HEALTH AND WELLBEING BOARD

7 JUNE 2016

6:39 pm – 8:11 pm

Members of the Board

Councillors:
Councillors Julie Pickering (Co-Chair), Tom Davies, Kevin Davis, Sheila Griffin, Chris Hayes, Cathy Roberts and Margaret Thompson

Representatives from Kingston CCG, Healthwatch and the Voluntary Sector:
Dr Nazim Jivani (Co-Chair), Dr Phil Moore*, Dr Peter Smith, Grahame Snelling, Patricia Turner

Council Officers (non voting):
Dr Jonathan Hildebrand, Sue Redmond, Nick Whitfield*

Advisory Members (non voting):

* Absent

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. APOLOGIES FOR ABSENCE AND ATTENDANCE OF SUBSTITUTE MEMBERS

The following substitute members attended the meeting:

Dr Junaid Syed for Dr Phil Moore
Rob Henderson for Nick Whitfield
Gwen Kennedy for Jane Clegg
Moira Ford for Siobhan Clarke
Dr Martin Humphrey for Dr Emma Whicher

3. MINUTES

The minutes of the meeting held on 10 March 2016 were confirmed and signed as a correct record.
4. DIRECTORS AND CHIEF OFFICERS UPDATE

The Board received updates from the Directors of Adult Social Care, Public Health and Childrens Services, and the Chief Officer of Kingston Clinical Commissioning Group, on a range of issues including:

- Recent changes in the CCG’s Patient and Public Engagement function in order to strengthen its leadership and experience (a detailed report on health and care community participation and engagement was to be submitted to the next meeting of the Board, in September)
- Arrangements for the recommissioning of Healthwatch Kingston - following a soft market testing event to gauge the potential interest in the service and to seek views on shaping its outcomes the draft specification would be available by July/August with a planned contract award in December 2016.
- The Dementia Friendly Kingston Workshop held on 18 April.
- The establishment by the CCG of a Primary Care Commissioning Committee following the move to fully delegated commissioning of primary care services from 1 April 2016.
- The National Diabetes Prevention Programme – Kingston CCG, together with its London partners, had submitted a successful bid to be within the first phase of this NHS England funded preventative education programme designed to reduce risks of developing Type 2 diabetes.
- The closure of the Gosbury Hill GP Clinic – Members sought further information on the arrangements to maintain cover for residents affected by the closure and emphasised the need for clear communications to assuage any fears amongst residents that they may be left without a GP as a consequence. It was considered that there was sufficient capacity in Chessington to meet increased demand at other Practices.

5. VERBAL UPDATES FROM KINGSTON VOLUNTARY ACTION AND HEALTHWATCH KINGSTON

The Board received updates on activity from Patricia Turner of Kingston Voluntary Action and Graham Snelling of Healthwatch.

Patricia Turner reported details of the Kingston Walking Festival Guides and website, designed to encourage increased physical activity. The Health and Wellbeing Network meeting held in April had discussed, amongst other things, the Sustainability and Transformation Plan and Joint Strategic Needs Assessment while the Children’s and Young Peoples Network was due to meet later in the week. The Voluntary Sector Forum to be held at the end of June was to receive an update on Kingston Coordinated Care and the development of the mental health strategy. Work was continuing on the Health & Social Care Volunteers Fund project reported at the last meeting of the Board. The first cohort of volunteers had been identified and MIND and the Citizens Advice Bureau would be involved initially. Some of the work would be built around the volunteers supporting the Mental Health Parliament.

Graham Snelling advised the Board that Healthwatch had approved its priority areas for the coming year, namely mental health, primary care issues, social care developments and hospital discharge. Outreach work was being expanded in order
to capture the views of as many health and social care users as possible. The contract for Healthwatch was due to expire at the end of March 2017 and a soft market testing exercise had now been undertaken.

6. KINGSTON CO-ORDINATED 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. The initiative brought together a variety of partner organisations across the borough to support the development of active and supportive communities and develop customer centred care with an increased focus on prevention, pro-active care and self reliance.

