

ROYAL BOROUGH OF KINGSTON UPON THAMES

HEALTH OVERVIEW PANEL

13 JULY 2017

(7:30 pm – 9:37 pm)

Councillor Rowena Bass (**Chair**)
Councillor Maria Netley (**Vice Chair**)

Councillor Sushila Abraham
* Councillor Geoff Austin
* Councillor Paul Bedforth
Councillor Mary Clark
Councillor Sheila Griffin
Councillor David Fraser
Councillor Shiraz Mirza
Councillor Rachel Reid

Advisory Members

Jane D'Souza, GP Advisory Member
Grahame Snelling, Chair Healthwatch Kingston
* Kate Dudley, Chair Kingston Carers Network

* Absent

The following officers also attended:

RBK

Stephen Taylor, Director of Adult Social Care
Russell Styles, Associate Director of Public Health

Kingston GP Chambers

Dr Anthony Hughes, Chair
Penny Williams, General Manager

Kingston CCG

Tonia Michaelides, Managing Director, Kingston CCG and Richmond CCG

Kingston Hospital NHS Foundation Trust

Duncan Burton, Director of Nursing and Patient Experience

South West London and St George's Mental Health Trust

Dr Mark Potter, Medical Director

Your Healthcare

Siobhan Clarke, Managing Director, Frontline Services
Grant Henderson, Lead for Adult Services
Diane Chalmers

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QUESTION TIME

1. Questions

Councillor Rowena Bass explained the role of Health Scrutiny and that question time provides a brief opportunity for people to ask questions about topics which are not on the agenda. She added that the Panel would not accept any questions which have previously been asked at Health Overview Panel meetings. Councillor Bass explained that the Panel is a committee of the council but it is not a public forum and there are a number of other health forums which may be better placed to receive detailed questions from the public. She added that the Panel would take steps to help ensure future forum events are better known locally.

Councillor Bass requested that questioners keep their questions concise.

Mr Carl Kember asked the following questions:

1. Air Quality - will the Panel write to the Mayor of London requesting the introduction of cleaner buses in Kingston and could notices be displayed at the bus station to inform the public about the poor air quality?

Chair stated that these requests would be consider as part of the work programme.

2. Bereavement counselling - could the panel look into the provision for bereavement counselling for new widows who need to wait for considerable time for help? He added that a number of councillors are young student councillors from NESOT who are counselling people who are much older than themselves.

Tonia Michaelides stated that if there is a particular case of a bereaved person experiencing a long delay in accessing counselling then this could be raised in writing to the CCG although this is not something that has been identified by GPs. Tonia Michaelides also agreed to look into trainee counsellors if details can be provided of who the trainees are working for.

3. Mr Kember asked whether the Panel will agree to continue to monitor the proposed changes to assessments for Autism.

The Chair agreed to add this topic to the list of items to be considered for the work programme.

4. Mr Kember pointed out that the Panel was poorly attended by the public and could more be done to encourage better attendance?

The Chair responded that if people find that the work programme is of interest to them then they will come along. The Chair added that she had recently phoned Mr Kember and offered to meet him outside of the Panel meeting.

5. Mr Kember requested the Panel to look at the way nearby London Boroughs of Wandsworth, Richmond and Merton run their HOSCs.

The Chair and the Vice Chair stated that they had attended a recent Centre for Public Scrutiny Conference for Health Scrutiny where they had met colleagues from other Boroughs. The Vice Chair added that she had been on a CfPS Scrutiny Course earlier today and assured Mr Kember that they will be looking at best practice and find better ways of making HOP more applicable. The Chair added that she had a professional background in scrutiny but not in health and very keen to make this worthwhile.

James Giles asked the following questions:

6. Why Choosing Wisely was not included on the agenda this evening?

It was explained that this is still undergoing consultation.

7. Why the electronic screens were not working?

The Democratic Services Officer explained that unfortunately the equipment had been disassembled prior to the meeting in error and whilst officers had done their best to provide the audio system and webcasting it was not possible to reconnect the screens and electronic voting would not be possible on this occasion.

