 on 'Well Co-ordinated Services) that the public want to see services joined up more effectively so that personalised services can be provided and eg the same	**1 = There is no actionable, material, evidence** (it is only ad hoc/informal/anecdotal/only word of mouth) **2 = There are only intermittent reports** (there is some informal commentary) **3 = There are persistent accounts** (we have seen a detailed, consistent commentaries) **4 = There is compelling evidence** (we have seen a high volume and/or deeply legitimate and verifiable level of concern)	**3**

	information does not have to repeated again and again. Prevention, including Connected Kingston (CK) and the Active and Supporting Communities programme: The Connected Kingston digital tool will be given a public "soft" launch in March 2019 but over 100 people (mostly the frail elderly) have now been referred to the Community Connectors at Staywell. Although the take-up of services is not compulsory there is an expectation on the people referred that they will participate in the programme. So they may well develop definite views about this service. Maximising Independence: the quality and consistency of home care services has been an issue of importance to RBK, to HWK and to many of the service users (and carers) with which HWK has had contact over the last two years through events and workshops. Urgent Care Response Pathway (or "Community Rapid Response" in the NHS long-term plan "within five years all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines, where clinically judged to be		

	appropriate. In addition, all parts of the country should be delivering reablement care within two days of referral to those patients who are judged to need it.”)**:** knowing which NHS service it is best to contact in what circumstances and being reassured of an quick and appropriate response is a concern for patients as well NHS service providers and commissioners.		
2. To what extent do we <u>believe</u> Healthwatch Kingston can actually <u>make a difference</u> on this issue?	Work is currently underway to establish a new Outcomes Framework with which to evaluate the KCC programme. This will focus on what benefits are being sought and what activities are needed to achieve these benefits. The new Framework should include an assessment of the impact of the KCC programme on users/patients/carers (hereafter just described as “users”). HWK, as an independent body, is ideally situated to collect some of this data. The KCC Partnership Board will want to ensure that it is investing its resources in service developments that demonstrate improved outcomes for users and/or financial savings. HWK has developed good working relationships with several members of the KCC Partnership Board and its supporting officers. So	**1 = There is no possibility of making a difference** (it is beyond our capacity to influence) **2 = There is only a small chance that we can make a difference** (we might be able exercise some influence) **3 = There is a good possibility that we can make a difference** (we can see how and with whom we can make a difference) **4 = We are sure we can make a difference** (we know the recipient of our report is going to act upon our recommendations and make a difference)	**3**

	it is probable that Board would be receptive to data from HWK in 2019/20.		
3. To what extent does this issue <u>disproportionately</u> affect people who are experiencing greater discrimination/disadvantage/exclusion and/or have the poorest health and social care outcomes.	The KCC programme is focused on the most extensive users of health and social care services, including the frail elderly, those with long-term conditions and others whose lives are limited by poor health and social exclusion.	**1 = There is no material evidence** (service provision issues affect all members of the public with no disproportionality) **2 = There is some evidence** (There are issues but these may not be material) **3 = There is consistent evidence** (Persistent and verifiable issues that may not be of the most serious consequence) **4 = There is overwhelming evidence** (Serious, persistent and neglected matters that require strong intervention)	**4**
TOTAL SCORE			**10**

If the total score on the table above is <u>less than 8</u>, then the issue should <u>not</u> be selected as a Task Group project for 2019-20. There is no need to go onto the next page.

If the total score on the above table is <u>8 or more</u>, then the <u>scoring</u> on the next page should also be undertaken:

Criteria for selecting an issue *(Staff and Task Group Chairs can help you better understand each question)*	**Write in your answer**	**Scoring**	**Score**
4. To what extent does HWK have the capacity to work on this issue?	The CCTG now has around 10 participants all of whom are contributing to the planning of the project. The TG is expecting to have the support of an identified HWK staff to deliver the project – who will do what will need to be identified. So far, 3 or 4 TG members have indicated a willingness to undertake the proposed telephone survey with users of Connected Kingston. More volunteers will need to be recruited. The Chair of the TG can draw on previous experience of gathering data through telephone and postal surveys and focus groups. Training will need to be provided to telephone interviewers and someone professionally qualified should ideally provide this training. Professional training and the offer of a "thank you" gift token on completion of a specified number of surveys may help to motivate people to volunteer as interviewers.	**1 = There is no capacity** (neither HWK staff nor task group members have the capacity – including time and/or the relevant knowledge and skills – to work on this issue) **2 = There is serious capacity constraint** (there is little available resource) **3 = There is some capacity** (HWK staff and task groups members can devote reasonable resource) **4 = There is no capacity constraint** (all the necessary time, knowledge and skills are in place)	**3**

	Two other challenges to be tackled are (a) how HWK can make direct contact with service recipients (working in collaboration with the service providers) and (b) how many service recipients can be encouraged/motivated to provide their feedback.		
5. To what extent is Healthwatch Kingston the most appropriate organisation to take up this issue?	As an independent body that is not one of the myriad of service providers involved in the KCC, HWK is uniquely placed to seek and present user feedback. An academic body is probably the only other type of organization that can appropriately under this research.	**1 = The issue is not relevant to HWK** (the issue is outside of our remit) **2 = It might appropriate for HWK to take up the issue** (HWK could undertake the work but another organization is already doing the work and/or may be better equipped to do so) **3 = It is appropriate for HWK to take up the issue** (nobody else is doing the work or HWK can complement the work being undertaken by others) **4 = There is a compelling reason for HWK to take up the issue** (HWK is the most relevant body to take up the issue because nobody else is taking it up and/or it is the best equipped organization to do so and/or because the issue needs to be considered by an independent body such as HWK)	**4**
TOTAL SCORE:			**7**

If the score on the table above is less than 5, then the issue should not be selected as a Task Group project for 2019-20.

If the score on the table above is 5 or more, then the issue can be selected as a Task Group project for 2019-20.