Updates were presented on the principle work strands, including the Active and Supportive Communities project designed to keep adult residents happy, healthy and resilient and a Ways of Working project in which a multi provider team of frontline staff designed new ways of working that responded to service user priorities and a commissioning and contracting approach was developed to enable implementation of the newly emerging arrangements.

The Board also received a presentation from the Ways of Working Design Team which set out the three key roles it had assumed since Christmas, namely sharing the Team’s observations and learning across the whole system, deploying the new ways of working across the system, using peoples stories and acting as a customer intelligence layer for the whole system, identifying opportunities for quick initial wins and marginal gains. Patterns of referrals to the team had revealed four key themes;

- Understanding the whole person
- A readiness and ability to engage
- Identifying the capabilities to Plan and Do with the person
- Use of a ‘Golden Ticket’ to overcome organisational criteria which put in place barriers to the full use of local capabilities

Members noted that there was a need to continue to influence thinking across the health and care community and to share learning, influence how the new ways of working could improve people’s access to care and communicate the new thinking beyond the care system. It was clear that staff were engaged and enthused by the new approaches but there remained barriers of organisational culture and resistance to change within the system which needed to be overcome. It was noted the Providers had agreed that the Design Team should now focus on those identified by GPs as high risk and would soon start working with Practices to develop this.

Positive progress had been made but the scale of transformation was recognised and there remained much to do. In response to questions on delivery it was noted that a draft Project Initiation Document had been prepared and a shadow Commissioning Board put in place. It was imperative that the programme moved forward quickly and it was hoped that a high level timeline would be in place by the time of the Board’s next meeting, in September. A balance needed to be drawn between development of the project documentation and work on actual delivery.
In a wide ranging debate issues touched upon by the Board included community pharmacy discharge, prevention of unnecessary hospital admissions, future referral arrangements for GPs and the likely order of investment required and level of achievable savings. It was noted that an economist was now seeking to quantify the savings and more detailed information was expected to be available in the coming months. Qualitative benefits were anticipated, particularly in respect of better outcomes for patients and enhanced staff satisfaction. Funding for the Design Team was due to end in July but ultimately there would be no further requirement for its services because every part of the care system would be working in the same way and have access to the same patient information.

Details of the development of the Kingston Health and Social Care Commissioning Service were also noted. The principal commissioners and supporting staff from Adult Social Care, Public Health and the CCG had now been co-located and staff were working together to develop the culture and shape of the new service. Directors from the relevant service areas were meeting together regularly as a Commissioning Management Team to support the development of the new service.

RESOLVED that -

1. the progress made in delivering the Kingston Coordinated Care programme be noted; and

2. the direction of travel in developing a transformed and sustainable health and care system be endorsed

Voting – Unanimous

7. BETTER CARE FUND PLAN 2016/17

The Board noted the Quarter 4 progress report in respect of the 2015/16 Better Care Plan and the Plan details for 2016/17.

The final report for the 2015/16 Plan summarised performance and learning. The national focus had been on non-elective admissions and evaluation demonstrated that the local expansion of the rapid response admission avoidance scheme had led to lower than an expected rate of growth in admissions for over 65s, falling just 0.2% short of meeting the BCF target. Growth in admissions for other population groups meant that there had, nevertheless, been an overall increase, primarily in medical specialities and mainly related to assessment and short stay activity.

The 2016/17 BCF Plan had the Kingston Coordinated Care programme at its heart. Of 73 Key Lines of Enquiry 62 had been fully met, three partly met (and would be addressed for the next submission) and eight relating to risk sharing agreements had not been met. It was noted that a risk share agreement planned for 2015/16 had not been implemented because it was felt to be inappropriate - schemes to reduce non-elective admissions were predominantly CCG initiatives and the risks were not shared with the Council. Discussions with the NHS England regional team on this aspect of the Plan were continuing but it was anticipated that the difference of approach would be likely to affect the final evaluation outcome. During the course of
the coming year the focus would be on continuing to build strong relationships, a joint operating model and commissioning approach that would include robust risk sharing arrangements

The Board took the opportunity to thank Rachel Bartlett, who had now departed as the CCG Director of Integrating Care, for her hard work on the Better Care Fund Plan and a wide range of other programmes.

