**Appendix 4.1:**



**Healthwatch Kingston upon Thames**

Community Care Task Group Meeting 26.07.17

At Kingston Quaker Centre

**Present:**

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| 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 |  |  |

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| **ITEM** |  | **Action** |
| **1.** | **Welcome and apologies**  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. |  |
| **2.** | **Notes and actions of the last meeting**  2.1 The minutes of the last meeting were agreed as correct.  2.2 AMc offered to broker a connection SB with Kingston Carers’ Network, if she had not already made contact. | AMc |
| **3.** | **Presentation by Dave Leeman on the Macmillan Social Prescribing Service**  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:   * Nationally, around 40% of GP appointments are for social needs * It is hoped that the cost savings made across the system from this service would be quantified * 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 * There is one IT system that would allow the service to track the progress of people using the service * There are 50k patients in the catchment area of the service and information on the demographics of the area has been collected * Macmillan runs a similar service in Bow * 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 practices, A&E etc and whether long-term health problems have started or stopped). * The service will go live in September with referrals being accepted from mid-September * The Link Worker for the service has already been appointed – Grace Shorthouse, ex-Staywell – and she will be based at Surbiton Health Centre * 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 * There is a steering group overseeing the development and evaluation of the service * 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 * The service will cost £100k over two years and is funded by Macmillan * 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   DL reported that he will be leaving his post soon. Lakhwinder Gill in Public Health will take over responsibility for the Social Prescribing Service.  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.  DL was thanked for his very helpful presentation. | DL/SB  NS/SB |
| **4.** | **Update on the Kingston Co-ordinated Care Programme and the Advisory Group**  Andrew Osborn (AO) was unable to attend but had sent an email to SB and NS with the following update, which was read out**:**  “Apologies for not being able to get to the meeting today. We are making progress in the following areas:   * 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 the New Malden area. Well-Being teams will be integral members of the new locality MDT model of care. * 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. * 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. * 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. * Please do get in touch and I am happy to discuss any of these areas in more detail.”   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.  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. | NS/SB |
| **5.** | **Community Care Task Group work programme 2017/18**  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, **including the work of the Self-Care Forum**”.  It was also agreed that:   * 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 * the group should actively pursue the possibility of Healthwatch Kingston participating in the evaluation of the social prescribing service, eg by interviewing participating patients. | SB via DL  SB via DL |
| **6.** | **AOB**  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.  It was suggested that task group members find out if the results were being displayed in each GP practice. | NS/SB |
| **7.** | **Next meeting**  Wednesday 27 September 2-4pm. |  |



**Healthwatch Kingston upon Thames**

Hospital Services Task Group Meeting 19.07.17

At Kingston Quaker Centre

**Present:**

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| Marianne Vennegoor | MV | Graham Goldspring (Chair) | GG |
| Nigel Spalding | NS | Pippa Collins | PC |
| Sophie Bird, Healthwatch Kingston | SB | Jo Boxer | JB |
| Tamsin Day, Kingston Hospital | TD | Anna Perkins, Kingston Hospital | AP |

