

# ROYAL BOROUGH OF KINGSTON UPON THAMES

## HEALTH OVERVIEW PANEL

20 JUNE 2018

(7:30 pm – 9:40 pm)

Councillor Munir Ravalia (**Chair**)  
Councillor Anita Schaper (**Vice Chair**)

Councillor Sushila Abraham  
\* Councillor Kim Bailey  
Councillor Mark Beynon  
Councillor Olivia Boulton  
\* Councillor Kevin Davis  
Councillor Lesley Heap  
Councillor Maria Netley  
Councillor Annette Wookey  
Councillor Yogan Yoganathan

### Advisory Members

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

\* Absent

Officers attending the meeting:

Stephen Taylor, Director of Social Care & Community Housing, RBK  
Iona Lidington, Director of Public Health, RBK  
Gary Marson, Team Leader, Democratic Services, RBK  
Tonia Michaelides, Managing Director, Kingston and Richmond Clinical  
Commissioning Groups  
Sally Brittain, Director of Nursing and Quality, Kingston Hospital

### 1. Questions

Sally Brittain, Director of Nursing and Quality attended for this item to answer questions on Disabled Parking at Kingston Hospital which this Panel considered at the extra meeting held on 11 February 2018.

Ms Brittain explained that the Hospital had paused the charging for blue badge holders during the period of the Hospital's review. She explained that a survey had been undertaken (both electronic and paper). 398 responses had been received and these were being analysed. A third meeting of the Parking Review Group was taking place in three week's time.

Lynne Finnerty, member of the public put forward the following questions:

For Kingston Hospital:

1. Why did the Trust ignore Department of Health & Social Care guidance on NHS patient, visitor and staff car parking principles?
2. Is it true that members of the review group were asked to provide feedback on the draft survey but it was rushed out before comments could be fully acted upon? Was this haste to pause the charges and launch the survey connected to the timeline of the legal challenge?
3. Is the Trust confident that the process and content for the survey will demonstrate compliance with the Equality Act and not leave it again open to legal challenge?

For the Panel:

1. From comments and Q&As at the HOP February meeting it appeared that people in the public gallery had more knowledge and understanding of equality duty than hospital representatives than some Panel members. Going forward, what has been/will be done to improve this situation? Has Public Sector Equality Duty been included in councillor induction or have any briefings taken place?
2. Given the change of Panel Chair and membership, please can you advise who is now taking part in the review?
3. Is there any intention for the new HOP membership to express its support of previous recommendations and/or to make comments on the current situation?

Ms Finnerty also commented on the lack of facilities for wheelchair users including a table at wheelchair user level.

Sally Brittain responded to the questions directed at the Hospital:

She explained that Equality guidance is detailed and comprehensive and there is a need to consider certain groups of people and staff. She confirmed that the Hospital offers disabled parking and concessions are available.

In relation to the question about the survey Ms Brittain explained that some comments were received early on in the survey and these were taken on board and the survey was adjusted. The Hospital wanted the survey to run for as long as possible. In response to the third question about the Hospital's duty under the Equality Act, Ms Brittain was confident that the process fulfils the Equality Act and the survey was not undertaken because of concern about legal challenge.

In response to the questions directed to the Panel the Team Leader for Democratic Services stated that there had been no Equalities training so far for councillors following the local elections and this will take place in the autumn. The Chair of the Panel advised that he and the Vice Chair would be attending future meetings of the Parking Review Group, and the Vice Chair attended last week's meeting on his behalf. He confirmed that the Panel would consider the report to the next meeting and will make recommendations.

Mr James Giles asked why Ann Radmore had been unable to attend the February meeting and Sally Brittain responded that this had previously been responded to. Mr Giles also asked whether hard copies of the consultation were available in the

car park. Ms Brittain explained that paper copies were available and clarified that this was not a consultation, but a survey. The hospital did a wide outreach, offered assistance to those who needed help to complete it and she would report on the detail at the next meeting on survey results and process.

Anne Blanch asked how the hospital was going to involve carers in the review. Ms Brittain explained that details of the review were on the hospital's website and could be obtained from Healthwatch. Healthwatch have assisted with providing contact details of disabled and carers groups.

Questions from the Panel:

In response to a question about when the review would be complete, Ms Brittain confirmed it was expected to take a few more weeks and will the Hospital will report in September.

In response to a question about the possibility of the Panel having sight of the outcomes before it goes to the Hospital's executive board Ms Brittain confirmed that this would not be possible as the Trust needs to follow governance processes.