2. Apologies for absence and attendance of substitute members

Apologies were received from Councillor Geoff Austin and Paul Bedforth. Councillor Ian George attended as substitute for Councillor Bedforth.

Apologies were also received from Kate Dudley, Chair, Kingston Carers' Network and David Still, Adult Carers Service Manager, attended on her behalf.

The Chair took this opportunity to state that this was Duncan Burton's last meeting as he would be leaving Kingston Hospital shortly to take up a post with another hospital and she thanked him for his contribution to the work of the Panel.

3. Declarations of Interest

There were no declarations of interest.

4. Minutes

Agreed that: the minutes of the last meeting held on 14 March were agreed as a correct record.

5. Appointment of Advisory Members

Agreed that: Grahame Snelling, Chair of Healthwatch Kingston and Kate Dudley, Chair of Kingston Carers' Network were appointed as advisory members and Dr Jane D'Souza was appointed as GP Advisor to the Panel for 2017/18.

David Still, Adult Carers Service Manager, Kingston Carers' Network, was appointed as alternate for Kate Dudley.

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6. **Update on key roles, drivers and changes for Kingston health and social care partners** Appendix A

The Chair introduced this item by stating that the Panel can achieve maximum effectiveness if members are up to date on the local health and social care framework and organisational developments. The Chair stated that she had requested health partners to submit position statements which were included in the published agenda and asked them to give brief introductions on key challenges and changes and what they considered the Panel could usefully look at as part of its work programme. She added that she hoped some health partners would stay for the discussion on work programme.

Kingston Clinical Commissioning Group – Tonia Michaelides, Managing Director of Kingston CCG and Richmond CCG

The new shared operating model is the most significant recent change. The South West London Sustainability and Transformation Plan (STP) has brought about a shared operating model across the six CCGs but they all remain independent statutory bodies. However, to make the transformation they need to work collaboratively and on 1 April 2017 SWL transformational alliances have been formed between Kingston and Richmond, Merton and Wandsworth. Sutton is expected to join with Merton and Wandsworth in April 2018. There is still local leadership with three Managing Directors across the alliance.

Budget – This year's allocation is £248M. The CCG successfully met its financial obligations in 2016/17, and a £9M savings plan needs to be delivered during 2017/18. KCCG's funding allocation is based on the registered population i.e. the total number of residents who are registered with local GPs. However, the resident population is 30K larger than the registered population.

Sustainability and Transformation Plans – have been drawn up in each of the 44 footprint areas in England in response to the NHS 5 Year Forward View. The SWL STP was not formally published but came into the public domain in October last year. The key priorities which the STP identified are to improve accessibility to GPs, to provide more care and treatment in the community, to provide improved support for people with long term conditions, to treat mental and physical health together, to improve the buildings where health care is provided and with more effective systems hospital care can be delivered more quickly to those who need it. Further information about the new narrative will be available in the next couple of months and this will cover the delivery of an improved local service and how it will be easier to get local treatment.

The following information was provided in response to questions:

Sarah Blow is the one accountable officer across the five CCGs and is also the senior responsible officer for the delivery of the STP. She would be happy to come to the individual HOSC meetings of the 5 councils. Tonia Michaelides agreed to provide the panel with a summary of the accountability for the STP. This covers a number of other legal responsibilities, including safeguarding.

A member sought further details about proposals to introduce Care Navigators. It was explained that they are health and social care professionals and will be able to signpost patients through the health and social care system.

Mr Robb (in the gallery) drew attention to the notice that had been given by South West London and St George's to the CCG to move 35 **community care beds** from Tolworth Hospital. He expressed concern that the number of beds could reduce and go out of borough - 25 in Teddington and 10 to home care - and he requested that the Panel scrutinise this. Councillor Reid confirmed that this had been raised at the meeting on 6 July of the South of the Borough Neighbourhood and that she as Neighbourhood Chair had agreed to write to the CCG about this.

