

HEALTH AND WELLBEING BOARD

15 JUNE 2017

6:32 pm – 7:49 pm

Members of the Board

Councillors:

Councillor Kevin Davis (Co- Chair), Councillor Linsey Cottingham*, Councillor Tom Davies, Councillor Chris Hayes, Councillor Cathy Roberts*, Councillor Hugh Scantlebury, and Councillor Margaret Thompson

Representatives from Kingston CCG, Healthwatch and the Voluntary Sector:

Dr Nazim Jivani* (Co- Chair), Dr Phil Moore*, Dr Peter Smith, Grahame Snelling, and 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 Mark Potter – South West London and St George's Mental Health Trust, Jane Wilson – Kingston Hospital NHS Trust, Gwen Kennedy – NHS England and Dr Anthony Hughes – Kingston GP Chambers

* Absent

1. QUESTIONS AND PUBLIC PARTICIPATION

There were no questions at the start of the meeting. Mr Rob Robb asked questions later in the meeting.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. APOLOGIES FOR ABSENCE AND ATTENDANCE OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillors Cathy Roberts and Linsey Cottingham. Apologies were also received from Dr Naz Jivani, Dr Phil Moore and Siobhan Clarke. Grant Henderson attended as substitute for Siobhan Clarke.

15 JUNE 2017

4. **MINUTES**

The minutes of the meeting held on 28 March 2017 were confirmed and signed as a true record.

5. **DIRECTORS UPDATE**

Appendix A

The Board receive updates from the Directors of Adult Social Care, Children's Services, the Interim Director of Public Health and Place (communications) on the following matters.

Annual Public Health Report 2016/17 – the final frontier: sexual and reproductive health in Kingston – The statutory annual report was launched on 10 May and is probably the only annual public health report on this topic. Members heard that Kingston Public Health reports have a high standing nationally and it has been shortlisted for an award.

Pharmaceutical Needs Assessment (PNA) – PNAs are required to be produced every 3 years and are designed to assess the provision of pharmacy services in the locality. The last Kingston PNA was published in March 2015 and the new assessment process led by Public Health will commence in July 2017 and comply with regulatory requirements. Members heard that optimal use of pharmacies can help release pressures on high level services such as GPs and hospitals. There will also be liaison with nearby boroughs on data sharing. Future updates will be given to the Board.

Child Health Information System – Your Healthcare is the lead provider of NHS child health information services across south west London and progress is being made to develop a single clinical record to provide child health information for 0-19 year olds. This will provide access by health care professionals and enable improved decision making and reduce the risk of missing information. Members welcomed this progress and heard that the "Red Book" will be unaffected, and this can be provided in hard format or electronically.

Section 75 Update – S75 was extended to 31 May 17 to enable completion of data transfer and caseloads. The mental health social care team remains co-located with the SWLSTG community teams and wards at Tolworth hospital unlike neighbouring boroughs have taken back social care teams to council sites. The new Mental Health Social Care Team arrangements are now operational and include direct referrals to the team from SWLSTG and safeguarding adults alerts via the Contact Centre and Access Team. Referral pathways are being fine tuned with primary and secondary care to establish a joint working protocol across adult social care. This will incorporate information sharing and collaborative working arrangements.

KCCG Stakeholder survey – engagement took place during January and February with a response rate of 69%. Scores have improved in most areas and a plan is being developed to further improve working relationships with stakeholders.

Communications and Campaigns – the communications protocol was signed off by the Board at the March meeting. Self care webpages are now available on the

Council's website. Further local information and monthly themed events from health partners are also added. The theme for June is Carers.

Health and Wellbeing Board work programme – Members noted the work programme set out at Annex 1 to the report. Notable items for the next meeting included: Self care in Kingston, Kingston Co-ordinated Care and Primary Care Extended hours.