Councillor Christine Stuart (in the gallery) pointed out that there are 4200 Blue Badge Holders (BBHs) in Kingston and asked what attempts had been made to reach this group with regards to the survey. Ms Brittain responded that the Trust had reached out to a large number of BBHs.

**2. Apologies for absence and attendance of substitute members**

Apologies were received from Councillors Kim Bailey and Kevin Davis.

**3. Declarations of Interest**

Councillor Munir Ravalia declared two interests: he had signed the Petition on Blue Badge parking at Kingston Hospital and he is a Dentist by profession.

**4. Minutes**

**Agreed that:** the minutes of the meeting held on 28 March 2018 be approved as a correct record.

**5. Appointment of Chair to the Tolworth Hospital Community Forum**

**Appendix A**

The Tolworth Community Hospital Forum has been set up by South West London and St George's Mental Health Trust to liaise with local representatives about the redevelopment of Tolworth Hospital to provide a modern facility for in-patients and other services.

The Trust requested representation from the Council as follows:

- Chair of the Health Overview Panel
- 6 Ward Councillors for Tolworth & Hook Rise and Surbiton Hill
- Portfolio Holder for Adult Social Care

**Agreed that:** The Chair of the Health Overview Panel is appointed to the Forum and the Vice Chair as alternate.

## 6. Appointment of Advisory Members

Grahame Snelling informed the Panel that he was stepping down as Chair of Healthwatch Kingston which he had held for five years and Dr Liz Meerabeau will be taking over as Chair. He requested the Panel to endorse Dr Meerabeau as Advisory Member.

**Agreed that:** the following advisory members are appointed for the 2018/19 municipal year:

Dr Jane D-Souza, GP representative

Kate Dudley, Chief Executive, Kingston Carers' Network

Dr Liz Meerabeau, Chair, Healthwatch Kingston, replacing Grahame Snelling after this meeting.

## 7. Introduction to the Health Overview Panel

Introductions to Health Scrutiny, Health and Social Care were given by:

- Gary Marson, Team Leader Democratic Services
- Iona Lidington, Director of Public Health
- Stephen Taylor, Director Adult Social Care and Community Housing
- Tonia Michaelides, Managing Director, Kingston and Richmond Clinical Commissioning Groups

**Democratic Services** - Gary Marson explained that the concept of health scrutiny was introduced in 2001 and the objective is to hold the NHS and Local Authorities to account on health and social care and has an important focus on health inequalities. A further aim is to strengthening the voice of local people and ensure voices taken into account. Health Scrutiny proactively seeks information about performance to enable challenge and it can also be strategic and make recommendations for improvement. It employs constructive engagement rather than confrontational methods. It does not deal with individual complaints but opens discussion on overall quality. As a last resort, concerns can be referred to the Secretary of State and there is a need to demonstrate all steps are taken. A summary of the role and responsibilities of the Panel is included in the agenda front sheets for each meeting.

**Public Health** – Iona Lidington gave a detailed presentation and explained that Public Health's duty is to improve the health of the population and outcomes are based on the premise that "prevention is better, and cheaper than cure".

Mandatory services include sexual and reproductive health services, children's health visiting services, children's height and weight measurement, NHS Health Checks, provision of healthcare public health advice to NHS Commissioners (Clinical Commissioning Groups) and provision of advice on health protection, environmental hazards and extreme weather events and protecting the health of the

local population. Public Health also produces a range of borough based statistical information (available by neighbourhood and ward) plus needs assessments including the Joint Strategic Needs Assessment.

Public Health is funded by a ring fenced government grant totalling just over £10m in 2018/19. The Public Health grant has a number of conditions attached to it. LAs must:

- use it only for meeting eligible expenditure incurred or to be incurred by LAs of the purposes of their public health functions as specified in Section 73B(2) of the National Health Services Act 2016
- have regard to the need to reduce inequalities between the people in its area with respect of the benefits that they can obtain from the LA's health service
- have regard to the need to improve the take up of and outcomes from, its drug and alcohol misuse treatment services.

This year's Public Health Annual Report is on Air Quality and will be launched on 21 June.

Kingston's resident population is 176,107 people. The number of those registered with Kingston GP practices is higher at 209,515 as this include people living close to the borough boundary. One third of residents are from Black, Asian and Minority Ethnic communities. Overall Kingston has a young population with a median age of 36.2 years and almost 22% are aged 0-17. However, the cohort of very old and frail with multiple illnesses is increasing. Life expectancy is 81.7 years for men and 84.9 for women. Years of good health are 69 years for both men and women. Details of causes of ill health were given and the prime cause is hypertension. There are four main determinants of health and wellbeing: socioeconomic factors account for 40%, with health behaviours at 30% followed by clinical care at 20% and the built environment at 10%. Mental health disorders are the largest burden of disease in England (23%) and affect 1 in 4 of the population at any one time.

