

HEALTH AND WELLBEING BOARD

28 MARCH 2017

6.30pm-9pm

Members of the Board

Councillors:

Councillor Julie Pickering (Co-Chair), Tom Davies, 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):

Rob Henderson*, Iona Lidington and Stephen Taylor

Advisory Members (non voting):

Siobhan Clarke – Your Healthcare, Tonia Michaelides* – Kingston CCG, Dr Emma Whicher* – South West London and St George's Mental Health Trust, Jane Wilson – Kingston Hospital NHS Trust, Gwen Kennedy* – NHS England, Dr Anthony Hughes* - GP Chambers

* Absent

47. QUESTIONS AND PUBLIC PARTICIPATION

Mr Rob Robb, a Chessington resident, enquired why one to one therapy was not offered locally for people with Personality Disorder. The Board was informed that the issue was to be considered as part of the development of the Mental Health Strategy, referred to elsewhere in the meeting. A review of current provision and gaps within that offer would be undertaken and service users given the opportunity to highlight needs.

48. DECLARATIONS OF INTEREST

There were no declarations of interest.

49. APOLOGIES FOR ABSENCE AND ATTENDANCE OF SUBSTITUTE MEMBERS

Kathryn McDermott attended the meeting on behalf of the Kingston Clinical Commissioning Group in place of Tonia Michaelides. Apologies for absence were received from Rob Henderson, Dr Phil Moore and Dr Pete Smith.

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Dr Mark Potter attended the meeting in an informal capacity on behalf of the South West London and St Georges Mental Health Trust. His formal appointment to the Board, in place of Dr Emma Whicher, was to be proposed at the meeting of Full Council on 19 April 2017.

50. MINUTES

The minutes of the meeting held on 26 January 2017 were confirmed and signed as a true record.

51. DIRECTORS UPDATE

Appendix A

The Board received updates from the Directors of Adult Social Care and Childrens Services, the Interim Director of Public Health and the Chief Officer of Kingston Clinical Commissioning Group, on a variety of issues.

Members noted details of the establishment of the South West London Alliance formed by the six local clinical commissioning groups so as to enable them to work collectively to optimise health outcomes. Sarah Blow had been appointed Accountable Officer and would lead a senior management team comprising the directors of the three new Local Delivery Units (LDUs), one of which was Kingston and Richmond. Tonia Michaelides, Chief Operating Officer of the Kingston CCG, had been appointed Managing Director of the Kingston and Richmond LDU. Work was being undertaken with Kingston Hospital to establish joint priorities and with primary care providers across South West London to establish which community services could be delivered in an acute setting.

The Board also noted details of the extended primary care services in Kingston. There were now three sites, offering access to general practice between 8am to 8pm seven days a week. Funding had been secured to maintain, and possibly extend, this provision in 2018/19. The hubs were operating at 65% utilisation but Surbiton Health Centre, the longest established of the three, experienced much higher usage on weekends. The evening appointment slots were proving very popular, those on Sundays less so. An extensive communications campaign promoting the service and seeking to encourage self care and signpost patients to the most appropriate service was about to be launched. This was expected to lead to a significant uptake in usage. Metrics analysing the extent to which this was leading to channel shift, and patient feedback, would be reported to the next meeting.

Other matters reported included;

- The appointment of Iona Liddington as Interim Director of Public Health
- Confirmation of Kingston's allocation of the £2b of additional funding for Adult Social Care announced by the Chancellor of the Exchequer – this would amount to £1.18m in 2017/18, £1.28m in 2018/19 and £805,000 on 2019/20
- Progression with completion of the action plans underpinning the Joint Health and Wellbeing Strategy
- The approval of the Joint Refugee and Migrant Strategy

- The receipt of funding by the CCG for technology which would potentially enable GP practices to share telephone support, manage new appointments in different ways and enable new forms of e-consultation, including video consultations.

52. VERBAL UPDATES FROM KINGSTON VOLUNTARY ACTION AND HEALTHWATCH KINGSTON

The Board received updates on activity from Patricia Turner of Kingston Voluntary Action (KVA) and Grahame Snelling of Healthwatch.

Patricia Turner reported on arrangements for the KVA Health Conference on 27th April, to which all were invited, and recent network meetings and confirmed that the KVA's training offer was now open.

Graham Snelling highlighted the work of the Mental Health Task Group, particularly the role it had played in the co-production of the Mental Health Strategy which featured elsewhere on the agenda. Over the coming year the Task Group intended to review the iCope service and develop an 'enter and view' exercise with Tolworth Hospital's community service. The continuing use of the Quaker Centre as a venue for a Community Café had been secured for the next year. He also reported that 16 grassroots engagement events had been held during the year and it was anticipated that funding would be secured to extend the programme into 2017/18. Healthwatch was continuing to engage with the Sustainable Transformation Plan process and the Choosing Wisely proposals.