Tonia Michaelides confirmed that there was no need for these beds to be moved before the end of the financial year 2017/18. A short term solution is being considered until a longer term arrangement is decided. She confirmed that the CCG had brokered beds at the Teddington Community Hospital in individual cases and that she would be happy to come back to Panel with the CCG's proposal and to talk through the process.

A member commented that many positive changes are being introduced locally eg prescription renewals can be done over the phone and cutting down on on appointment time.

In response to a question about the local performance on the **dementia diagnosis target**, Tonia Michaelides explained that this was the CCG's most challenging target. Performance had fallen as the way the indicator is calculated has changed from the registered GP population to the larger resident population. The National Support Team has visited on two occasions and has been invited for a further visit. The CCG has implemented all the suggested actions. The CCG is of the view that the estimated prevalence figure for Kingston is not accurate but the CCG needs to demonstrate that all actions have been taken. A member asked whether late presentation could account for the difference but Tonia Michaelides stated that this was not different to other CCG areas.

A question was raised about whether the cut off age for breast screening (75 years) is appropriate as many women live longer lives and screening could help reduce future treatment costs. Tonia Michaelides explained that Public Health England has the responsibility for screening and targets are set nationally, not locally.

A member suggested that the Panel should consider how well we perform as a borough on screening and what can be done to ensure uptake.

Kingston GP Chambers - Dr Anthony Hughes, Chair

The GP Chambers works with GPs in order to provide responsive services for population. Much work has been done to develop services in the community and examples are the additional services which operate at winter, the diabetic service. Chambers also provides over fifteen community clinics using GPs with a specialists interest (GPwSI). The clinics cover specialist areas including diabetes, dermatology, urology, neurology and dementia support and are provided in the community so that patients don't have to go to the hospital. GP Chambers has also worked closely with a range of health partners – the CCG, the Kingston and Richmond CCG

Transformation Board, the SWL Confederation, Your Healthcare, and secondary care services to provide solutions to a range of matters including the appropriate use of A&E, diabetic care and IT.

Dr Hughes suggested that current challenges are to work with other services to provide healthcare in a streamlined comprehensive way. 90% of the healthcare workload is delivered by GPs but with only 10% of the budget with the reverse being the case for hospitals. A key area is how services react to changing demand. Many more patient consultations, probably up to 30%, can be undertaken by phone or Skype.

A member drew attention to the difficulty residents of New Malden have in obtaining primary care appointments and also that no winter GP hub was provided there. She also pointed out that elderly people in New Malden have difficulty in travelling to other areas. Dr Hughes explained that the GP Chambers, i.e. the GPs they represent, are providers of services not commissioners and this is a question for the commissioners.

Mr Robb (in the gallery) asked whether **near-patient testing for INR bloods** would be introduced for patients in Kingston particularly for Warfarin treatment.

(Note: **Near-patient testing** is an investigation taken at the time of a consultation with instantly available results to make immediate and informed decisions about patient care. **INR blood tests** measure how quickly blood clots and shows the effectiveness of anticoagulant doses.)

Tonia Michaelides explained that this question had also been discussed at the Governing Body. Treatment for this condition is changing rapidly and INR is likely to be obsolete soon with the new medications coming along.

Kingston Hospital Foundation Trust – Duncan Burton, Director of Nursing and Patient Experience

Duncan Burton explained that the **workforce** is one of the biggest challenges for the hospital. However the results of the recent staff survey were good and the hospital has lower vacancy rates than others. There is a particular concern about 14% of staff who come from Europe and the Hospital is towards the top list of providers with largest EU staff nos. The future position of EU workers is a cause of anxiety for staff and their partners. Kingston is also high cost area.

Finances - The budget is on track at the end of Quarter 1 but the Trust has been given a £12M cost improvement target. Overall the finances are becoming increasingly challenging.