### **Adult Social Care and Community Housing – Stephen Taylor**

Stephen Taylor circulated to Panel members copies of a diagrammatic representation of the scope of Adult Social Care and Community Housing. He explained that the Directorate has just over half of the Council's budget and is seeking to secure the maximum outcomes from it. The document also outlined the key stages and actions which are leading to help people to stay independent i.e. new health and social care integration approaches in community teams plus access to information particularly around self-help. The directorate has strong links with public health on prevention and trying to reduce the increasing needs of those seeking services. Stephen Taylor drew attention to the key role the Health Overview Panel can play particularly in challenging the pace of progress of service integration.

There has been much focus on keeping people out of hospital where appropriate, and enabling discharges to be made as quickly as possible. Kingston is the highest performing Council for reducing delays in transfers from hospital and is also a National Beacon site.

The Council has also in the past 12 to 18 months reduced the number of people in residential care homes by around 25% and this has been achieved by providing increased support to people in their own homes.

Stephen Taylor referred to the significant challenges for housing; considerable need but very little vacant housing stock. However Kingston has strong partnerships and commitment from senior officers in local health and care organisations.

Iona Lidington and Stephen Taylor provided further details in answer to a question about work to improve people's independence. The Connect Well Kingston initiative enables health and care employees to pick up on people's needs and provide information about self-help and further support or advice. A cultural shift in staff training is enabling staff to point to the strengths and resources people have within their families, networks and communities. Initiatives are being planned to help tackle loneliness in a range of ways including within libraries. Some initiatives are local and Kingston based but others will operate across south west London to take advantage of economies of scale.

**Kingston CCG** – Tonia Michaelides stated that and had worked in the NHS in South West London since 2003 and joined the CCG in 2011.

KCCG is a Membership organisation comprising 21 GP practices with 205K registered patients including a proportion of patients from across the boundary. CCGs are funded on the patient list unlike local authorities which are geographically based.

The CCG's role is to plan and commission health services (with the exception of public health and specialist services) to meet the needs of local residents. The South West London CCG Alliance includes 5 CCGs and whilst most are federated (eg Kingston is paired with Richmond) none are merged. A key priority is to deliver the South West London Plan.

The CCG has a **budget** of £255M. £133M is spend on hospital care, mainly at Kingston Hospital. A key aim is to shift spend away from hospitals to strengthen community services.

Significant expenditure includes £30 on GP primary care, £22M on mental health, £22M on community health services, £21M on prescribing and £17M on continuing healthcare

The CCG has a total of 137 **metrics** and in the last year has achieved 105. It under achieved on 26 and failed 7. Those which were not achieved (in common with other CCGs) were:

- A&E waiting time > 4 hours (Kingston Hospital)
- Ambulance handover time (within 15 minutes) – London wide
- NHS 111 calls answered within 60 seconds
- Mixed sex accommodation – occasional breaches but clinical care comes first
- Proportion of patients referred to first outpatient services via e-referral service
- Proportion of QIPP schemes (Quality Innovation Productivity and Prevention)

**Achievements include:**

**Primary Care**

- Increasing primary care capacity from 8am to 8pm, seven days a week
- Introduction of the Kingston Medical Services contract which will equalise services across practices
- Increasing GP access to expert advice to prevent unnecessary outpatient appointments
- Rollout of Macmillan social prescribing pilot

**Mental Health**

- Faster access to mental health care at Kingston Hospital A&E
- Developing a single point of access for mental health services
- Remodelling adult ADHD services
- Reducing waits for autism services

**Kingston Co-ordinated Care** – a mechanism to identify and support people with complex health and social care needs in Kingston utilising multidisciplinary teams developed around GP practices of approx. 8,000 to 12,000 patients.

Tonia Michaelides confirmed that the CCG had no concerns about care at KHT and the performance on A&E is good compared with many other hospitals. Paper or faxed referrals will no longer be accepted at Kingston Hospital from July and support to practices for the roll out or e-referrals will be available via a Help Desk.

The QIPP scheme targets were attained in 2017/18 and is now focussing on more difficult transformational areas. The CCG is working with partners to ensure progress with integrated systems which will help to make progress towards the targets.

Many outpatient attendances have been identified as unnecessary and GPs can now have direct conversations with hospital specialists which is helping to reduce unnecessary appointments.