53. IMMUNISATION IN KINGSTON - ASSURANCE REPORT

Appendix B

The Board received a presentation from NHS England on the commissioning of immunisation services for Kingston residents including details of immunisation rates amongst young children, school age children and adults.

Members noted that overall most childhood and adult immunisation rates were stable, and higher than those in many other London Boroughs but remained below levels for the rest of England and the World Health Organisation's recommended rate of 95% for childhood vaccinations. London presented particular challenges in the take up of immunisations due to its highly mobile demographic and declining GP workforce. Members were also informed of issues arising from the global shortage of the BCG vaccine and the arrangements for the targeted usage of the limited supply of unlicensed replacement stock. Efforts were being made to improve the uptake of the shingles vaccination, which had fallen slightly. The London CCG Chairs had requested that shingles vaccines be delivered at the same time as flu and other vaccinations in order to reduce the need for return visits and to simplify the individual age banding so that the vaccination was open to all between 70-79.

The Board concurred with the recommendations of the Director for Public Health that NHS England should provide outline proposals to increase uptake rates, improve quality and reduce variation as well as updates to the Kingston Immunisation Group on the progress of the school age immunisation programme and progress with the BCG contract with the local maternity provider.

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54. MENTAL HEALTH STRATEGY**Appendix C**

The Board received details of the development and content of the final draft of the Mental Health and Wellbeing Strategy for 2017-21.

It was estimated that some 21,000 people within the Borough were presently experiencing some form of depression and anxiety. Members noted that the Strategy, which had been co-produced in conjunction with over 200 local people, sought a shift from hospital based models of care to prevention, self-care and recovery with high quality, joined up support closer to home. Priorities for 2017 focused on workplace health, prevention in respect of Early Years, Children, Families and Schools, peer support, a Directory of Services, developing primary care and developing a mental wellbeing hub with a triage service/single point of access. It was emphasised that the Strategy did not exist in isolation and many aspects of it built on ongoing initiatives with a range of partners.

The Board recognised the need to managing pressures on individuals who were experiencing low level symptoms of mental ill health so as to minimise the risk of deterioration and the requirement for intervention. To this end it was acknowledged that the Strategy needed to reflect the requirement to help employers, including local businesses and schools, understand the benefits of supporting staff struggling with mental illness. It was noted that Kingston was already the lead Borough in London with respect to the Healthy Workplace Charter and every secondary school now possessed a Mental Health Plan and Young Peoples Mental Health Ambassadors. The importance of improving the point of transition between childrens and adults services, and tackling issues arising from inadequate housing were also noted.

It was agreed to authorise the Director of Public Health to approve changes to the Strategy in consultation with the Co-Chairs of the Board.

RESOLVED that –

1. The Director of Public Health be authorised to approve amendments to the draft Strategy in consultation with the Co-Chairs of the Health & Wellbeing Board;
2. The Strategy move to implementation phase; and
3. Update reports be received at suitable time intervals, for example at the end of Years 1, 3 and 5.

Voting – Unanimous

55. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES Appendix D UPDATE

The Board received an update on the delivery of the Local Transformation Plan for Child and Adolescent Mental Health Services (CAMHS). The core aims of the Plan were to reduce the number of children and young people referred for treatment, reduce waiting times, increase the range of evidence based interventions available and enhance skills and confidence amongst the wider workforce in managing emotional and mental health issues and to bring about a long term reduction in the

number of children admitted with acute issues to Tier 4 services and/or requiring long term residential places. Minor amendments to the Plan had been submitted to NHS England in late 2016 to satisfy assurance measures.

Members noted details of recent activity including the receipt of further funding to support children and young people with mental health issues in the Youth Justice system, the commissioning of on-line counselling for children and young people up to the age of 22 and a planned review of the enhanced Eating Disorder Service. Priorities for 2017/18 were a review of the Autistic Spectrum Disorder (ASD) Pathway and action to address the historically long waiting times for access and implementation of the Care Treatment Review Process and Care Crisis Standards in order to prevent hospital admissions and reduce the length of stay for those requiring admission. The Board was informed that investment in the current financial year had already seen waiting times for access to diagnostic assessments for 6-18 year olds on the ASD pathway reduce from 46 weeks to 40 weeks and it was anticipated that it would be within the NICE guideline of 12 weeks by December 2017.

56. DEMENTIA STRATEGY UPDATE **Appendix E**

Consideration of this item was deferred to the next meeting of the Board.

57. COMMUNICATIONS AND ENGAGEMENT FRAMEWORK **Appendix F**

The Board gave further consideration to the development of a protocol for a joint approach to communications and engagement activities on health and wellbeing issues. It was anticipated that this would enhance the ability to collaborate strategically in order to coordinate activity, gain insight and maximise the value of communications and engagement exercises. The Council and the CCG were to be the lead coordinators but all relevant partner organisations would be involved in the initiative.