In relation to future areas for scrutiny, Duncan Burton proposed that the Panel could consider requesting an update with the recommendations of the CQC inspection especially focussing on those areas which require capital funding.

South West London and St George's Mental Health Trust – Dr Mark Potter Medical Director.

Dr Potter stated that the Trust was experiencing similar challenges to Kingston Hospital – finance, recruitment and retention. The estates modernisation

programme, funded by the sale of land at Springfield to reprovide buildings at both Springfield and Tolworth, is on track.

There have been recent changes to the Trust's management structure and a key driver for this is to bring about consistency in services across the Trust. The CQC have re-rated the Trust as good following re-inspection and the Trust will continue to make progress on actions. The quality of care issues identified on Lilacs are being progressed now that a new consultant is in post. Progress is also being made on delayed transfers of care and this has been assisted by the additional input from social work from all five borough Teams. Dr Potter stated that the Trust wishes to engage with Kingston Coordinated Care.

In response to a question about there being no mention in the agenda report of a dementia ward at Tolworth Hospital, Dr Potter agreed to double check this point but he confirmed that there are currently two wards at Tolworth for older people.

Mr Robb (in the gallery) – suggested that the Trust was not providing the services patients want and that group therapy has replaced one to one therapy. The Chair confirmed that the Panel hoped to look at mental health services as part of its work programme.

Healthwatch Kingston – Grahame Snelling, Chair

Grahame Snelling highlighted that Healthwatch wishes to scrutinise how well the Mental Health strategy is being implemented and links to Social Care. There has been recent involvement with the STP and Choosing wisely. The organisation is also examining on whether it is performing its role properly and how well it is engaging. He added that Healthwatch is always happy to meet people outside of these meetings. The Chair commented that Healthwatch's work on the mental health strategy will be valuable when we come to looking at that area.

Your Healthcare – Siobhan Clarke, Managing Director, Frontline Services

Siobhan Clarke stated that it receives 9% of KCCG's budget to provide services and added that a lot is expected from this relatively small pot of money. Your Healthcare works closely with RBK's social work team, GPs, hospital colleagues and voluntary organisations. The ethos is not "what's the matter with you" but "what matters to you".

Your Healthcare is the provider for the 35 care beds at Cedars (Tolworth Hospital) which were referred to earlier. This current service is highly rated. Siobhan Clarke confirmed that Your Healthcare is yet to receive formal notice to relocate these but is aware that notice will be given. Any arrangement with Teddington Hospital will be temporary and it was confirmed that it is important that this must be a Kingston based service.

The main challenges for Your Healthcare are Kingston Co-ordinated Care, workforce and further resources.

A member raised a question about diabetes step gadgets which do not work properly and patients have been asked to buy their own. Grant Henderson, Lead for Adult Services, thanked the member for bringing this to their attention. He said that

he was not aware that the equipment not working and agreed to look into this. The response would be circulated to members of the Panel.

A member asked a question about the Shared Lives project. Diane Chalmers spoke about this. Shared lives is an initiative for older people with cognitive impairment and offers 24 hour support for people in a carer's home. This approach was previously used successfully for people with learning disabilities and is being adapted for older people. She confirmed that a meeting with RBK will take place in September to review service

A member pointed out that three contributors had highlighted the challenges of recruitment and staffing. How will these challenges be addressed? It was suggested that a number of approaches are being explored. For example, volunteering can help draw in people to develop professional careers but affordable housing is key locally. Keyworker housing needs to be included in the development of new housing schemes.

Adult Social Care – Stephen Taylor, Director of Adult Social Care **Integration across social care** and the NHS is developing rapidly and key challenges are to work around reducing finances by enabling people to be independent and supported at home. A further challenge is to balance these approaches with the increasing complex needs of older people. People with learning disabilities are living longer lives but their needs become more complex. The plan is to commission services differently to ensure services are sustainable into the future, meeting needs on a long term basis and avoiding expensive individual placements where possible.