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| **ITEM** |  | **Action** |
| **1.** | **Welcome and apologies**  The Chair welcomed the group.  Apologies from Anne Blanche, Helen Haywood. |  |
| **2.** | **Notes and actions of the last meeting**  2.1 It was raised that times of the meetings do not suit everyone’s availability, SB to ask all members to vote on whether people prefer afternoon or morning slot and book meetings for 2017 accordingly.  2.2 Helen Haywood is a Governor of Kingston Hospital therefore there are updates and information which should be shared by appending information to meeting minutes for future reference.  2.3 SB to make correction to last meetings minutes – Helens name.  2.4 SB provided an update on the STP passed on by HWK Trustee Liz Meerabeau. It was reported that communications and engagement around the STP have been very poor and not accessible for lay people. This is agreed by other SW London Healthwatch, they will discuss actions at the next SW London HW Network Meeting. Action – SB to follow this up with Liz Meerabeau and report back at the next meeting.  2.5 MV will continue to collect information of Guys and St Thomas NHS Trust discharge programme to help inform the discharge project work.  2.6 Minutes of the last meeting were agreed as correct | 2.1 SB/ALL  2.2 SB/HH  2.3  SB  2.4 SB  2.5 MV |
| **3.** | **Presentation by Anna Perkins and Tamsin Day on the Kingston Hospital Discharge Service. (For full details of the presentation see attachment)**   * It was commented that approximately 70 patients are being discharged each day, there are challenges in this. * Kingston are performing well comparatively to other NHS London Hospitals in relation to discharge targets. They are meeting the STP trajectory. * Challenges are delayed transfer of care and working in partnership with other organisations. Discharge can be very complex, difficult for families, patients and staff to organise. They have to manage a balance of discharge and admission, especially at peak times like winter. Challenges arise across the whole health and social care arena. * Over last 12 months they have been working very hard, by working with NHS England and NHS Improvement. * They have developed the *Faster Flow Safer Care and Discharge* *Programme* – consisting of 8 work streams. This program is governed by the Emergency Care Program Board, Chief Operating Officer therefore it is across the Board of the Hospital and their partners. * If they get clinical side right, discharge goes more successfully. * Kingston Hospital now has expert Discharge Coordinators for more complex discharge cases. They have invested in this team, over the last 15 months, 4 new additional staff members have been recruited, 2 are qualified nurses. * They need more consultants and senior decision makers available at weekends. It is mainly here they perceive there to be a shortfall. * Last winter they ran a Pilot programme. This was very successful, not just about admission avoidance, they invested in a geriatric specialist consultant leading the team. The programme was targeted at identifying people’s frailty. Very thorough assessments were initially carried out by a senior consultant. * They then assessed the community to identify support available. * As this was organised very well early on, it makes for a good start to discharge and recovery. * The Pilot programme saved bed days, avoided 5 admissions a day and reduce length of stay Emergency. * This was funded for the Winter period and stopped in March, many lessons had been learned from it with thorough evaluation and it has led to the new discharge model currently in place. * JB asked that with the portion of high levels of older people being admitted how can the staff team cope. It was reported in response that the Elderly care wards have 2 Geriatricians each. They do work across other wards also so share their expertise. They recognised they need to do more for acute readmissions unit. * It was reported that there is a Kingston Hospital Discharge policy. It is up for review currently.  In order to follow the policy all patient’s medication needs are on a single IT system. The Consultant signs off a patients discharge; this is then sent to pharmacy automatically. * In A& E every day there is a conversation about every patient, medical care or discharge. Sometimes the communication at the bed side with the family members and the patient doesn’t go right. This is what they are trying to improve. * A very high amount of patients have dementia, it would be helpful to have something written up for when friends/ family arrive – they are considering putting an estimated delivery time above each bed, however there are positives and negatives to this. It can cause people undue stress to patients. / families. They are discussing and learning from other trusts. * They provide patients being discharged with a sandwich, picnic pack and aim to get them home by lunch. * They have said they need to work with families better to