The Leader put forward two suggestions for the Board to consider as part of the work programme:

- The Mayor of London's campaign "Thrive London – improving Londoners' mental health and wellbeing"
- London health inequalities strategy

6. KINGSTON COORDINATED CARE UPDATE

Appendix B

The report (for information) updated the Board on the progress of Kingston Coordinated Care (KCC) which is now moving into implementation. The report covered home care transformation, new model of care, joint commissioning, active and supportive communities and the Kingston care record. There is still further development taking place around the establishment of wellbeing teams to deliver home care and the integrated model of health and care.

The Director gave a verbal overview of the key areas. The Board heard that benefits of the new ways of working were being seen already. There is now a single point of access and co-location of RBK with Your Healthcare staff.

A locality team is being piloted in New Malden at Holmwood Surgery, linking with other nearby GP practices and involving a multidisciplinary approach. The pilot will be rolled out to the other three localities (Chessington, Surbiton and Kingston).

A risk stratification tool is being used to identify the 10% people in the community with highest risk of unscheduled care needs in order to focus care and support on their needs. Wellbeing teams are being developed as an alternative to home care and are clustered with surgeries. These teams will become part of the multidisciplinary locality teams.

In response to a question about the use of care agencies, the Director explained that there is a mixed market approach in partnership with the Provider Alliance. The improved model which will be starting in September is moving away from time and task and is linking into locality team work and will better meet people's health and social care needs.

A home carer app is being developed with the LGA for carers to update on how people are and help with handover. This will be tested in the autumn and will form an integral part of the new way of working. The Kingston care record (formally the Kingston passport) has rolled out and now includes 400 people across health and social care agencies.

In relation to the Kingston Care Record Legal advice has been received on an

15 JUNE 2017

information governance issue on data sharing with NHS services and it is envisaged that full access to health and social care data will be possible.

Members heard that there has been a lot of progress on collaborative commissioning since the March Board and the approach is moving away from integration. However working is continuing around the same key priorities – mental health, learning disability, children and Kingston coordinated care. A draft 2 year joint commissioning plan will be available in July covering these priorities in a joined up way. The commissioning team has been appointed and is based at Hollyfield Road

A question was asked by Mr Robb about how the care system can assist with a new resident in South of the Borough. Due to frequent falls, ambulances have attended almost on a daily basis. Directors confirmed that the new model of care is aiming to help to prevent this type of scenario. It was also confirmed that the NHS has systems to work with “frequent flyers” in the NHS and that Kingston has no patients who are included on the “frequent flyer” list. Members heard that Public Health is taking forward work to enable frontline staff in housing and libraries to flag people up to reduce isolation and high dependency on high level services.

RESOLVED that: the update is noted

Voting – unanimously in favour

7. **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, KVA, reported on the following areas:

- the successful KVA Conference held in April included an update about the Healthy Living Pharmacy Award and presentation of the awards to the first fully accredited pharmacies. It also included a presentation about Connect Well Essex, a social prescribing model including training which Kingston is looking at with a view to adopting.
- The Active and Supportive Communities Network has now met and it is beginning to develop links with SPAR.
- Digital Health project was been evaluated at DH in April and approved. Training dates are being offered during the year and Healthy Living Pharmacies will be attending next session.

- A digital communications tool is being developed as part of the self-care programme and develop digital.
- The July theme is volunteering and learning and KVA is working with KCIL on this.
- Network meetings - Children's and young people and wellbeing and adult safeguarding and self-care updates. Addressing equality of access.

Grahame Snelling, Healthwatch reported on the following areas:

- Healthwatch are recruiting new members, board members and trustees.
- Healthwatch will be launching the "Thrive Kingston" mental health strategy on 28 July and have developed a work plan to continue to deliver this.
- Healthwatch's annual report is almost complete and the Chair of Healthwatch requested that this be brought to the next meeting.
- A further financial awarded had been received for the Grassroots Engagement Programme and this will support further work in the coming year.
- Conversations are taking place with Richmond Healthwatch about how to work more closely together.

Members welcomed work on mental health and in response to a question about whether workshops in schools had taken place further details were provided. Richmond undertook a review of what children and young people think of the mental health service they receive and the strategy has been developed in response to this.