**RESOLVED** that –

the 2016/17 Better Care Fund Plan and Q4 progress report on the delivery of the 2015/16 Plan be noted.

Voting – Unanimous

8. **JOINT HEALTH AND WELLBEING STRATEGY REFRESH**

The Board gave further consideration to which two outstanding actions from the Joint Health and Wellbeing Strategy should be prioritised for special focus during the course of the next twelve months. After examination of a range of suggestions it was agreed that priority should be given to implementation of the Child and Adolescent Mental Health Services (CAMHS) Transformation Strategy and the Dementia Strategy.

The consequences of poor emotional wellbeing and mental health problems in children and young people were far reaching and impacted significantly on both an individual’s life chances and potential as well as the wider community and future demand on public services. The CCG’s Transformation Plan, designed to improve relevant services and make them more responsive to the needs of children and young people through the utilisation of additional NHS England funds, had already brought about a range of improvements including enhancements of the Eating Disorder and Psychiatric Liaison Services. However, much work remained to be delivered including the introduction of post diagnosis support for children, young people and their families with Autistic Spectrum Disorder, the development of more community based models of support for children and young people with a wide range of mental health issues and commissioning of a therapeutic programme for children and young people affected by domestic violence. The Board needed to be assured that these plans were implemented and that the transformation funding was used effectively to prevent mental health problems from escalating and to improve the experience of and access to services.

The Board also required assurance that the wide range of actions involving a number of agencies in respect of the Joint Dementia Strategy were being progressed at pace. There were approximately 1,500 Kingston residents with dementia, a figure predicted to rise to 2,100 by 2027 and it was estimated that the annual costs of dementia in the UK amounted to £4.3 billion in healthcare and £10.3 billion in social care. Significant savings could be realised through the establishment of dementia friendly communities and local peer support networks that delayed admission to residential care and reduced the number of avoidable admissions to acute hospital care.
At the same time the Board agreed that the refreshed Joint Health and Wellbeing Strategy should cover a two year time period and have a focus on enhancing prevention and early intervention in four key themes (children and young people, mental health, addressing the needs of socially excluded and disadvantaged communities and older people and people with long term conditions) through empowering communities, families and individuals.

A proposal for Kingston to participate in Self Care Week in November would be pursued.

**RESOLVED** that –

1) the two outstanding actions prioritised for special focus be:

   a. Implementation of the Child and Adolescent Mental Health Services (CAMHS) Transformation Strategy *and*
   b. Implementation of the Dementia Strategy; and

2) the refreshed Joint Health and Wellbeing Strategy should cover a two year time period, continue with the current key themes and have an overarching focus on enhancing prevention and early intervention through empowering communities, families and individuals.

Voting – Unanimous

9. **PRIMARY CARE COMMISSIONING COMMITTEE APPOINTMENT  Appendix E OF REPRESENTATIVE**

The Board was invited to nominate one elected Councillor member to serve as its representative on the new Primary Care Commissioning Committee formed by the South West London CCG.

**RESOLVED** that –

Councillor Julie Pickering be nominated to serve as the Board’s non-voting representative on the Kingston CCG Primary Care Commissioning Committee for the remainder of the 2016/17 Municipal Year.

Voting – Unanimous

10. **URGENT ITEMS AUTHORISED BY THE CHAIR**

There were no urgent items.

11. **SUE REDMOND**

The Board noted that Sue Redmond, Director of Health and Social Care, was due to leave the Council on 22\(^{nd}\) June and expressed gratitude for her efforts during her
time in post, noting in particular the commitment and energy she had brought to the role.

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

Co-Chair