coordinate lunch about the timing to take them home, and make good use of the discharge lounge. In the Lounge there is a Nurse, food and drink. * Availability of transport is something which can be delayed. There is contracted firm, contracted about 18 months ago to provide 24 7 transport, they are a national company so can meet extra demand. They do not provide transfers for critical care. They can be changed for different needs, such as wheelchairs, they have stretchers etc. * Kingston Hospital has a fast track pathway policy of 24 hours for people who wish to be discharged out of Hospital for palliative care. This process trumps other transport services and patient needs. * Unfortunately, the local Hospice and other care agencies do not always have beds available for end of life care, this is then a challenge. * Kingston Hospital have a new Principle Pharmacist, there are new schemes in the planning stages (e.g.  prescribing Pharmacists) * For the vast majority of patients, the Discharge process works, however if there are changes made to care decisions it can delay and disrupt the procedure. * Feedback on discharge is already being collected at various places around Hospital. Each ward has surveys, example Stroke Ward, Big Annual Staff survey run by Picker Institute – sent out to all patients discharged. * Action TD agreed to send out a request to Hospital wards to ask for feedback including feedback on the Transport service. * The Friends and Family test has always gained low levels of feedback however it is now being improved, a new company has been commissioned to carry out the service. * There is a Service line governance meeting monthly, where they look at complaints through PALS and other sources, and learn from this. This entails both good and bad feedback. * Action TD agreed to find out if the Hospital are willing to send out surveys to patients on behalf of HWK. * Discharge volunteers have wide and varied roles, such as running errands, helping to pack clothes, listening to people’s concerns. Volunteers call the patients a few days after discharge, provide a pack of groceries to take home. * Once a week they operate a befriending call service for up to 6 weeks, help introduce discharged patients to lunch clubs/ socials etc. Sarah Mills, Kingston Hospital Volunteer Manager is willing to come and give a talk and inform more about the roles. | SB /TD  TD |
| 4. | **Initial planning of Discharge project based on outcomes from presentation**  **4.1** The TG needs to decide and plan a methodology to carry out this project.  4.2 It was raised that Staywell visit patients at home – They are commissioned for this service; they could help gather feedback from discharged patients.  4.3 The issue for HWK is reaching patients a few weeks/ months after discharge. Where does the responsibility stop for the Hospital?  4.5 The Task Group should consider setting up a Sub Group to launch the Discharge Project.  4.6 Action SB to contact the Kingston Hospital Volunteer Manager to explore working with Discharge Volunteers to gather feedback and information on patient experience. | 4.6 SB |
| 5. | **Kingston Co-ordinated Care Programme – update, Nigel Spalding**  5.1NS highlighted that the Community Care Task Group is keeping updated on the KCC work programme. The Kingston Coordinated Care Programme is designed to create better coordinated care in Kingston and save resources.  5.2 RBK has an Advisory Group consisting of lay people to get involved in coproduction on the KCC. This looks at work streams such as re commissioning home care and use of technology.  5.3 From the next meeting there will be a recurring agenda update on the KCC Program. |  |
| 6. | **Healthwatch Members feedback form, Pippa Collins, Sophie Bird**  6.1 PC and SB presented the draft advert for feedback and feedback sheet which TG members reviewed and suggested amendments. SB to action amendments.  6.2 It was agreed that the message is to go out every 6 weeks. We will need to discuss how we collect information and code the different themes occurring in the feedback.  Pippa and GG will via email around this when feedback starts to be generated. | 6.1 SB |
| 7. | **HWK Outreach report: Elizabeth's response to recommendations**  7.1Task Group members were pleased and encouraged with the detailed response from Kingston Hospital. |  |
| 8. | **PALs report May 2017 - Discharge issues**  8.1 5 complaints were picked out regarding discharge although these did not provide any substantial insights. GS stated that there is an inaccuracy on the last page of the PALS report. Group members to check this and report back to SB. This may need to be raised with PALS. | 8.1 ALL |
| 9. | **Dementia Strategy Delivery Group Update, Graham Goldspring**  9.1GG reported on the latest progress of the Kingston hospital Dementia Strategy Steering group and the launch of the finalised strategy. (See appendix A for detailed notes) |  |
| 10 | **AOB**  No AOB |  |
| 7. | Date of the Next Meeting –13.09.17, 10am – 12pm |  |