RESOLVED that: the updates are noted

Voting – unanimously in favour

8. **JOINT HEALTH AND WELLBEING STRATEGY REFRESH 2017 - Appendix C 2019**

The report provided the Board with a summary of the feedback received following consultation on the refreshed Joint Health and Wellbeing Strategy (JHWBS) and Action Plans 2017 - 2019. The JHWBS is the framework underpinning the work of the Board and focusses on areas which require a collective health and wellbeing board contribution to achieve the most impact.

The four current agreed priorities which have associated actions are:

- Children and young people
- Mental health
- Older people and people with long term conditions
- Addressing the needs of socially excluded and disadvantaged communities

15 JUNE 2017

The Board heard that 84 comments were received and were summarised in Annex 2 of the report. The Director of Public Health pointed out that it was encouraging to note that the comments received reflected the current priorities and that the four groups are still the right ones.

The Dementia strategy fits well with the JHWBS and prevention early intervention for this area will be cost effective. Members heard about a number of approaches to improve children and young peoples' resilience, for example, strategies for coping with loss and bereavement, exam pressures and reducing levels of anxiety.

Actions to assist people with Autistic Spectrum Disorder include information and advice especially for those transitioning to adult services. There are also a range of other actions including learning from case reviews, childhood obesity, parenting skills in cooking and eating, sport, feel safe and avoiding risky behaviour, plus support for young carers.

Actions around Mental Health involve a co-production model with a number of partners for example developing the Crisis service to prevent admission and approaches for longer term crisis. Perinatal mental health is a priority going forward and peer to peer support is a key approach here. Improving access to housing for people with mental health problems is an important priority action. For older people there are actions around prevention and social prescribing to help tackle loneliness. One approach is using libraries differently and conversing with people to find out about people's home and social situations. Opportunities can be used to offer information and advice and assisting with avoiding dependency.

There are actions to deliver a range of resources into areas of disadvantaged and marginalised and communities including opportunities for cancer screening for disadvantaged groups.

The board heard that where people perhaps choose not to accept advice, various "nudges" and encouragements can be given such as vitamin supplements for people who take too much alcohol and in schools serving chopping up fruit to make it more attractive rather than offer a single piece of fruit which are more likely to be avoided.

Mr Robb raised the question about possible changes to autism assessments being considered by South West London and St George's Mental Health Trust. Assessments are expensive costing of the order of £3,000 and demand has increased. It is suggested that assessments could be provided differently at schools. Mr Robb expressed the view that this approach would present a problem with out of area children needing assessment and mental health services for children should be available.

Members heard that schools are keen to support wellbeing and the Mental Health First Aid approach has been introduced which is around how to approach, have conversation and support those with higher concerns relating to early stages of anxiety and depression. Diagnosis of autistic spectrum can be multifactorial but this sits in health services. It was confirmed that the CCG as commissioners are aware of the issues and working to provide solutions.

Members heard that SWLSTG used to receive 7 referrals a week and over the course of a year this has increased to 30 a week. The Medical Director confirmed that the Trust is in discussion with commissioners about how to manage this and that there will be no change to the service in the next 12 months. The objective is to match increasing demand with appropriate care. He added that discussions took place at the Trust Board earlier in the day and a number of mothers attended to seek reassurance.

Members heard that mental health first aid in schools follows a national model and public health has trained up a number of teaching staff and volunteers who cascade to others. The model is running in the borough's secondary schools.

Members heard that the JHWBS is likely to focus more on inequalities from 2018 onwards when budgets tighten.

RESOLVED that:

1. The Joint Health and Wellbeing Strategy and actions plans are shared with wider partners to raise awareness of the priorities for improving health and wellbeing in Kingston; and
2. Progress reports be brought to the Board twice a year with the first report being submitted in November 2017.