It was noted that a joint calendar of communications activity had now been developed and communication channels across the partnership would be shared with each other in order to circulate messages as widely as possible. Agreement had also been reached on joint approaches to relevant press releases and social media campaigns and, where appropriate, the sharing of resources for community engagement events. There would be liaison over the planning of public events in order to enhance the potential benefits and reduce duplication. Where joint consultations were undertaken the exercise would be created collaboratively and the most suitable channel for the audience utilised. Evaluation of communications and engagement activity would also be shared.

RESOLVED that –

The direction set out above and in the agenda report be endorsed and updates on the communications and campaigns plan be provided to each meeting of the Board during the 2017/18 Municipal Year.

Voting – Unanimous

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58. SELF CARE KINGSTON**Appendix G**

The Board received details of plans for the launch of Self Care Kingston, an initiative designed to empower people with the confidence and information to look after themselves where they could and to know where to go for help when required.

It was anticipated that the provision of early advice and signposting to local community based, often voluntary sector led, offers would reduce demand on higher need services and help people stay connected and supported in their local community. While it was recognised that health messages, particularly those targeting parents, often emphasised the need to seek advice quickly, it was necessary to provide the education and reassurance which would give people more confidence in dealing with minor ailments and to enable informed decisions to be made about where and how to access health advice.

Members noted that a website was due to be launched in the coming weeks in order to enable residents to access information and advice and find out more about health improvement services in Kingston. The involvement of key partners in the planning and delivery of the initiative would ensure synergy of health and wellbeing messages and national programmes and awareness days would be used to provide a structure and focus for activities. It was considered that there was a good fit with other local programmes such as social prescribing, Kingston Coordinated Care and Kingston Voluntary Action's Health Navigators and it would facilitate joined up approaches to enable people to find their own solutions and work with local employers. The proposal also matched well with the prevention strand of the South West London Sustainability and Transformation Plan.

RESOLVED that –

1. The proposal for the Self Care Kingston Initiative be approved;
2. Support for the initiative from Board partners and their commitment to include this way of working in their delivery plans and staff training be sought; and
3. An update report be submitted to the Board in September 2017.

Voting – Unanimous

59. KINGSTON COORDINATED CARE UPDATE**Appendix H**

The Board received a report on progress in respect of the development and implementation of the Kingston Coordinated Care programme. Members noted recent activity and next phase key deliverables for a variety of programme projects including commissioning and contracting and the New Model of Care, the transformation of Home Care, the Kingston Care Record and Active and Supportive Communities.

It was noted that Adult Social Care and CCG Commissioners and the provider alliance were working through the detail of the proposed delivery of the new model of care from April. A Memorandum of Understanding between the parties would set out an overarching agreement to the existing contractual arrangements. Meetings were also taking place with providers to inform the development of a new Home

Care model. There were opportunities to explore the development of a model of small autonomous groups of home care teams working within a more sustainable model. Development of the Kingston Care Record, formerly known as the Kingston Care Passport, continued with more patient data to be added in the near future, including community and mental health and adult social care records. The next phase of the Active and Supportive Communities programme would be to identify the key role that the network of organisations could play in social prescribing and linking to the new model of care.

The Board also addressed the implications of the CCG's decision not to proceed with the proposed integrated commissioning unit with the Council as the establishment of the joint Local Delivery Unit with Richmond CCG made commissioning purely on a Kingston footprint more difficult. The CCG emphasised that it remained committed to working with the Council on an integrated basis. Agreement had been reached on key priority areas on which there would continue to be a collaborative focus, namely learning disabilities and mental health, Kingston Coordinated Care and the commissioning of childrens services. The view was expressed that joint commissioning across CCGs should provide clearer direction to acute providers. Elected Members, however, articulated the Council's disappointment both with the decision and the lack of consultation which was felt to be inconsistent with the relationship between the parties.

RESOLVED that –

the progress that has been made to date be recognised

Voting – unanimous

60. BETTER CARE FUND QUARTERLY RETURN

Appendix I

The Board received details of the Quarter 3 progress report on the delivery of the Better Care Fund (BCF) Plan for 2016/17. It was noted that there had been no significant changes from Quarter 2. Kingston now met all national conditions and was on course to attain its BCF financial targets. Of the four supporting metrics on which data was available to assess progress two were on target and one showed improved performance. The Council and the CCG were about to undertake a review of the BCF to ensure that the effectiveness of its funding was maximised.

61. HEALTH OVERVIEW PANEL - MINUTES

The minutes of the meeting of the Health Overview Panel held on 14 March 2017 were noted.

62. URGENT ITEMS AUTHORISED BY THE CHAIR

There were no urgent items.

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Signed.....Date.....
Co- Chair