**Appendix A**

**Dementia Strategy Delivery Group meeting 22 June 2017**

An Abbey Pain Scale has been introduced in all wards. This is a procedure to identify pain for patients who cannot say they are in pain.

The Memory Cafe is being restarted

A formal poster is being designed to advertise for a Dementia Support Worker (DSW). The role includes more understanding of the carer’s role in support.

Therapeutic Activity will be advertised throughout the hospital. It will be in the carers leaflet but there needs to be a way of raising public awareness about this.

The new Dementia Strategy for 2017 – 2020 is now available.

FFT scorecard – ED and AAU is now to be added to the scorecard.

Dementia report for April/May: % of patients where memory loss is found 73% April and 77% in May. Of those, the percentage of who are assessed is 84 and 90. Of these, % of referrals is 74 and 84.

Main factor affecting target levels is change of junior doctors. So reminder flags to junior doctors are on the CRS system for 30 days instead of 24 hours to continually remind them that the memory question must be asked for admitted patients over 75. There is also a case for looking at patients over 65 who have had falls to assess for dementia. By enlarging the cohort, this will add extra pressure on doctors and may affect targets. The quarterly results show an improvement. Find = 77%: Assess = 92%: Refer = 86%

Red Bag Initiative A project has been piloted to improve communication between care homes and the hospital. Each patient has a red bag which has personal possessions and relevant documents which travels with the patient to and from the care home. The way this works is explained on YouTube by searching ‘Sutton Homes: Care Vanguard’. Richmond and Hounslow have signed up to this and is due to be signed up by Kingston. I suggested that this could be extended to patients who are cared for at home and are admitted to hospital regularly.

Dementia Strategy 2017-2020 This document is an update on the 2014-2017 document. One change is from ‘involvement with carers’ to ‘partnership with carers’. Also where the subjective is ‘I’ this is now ‘we’. Comments please to be sent to Olivia Frimpong before 30th June

Dementia Charity update Raising funds now to be focussed for Blyth and Kennet wards as being the next for refurbishment to dementia friendly standards.

Therapeutic Activities There has been an increase in the use of the activities room. Main issue is that resources have been taken/mislaid/stolen from the room. The room is used inappropriately by others when not used by dementia patients, especially at weekends.

Date of next meeting 24th August 2017



**Healthwatch Kingston upon Thames**

Mental Health Task Group Meeting

07.09.17 At Kingston Quaker Centre

**Present:**

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| Tony Williams (Chair) | TW | Gary Rogers | GR |
| Sheena Crankson | SC | Charlotte Anne Smith | CAS |
| Alan Moss | AM | Richard Dalton (Guest Speaker) | RD |
| Jo Boxer | JB | Adelaide Boakye-Yiadom (HWK Staff) | ABY |
| Cathy Sheldon | CS | Stephen Bitti (HWK staff) | SB |
| Jill Dempsey | JD |  |  |