Home care is moving away from a “time and task” to a “person centred” model and together with other approaches are aiming to maximise people's independence and self care for as long as possible. Capacity is being built up in the voluntary sector to provide assistance within the Kingston Coordinated Care approach. This approach links together Adult Social Care, Your Healthcare, Kingston Hospital, Staywell and other voluntary organisations plus Public Health to provide effective working.

Smaller dementia homes are closing and whilst providers are becoming increasingly large, they have higher fees. The Council has taken the decision to build a 80 bed complex dementia care in Kingston and consideration is being given to identify housing and land estate to provide supported living services.

In response to a question about whether the localities teams were now in place it was confirmed that one has been formed in New Malden around Holmwood surgery and it offers the key elements of the system including single point of access.

The Chair thanked the representatives of the organisations who had contributed to this item and provided written details. She added that several ideas had emerged for consideration as part of the work programme.

Agreed that: the report and verbal updates are noted.

7. Work Programme

Appendix B

The Chair stated that she was keen to strengthen the approach of the Panel and that a good approach would be to design a work programme for the coming two years. The Panel needed to decide the topics for the next meeting. The Chair thanked members of the Panel who had suggested items and added that following discussion with officers none was at an appropriate stage to consider at this meeting.

The Chair proposed the formation of a Working Group to decide a flexible work programme for the coming two years and a second working group to help develop/scope the main topic for the next meeting.

It was suggested that a main scrutiny item would be considered at each meeting and an update on one or two smaller topics would be taken.

During discussion on the main item for the next meeting i.e. the provision of GP services in the Borough, a number of initial suggestions were made including patient satisfaction, GP relationships with local pharmacies, single handed GPs, practice mergers. The working party would develop themes further to ensure areas which the Panel wishes to explore are covered.

A number of comments were made by members. Grahame Snelling confirmed that Healthwatch had written to KCCG about the Choosing Wisely proposals as some of the proposals have huge potential for causing stress and distress. Other work programme suggestions were put forward including an information item on the plans for winter hubs, the Autism strategy, childhood obesity and an update on the CQC inspection of Kingston Hospital.

Agreed that:

1. A member group is set up to consider the work programme for the next 24 months consisting of the Councillors Rowena Bass, Maria Netley, Rachel Reid, Kate Dudley and Grahame Snelling;
2. A member group to scope the main topic for the next meeting (GP services) is set up consisting of Councillors Bass, Netley and Reid and Councillor Clark (by email); and
3. The following items would be considered at the next meeting:
 - GP services in Kingston (main item of business)
 - Update on the STP and how it affects local Kingston residents and local engagement
 - Choosing Wisely – outcome of the consultation, including proposals for IVF.

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8. Annual Report of the Health Overview Panel 2016/17

Appendix C

The Annual Report set out the work undertaken by the Panel during 2016/17 and was introduced by Councillor Andrew Day, the former Chair (2013/14 to 2016/17). Key topics included in the report were:

- Updates on the deficit at Kingston Hospital, the Care Quality Commission (CQC) inspection and an overview from Ann Radmore, Chief Executive
- CQC inspection of South West London and St George's Mental Health Trust
- Mental Health services provided in Kingston by Camden and Islington NHS Foundation Trust (CQC report)
- Update on the SWL Sustainability and Transformation Plan
- Reablement Services in Kingston
- Accessibility at train stations in Kingston
- Air Quality in Kingston
- Kingston clinical assessment service developments and access to GP appointments
- Stay Well this winter
- Kingston Clinical Commissioning Group's Choosing Wisely programme and engagement plan

Agreed that: the report is noted and Councillor Andrew Day was thanked for his work as Chair of the Panel for the past three years.

9. Question Time

This item was withdrawn from the agenda by the Chair.

10. Minutes of the Health and Wellbeing Board

Appendix D

Agreed that: the minutes of the Health and Wellbeing Board meetings on 28 March 2017 and 15 June 2017 were noted.

Signed.....Date.....
Chair