Ms Michaelides is the Senior Responsible Officer for Mental Health in South West London. Whilst there has been greater investment in SWL mental health services, more investment is needed. Examples of progress include access in A&E to mental health specialists, introduction of the single point of access, the new retreat crisis house in Malden and the remodelling of ADHD and Personality Disorder services.

In response to a number of questions the following answers were given:

GPs are aware of the new system of e-referrals and this is a contractual requirement from 1 Oct. Most practices are already making good progress. Targets will be set for some other practices.

In response to a comment that there is still difficulty in getting GP appointments, Ms Michaelides referred to the high rates of failed appointments (DNAs) which are problematic but practices are being asked about how they utilise their appointment slots and there is now wider offer of telephone appointments. The CCG does take account of feedback from patients and on balance there is sufficient capacity. Whilst

there is high demand for appointments on Monday mornings, it is easier to obtain afternoon and evening appointments.

In response to a question about how to release funds from hospitals Ms Michaelides confirmed that progress was beginning to be made, especially in relation to patients who may not need to be admitted to emergency beds and also earlier supported discharges. Further partnership discussions are now taking place about how best to manage people who are over 85s.

In response to a question about the Better Care Fund and whether this still existed, Ms Michaelides confirmed that this now exists in partnership with the Local Authority. Changes may be announced in a new Green Paper expected in the Autumn proposing a new 10 year plan for health and adult social care.

**Agreed that:** the information is noted

## 8. Update on the Sustainability and Transformation Partnership

Tonia Michaelides spoke about the Strategic and Transformation Partnership (STP) which is the strategic plan for healthcare in south west London. The initial version was published in October 2016 and a one year on discussion document was produced and feedback sought via a range of engagement methodologies. The plan continues to be developed.

Initially the plan made suggestions about the possible closure of hospitals and bed reductions but this was not supported by local authorities. There are no longer plans to close hospitals in London and it was realised that the revenue savings were in fact very small. Whilst hospitals will be retained, the services which will be provided will change. Care is best and most effective when centred around the person not the organisation. The partnership will develop eventually into a wider care partnership rather than being more strongly focussed on health care.

The South West London Partnership has identified children and young people's MH is a key area to progress as this will significantly affect future demand for a range of health and social care.

Work is taking place to change clinical models and the way in which care is accessed. Twenty years ago most care was delivered in inpatient settings but now this is mainly undertaken as day care. Cancer treatments are developing rapidly and in the future will be focused on the genome.

The STP takes account of what people have told CCGs e.g. the desire for integrated health care, explaining a single storey, independent living. There has been much grassroots engagement and this has been very positive for senior health managers and enabled a better understanding of viewpoints.

The STP takes account of clinical standards, clinical sustainability and the financial challenges facing south west London requiring change in how services are delivered in the future.

Most important area locally is the development of the Local Health and Care plan through the HWB in the coming months. This will be shared with the Health Overview Panel at a future meeting.

**Agree that:** the update is noted.

**9. Annual Report of the Health Overview Panel**

**Appendix B**

The Annual Report set out the work undertaken by the Panel in the previous year. Notable items included:

- GP Services in Kingston (detailed report)
- Progress with Locality and Wellbeing Teams (detailed report)
- Progress with Suicide Prevention and adult mental health
- Referral for Healthwatch Kingston – Services for Emotionally Unstable Personality Disorder
- Transport for children and young people with Special Educational Needs and Disabilities

Councillor Maria Netley, Vice Chair of the Panel for 2017/18 stated that Councillor Rowena Bass, Chair last year had been unable to present the report this evening. Councillor Netley and stated that she and Councillor Bass were pleased with what was achieved last year and hoped that the Panel would continue the method of involving members in the development work ahead of panel meetings. She commended the report to the Panel

**Agreed that:** the Annual Report of the Health Overview Panel 2017/18 is noted.

**10. South West London and Surrey Joint Overview and Scrutiny Committee**

**Appendix C**

The report to Annual Council setting out the establishment of Joint Health Overview and Scrutiny Committee for South West London and Surrey County Council (SWLSJHOSC) was included in the agenda.

**Agreed that:** the terms of reference for the SWLSJHOSC and RBK's representatives, Chair and Vice Chair of the Panel, agreed at Annual Council were noted.

**11. Work Programme**

**Agreed that:** the Panel would consider the following items at future meetings:

Child and Adolescent Mental Health Services (CAMHS)

Dental Health Services

Blue Badge Holder/ disabled parking at Kingston Hospital

20 JUNE 2018

**12. Urgent Items authorised by the Chair**

There were no urgent items.

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