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| **ITEM** |  | **Action** |
| **1.** | **Welcome and apologies**   The chair welcomed the group and each member gave a brief  introduction as there is a new staff team at HWK – Stephen  Bitti is the new manager who has taken over from Stephen Hardisty, and Adelaide Boakye-Yiadom is the new Projects and Outreach officer who has taken over from Sophie Bird.      SB mentioned that a dictaphone would be used to record the    meeting as long as there were no objections, and if there  was any time during the meeting where anyone felt that  there was sensitive information that people felt should not be    minuted, the tape could be stopped and comments made off    the record.      SB also gave a brief update at the changes at HWK.  There    will be another Projects and Outreach Officer starting on 11th    of September named Laila Awad, so the office will then have a full complement of staff.  The Board has also recently recruited 4 new trustees, making 7 in all. |  |
| **2.** | **Review of Priorities**    **Mental Health Strategy – Thrive Kingston**  2.1 Thrive Kingston, a Mental Health Strategy, was launched successfully at an event on 26th July 2017 at Kingsmeadow. It is based on the views of local people, including users of mental health services, their carers and families as well as professionals. The event was opened by the mayor and attended by a variety of people who have had an input into the strategy.    2.2 The strategy now needs to transition from the document approved by the Health and Wellbeing Board on 28th March 2017 into a delivery plan. This is made more difficult by current changes in partner organisations.    2.3 TW will be attending the Mental Health Planning Board meeting with Sylvie Ford is the context week – and hopes to be able to find out more about what is happening and will report back to the task group. *NOTE a Mental Health Strategy Steering Group will be organised in the near future and next steps will be discussed there.*    **iCope**  iCope Kingston is part of the national Improving Access to Psychological Therapies **(**IAPT**)** programme, and is delivered by Camden and Islington NHS trust from Hollyfield Road in Surbiton. This service is due for retendering by 31st March 2018.    2.4 Sylvie Ford (RBK Joint Mental Health Commissioner) and Racheal Rowan (Commissioning Manager) have been approached to let them know that an evaluation of the iCope service is one of the MHTG priorities for 2017. Racheal Rowan has said that although there is not a date for the recommissioning of the iCope service to begin, a paper is going to the Governing body at the beginning of September to obtain a decision regarding the options for the procurement of the IAPT service.  She suggested that it would be helpful to have a representative from the MH Task Group involved in the procurement process.    2.5 TW asked the MH Task Group for views on how best to do this. It was felt that the person or persons involved should have had experience of the service and preferably we should involve at least 2 people.    2.6 There was a general consensus that the Task Group needs to know more about the service specification and what good practice represents in this area, and there was a need to develop a sub group to work on the issue.  It was suggested that the group needs to look at best practice and that it would be useful to look at what other boroughs experience has been.  TW asked who would wish to be involved and TW, JB, CS, GR and SC put themselves forward. When the service specification and good practice has been obtained, the group needs to be constituted to decide next steps.  **Enter and View visits – Tolworth Hospital and other Services**  2.7 Richard Dalton, the Community Clinical Manager for Kingston & Richmond introduced himself and described the management restructure within SWLStG (South West London and Saint Georges’ Mental Health Trust). He will send the details of the new structure to be circulated to the task group.  2.8 RD suggested that it would be beneficial to invite Jill Moore Head of Services to a subsequent MHTG meeting     2.9 TW – relayed that the MHTG is looking at doing enter and view visits to explore the Community Service at Tolworth Hospital, RD suggested the best time to do a visit would be sometime in October, SB and TW advised that the logistics would need to be looked at re training and ensuring all DBS checks have been completed for those carrying out the visit so we possibly need to look g at several dates – either the October/November period and if this isn't possible then January/ February 2018.  2.10 JB also suggested that volunteers would benefit from having a private space where patients who were involved in the survey could be spoken to confidentially. RD undertook to provide this space.  2.11 TW confirmed that once the logistics are agreed then those involved and HWK staff would need to meet to agree how the enter and view exercise should be undertaken. | **TW**                                                                **ABY**        **ABY**        **RD**    **TW / ABY**  **RD**  **TW / SB / ABY** |
| 3. | **Matters arising**    3.1 **Personality Disorder Service**  The task group still has not received a response from SF and it is felt that we need to know what the escalation plan is and to have a conversation with GS.  3.2 **DBS Policy**  The response from Healthwatch England was that ‘that Authorised Representatives who conduct Enter and View require a DBS check, as this is a requirement within the legislation. Other than Authorised Representatives, there are no other roles mentioned within the legislation in relation to DBS checks’. The task group felt that any person in contact with the general public on behalf of HWK would need to have a DBS check done.  3.3 **Recruitment**  The Task Group felt that it was really important to raise the membership levels as well as the profile of HWK generally. SB relayed back to the group that once we have the full complement of staff we would be looking at communications and how we promote our services  3.4 TW requested that he would like a Vice Deputy Chair for the task group, ideally this would be someone from existing MHT group. Those present were asked to consider whether they were prepared to put themselves forward. | **TW / SB**  **HWK Staff**  **ALL** |
| 4. | **Any other urgent business**  AM raised the fact that documents that had been sent out with the last agenda had been sent in a cloud format. The general consensus that everyone would prefer for things to be sent as attachments in Word or PDF format. | **ABY** |
| 5. | **Date of Next Meeting**, Thursday 2nd November 1.30pm – 3.30pm at Kingston Quaker Centre |  |