36. DECLARATIONS OF INTEREST

There were no declarations of interest.

37. APOLOGIES FOR ABSENCE AND ATTENDANCE OF SUBSTITUTE MEMBERS

Rob Henderson and Moira Ford attended on behalf of Nick Whitfield and Siobhan Clarke respectively. Apologies were received from Tonia Michaelides.

38. MINUTES

The Minutes of the meeting held on 19 November 2015 were confirmed and signed.

39. DIRECTORS UPDATE

The Board received an update on matters of interest including;

- The development of National Diabetes Prevention Programme
- The establishment of a multi-agency suicide prevention group

Appendix A
The signature by all London CCGs, local authorities, the Mayor of London, NHS England and Public Health England of the London Heath Devolution Agreement which set out the commitment of all parties to go further and faster in integration and collaboration.

The latest business conducted by the South West London Primary Care (Medical Services) Co-Commissioning Joint Committee.

Details of the requirements for production of a local health and care system Sustainability and Transformation Plan covering the period October 2016 to March 2021 and associated plans by organisation for 2016/17.

The latest update from the South West London Commissioning Collaborative (SWLCC).

Confirmation that the CCG had agreed to take on the delegated commissioning of primary care with effect from 1st April.

Representatives of the SWLCC would be invited to attend the next meeting of the Board, in June, in order to present in further detail of their work. This would tie in with a more general report on patient engagement which the Board asked to receive at the same time. It was noted that the decommissioning of the Kingston/Richmond crisis response pilot did not impact on service levels. Usage of the service had not warranted its retention and there was sufficient capacity within the two other units in South West London to accommodate present levels of demand. Discussions were taking place with the London Ambulance Service to ensure that the flow of direct referrals to the pilot service achieved in pockets of the capital could be replicated across London.

The need for the SWLCC to engage locally at an early stage in respect of the proposed cross partner prevention plan due to be developed as part of the Sustainability and Transformation Plan was emphasised.

40. VERBAL UPDATES FROM KINGSTON VOLUNTARY ACTION AND HEALTHWATCH KINGSTON

Patricia Turner reported that Kingston Voluntary Action had received funding of £50,000 from the Department of Health in order to support a three year project designed to promote digital inclusion by helping individuals and groups to access digital services and develop new ways of delivering healthcare information, advice and support. The intention was to utilise the existing pool of volunteers to create teams skilled in supporting residents to access health information online and digital tools useful in managing conditions and promoting healthier lifestyles. There was also a desire to develop and demonstrate online health toolkits and extend links with other health and social care providers including work with GP surgeries and community pharmacies with a view to developing social prescribing models. Expressions of interest were welcomed from those prepared to participate in a project advisory group. It was emphasised that the project should link with, rather than duplicate, the Coordinated Care programme activities.

Graham Snelling of Healthwatch informed the Board of concern at waiting times for Your Healthcare physiotherapist appointments. It was noted that the issues had arisen due to problems recruiting to physiotherapist vacancies, an issue common
across London, but appointments had now been made and Your Healthcare was working with the CCG to reduce waiting times.

The Board welcomed the establishment of Young Peoples Healthwatch and noted the positive outcomes from seven ‘enter and review’ visits to GP practices.

41. KINGSTON COORDINATED CARE PROGRESS REPORT AND Next Steps

The Board received a report on progress in respect of the development and implementation of the Kingston Coordinated Care programme. Updates were presented on the principle work strands, including the Active and Supportive Communities project designed to keep adult residents happy, healthy and resilient, the new model of care for Kingston which sought to design systems of health and care which responded to the individual priorities and needs of the customer, and the Kingston Care Passport, an integrated electronic care record for patients registered to a general practice within the borough.

Members were also informed of the latest position in respect of the design of commissioning and contracting approaches which would enable implementation of the new model during 2017/18. These would be delivered through a new joint service incorporating the health and care commissioning functions of both the Council and the CCG. The physical co-location of commissioning staff was due to commence in the coming weeks as the first phase of the project and interviews would take place shortly for the Head of the new combined service.

The Board noted that the core principles of a person centred approach had now been established. These included supporting people to stay independent of services, a way of working based on ‘understand, plan and do’ and the simplest possible commissioning and provision. The programme was primarily focusing on the support system within the community, focusing on the need to ensure that people only used secondary services when they absolutely needed to. However, Kingston Hospital was challenged by having to relate to five CCGs and local authorities and all partners were working hard to enable as much collaboration as possible.

The wider context of the work across the South West London Collaborative and the moves towards sub-regional working had the potential for the complication of local solutions but the pressure for rapid change had been increased by the recent financial settlements for both the Council and the CCG. There remained much work to do but was now a sense of momentum and movement behind the programme with high levels of staff engagement and excitement across the sector as they grasped the principles and were empowered to design different ways of working which broke down organisational barriers and eliminated duplication. There was increasingly a push for change from the bottom up and the challenge would be to ensure that planning kept pace with transformation on the ground. Anecdotes of individual experiences within the new systems demonstrated the positive differences the changes were capable of making to peoples lives.

It was noted that work was also underway to fully understand the costs and benefits of the emerging arrangements. There would need to be acceptance that the actions
of one organisation in the system would have the potential to either positively or negatively impact on another. A health economist was to be engaged to advise on the modelling and to enable a better understanding of how the savings from pilot schemes might scale up.

RESOLVED that -

1. the progress made in delivering the Kingston Coordinated Care programme be noted
2. the direction of travel in developing a transformed and sustainable health and care system be endorsed and support the development of the Joint Commissioning Unit and Kingston Care Passport supported; and
3. a further update report be presented to the June meeting of the Board

Voting – Unanimous

42. BETTER CARE FUND PLAN  Appendix C

The Board noted the third quarter report of progress against the Better Care Fund targets and commitments. It was reported that an increase in non-elective admissions had been the subject of extensive analysis and remedial action and the situation was now improving although it was clear that targets would not be met. It had previously been agreed that the Kingston Coordinated Care Programme should form the basis of the 2016/17 Better Care Fund Plan and the detailed drafting of the plan would follow the delayed publication of the guidance. There had been no significant change to the Better Care Fund allocations for Kingston. The Plan was due for submission prior to the next meeting of the Board and the Director of Adult Social Services and the Chief Officer of the CCG were therefore authorised to sign off the detail in consultation with the Co-Chairs.

It was also reported that new schedules to the section 75 Framework Agreement between the Council and CCG would be developed during 2016/17 in order to reflect proposed areas for joint commissioning. Arrangements for the sign-off of variations to the existing schedules were noted.

RESOLVED that –

1. the 2015/2016 Q3 progress report on the delivery of the Better Care Fund Plan be approved;
2. the Director of Adult Social Services and the Chief Officer KCCG be authorised to sign-off the 2016/2017 Better Care Fund, due for submission by the 25 April 2016, in consultation with the Co-Chairs and to be presented to the Health and Wellbeing Board in June; and
3. the Board notes that the sign-off of variations to existing schedules that are part of the rolling Section 75 partnership agreement between the KCCG and the Royal Borough of Kingston upon Thames will be undertaken by the Director of Adult Social Services in consultation with the Portfolio Holder for Partnerships and Contracts and that the KCCG will follow its own governance processes for CCG sign-off of variations to existing schedules

Voting – Unanimous
43. REFRESHING THE JOINT HEALTH AND WELLBEING STRATEGY

The Board received a report on the outcomes of a workshop in January 2016 designed to consider the refresh of the Joint Health & Wellbeing Strategy (JHWS).

The workshop, attended by members of the Board, had reviewed progress in delivery of the JHWS priorities and examined the relevance of those priorities in the light of current evidence, challenges and opportunities. The Board agreed that a number of the points raised at the workshop should inform the development of priorities for the refreshed Strategy including the need to focus efforts on ensuring that the underpinning strategies and actions supported the achievement of agreed aims, to show synergies between the agreed priorities, to focus on the most important areas to progress, even if they were ‘tough nuts to crack’, and to place greater emphasis on obesity, mental health, diabetes and emotional health.

It was also agreed that a number of supplementary points arising from the workshop should be added to the Board’s action plan. This included recognition that it might be necessary to review where the responsibility for public health sat within the Council’s committee structure in the light of the move towards greater integration.

Members also gave consideration to the identification of two outstanding actions from the existing JHWS which the Board should commit to ensuring were achieved by March 2017. It was agreed that Officers would report back to the next meeting with a more detailed analysis on the prioritisation that might be accorded to those areas suggested, namely; obesity in children, the Child and Adolescent Mental Health Services (CAMHS) transformation strategy, Troubled Families programme, Adult Mental Health Strategy and Dementia Strategy.

RESOLVED that –

1. the Joint Health and Wellbeing Strategy be refreshed by September 2016;
2. the areas suggested for consideration for the refresh of the Strategy, as set out in paragraphs 1 – 7 of the agenda report, be further developed
3. the supplementary actions, that were suggested at the workshop, as set out in paragraphs 8-11 of the agenda report, be added to the Action Plan agreed by the Board in June 2015; and
4. a report be submitted to the next meeting with a view to identifying two actions from the shortlist of current Joint Health and Wellbeing Strategy priorities set out above which the Board would commit to achieving by March 2017.

Voting – Unanimous
44. URGENT ITEMS AUTHORISED BY THE CHAIR

There were no urgent items.

Signed……………………………………………………..Date…………………

Co Chair