Voting: Unanimously in favour

9. DEMENTIA STRATEGY UPDATE

Appendix D

The five year Dementia Strategy was approved in 2015 and the report outlined the progress with implementing the strategy. The Strategy, Dementia Action Alliance Action Plan and the strategic objectives were presented at annexes 1, 2 and 3.

Estimates of the numbers of people in Kingston with dementia currently and in 2027 are 1,500 and 2,100 respectively and the costs of meeting the needs of people with dementia are increasing. It is estimated that the current cost of providing health services for 1,500 people with dementia is more than £9m pa and additional social care costs of £19m. However, 65% of residential and 40% of community based social care costs are met by the users themselves. The total combined costs to health and social care are £18m pa.

The report set out details about progress made with raising understanding of the condition and developing a dementia friendly Kingston. Members heard that the Dementia Action Alliance (DAA) has undertaken 19 training sessions for dementia friends and 90 people have completed the course. A key objective is to raise community awareness especially with younger people and support intergenerational approaches. It was involved in Carers week and continues to work with GP surgeries, SWLSTG for people with high levels of need and people discharged from

15 JUNE 2017

Kingston Hospital. DAA organisation is seeking formal recognition by the Alzheimer's Society.

Other steps include the development of a comprehensive directory of all dementia services in the Borough and a Dementia week was held in May plus a range of Council approaches in its various departments such as sports and leisure.

In regard to diagnosis of dementia by GPs the national target is 66.7%. Kingston is currently achieving 59.1% and is amongst the lowest in the country. An action plan has been submitted to NHS England about further steps which are being taken. Members heard that the calculation methodology for the current and future years has changed and this has reduced Kingston's performance by 4.7%. Members heard that if the action plan is followed and the diagnosis rate does not increase this could signify that prevalence in Kingston is in fact lower.

RESOLVED that:

1. The Kingston Dementia Action Alliance Action plan as set out at Annex 2 is endorsed; and
2. A further report on progress is submitted to the Board meeting in January 2018.

Voting: Unanimously in favour

10. BETTER CARE FUND PLAN 2016/17 QUARTERLY REPORT & Appendix E 2017-19 ARRANGEMENTS

The Board was asked to review the Quarter 4 progress report on the delivery of the Better Care Fund Plan for 2016/17. Due to presentation difficulties much of the detail is only available on Annex 1 on line.

Kingston CCG received confirmation that the Better Care Fund Plan received approval on 26 October 2016. In Kingston the Better Care Fund Plan continues to have Kingston Coordinated Care programme at its heart. The Q4 report differs little from the earlier Q3 submission. Kingston is on track to meet the BCF financial metrics and now meets all of the national conditions; use of the NHS number as the consistent identifier for health and social care was the final condition to be achieved.

Members heard that the final guidance for 2017/18 is expected imminently and was delayed due to the election purdah. The key messages for 2017/18 are the announcement of extra money to support further integration of health and social care by 2020. Draft guidance templates are being issued to develop BCF and the NHS contribution to Adult Social Care has to be maintained in line with inflation.

The Managing Director of Kingston and Richmond CCGs confirmed that a meeting had taken place with Kingston's Director of Adult Social Care earlier in the day to consider updates to the plan. The revised plan will be brought back to the Board.

In response to a question about discharge from hospital where a person’s needs are complex, it was confirmed that they were discharged with a package of care which included reablement. Your Healthcare confirmed that it successfully deals with 80-100 people a month. Assessment for a long term placement would then follow if required.

RESOLVED that: the Better Care Fund 2016/17 Q4 report is approved.

Voting: Unanimously in favour

11. APPOINTMENTS TO OUTSIDE BODIES

Appendix F

The Board was requested to consider the appointment of representatives to five outside bodies associated with the committee’s remit.

RESOLVED that: the following appointments are made:

Kingston Hospital NHS FoundationTrust’s Council of Governors (term three years) – (2)
Councillor Ken Smith and Councillor Margaret Thompson

South West London and St George’s NHS Mental Health Trust’s Council of Governors (term three years) – (1) - Councillor Chris Hayes

South West London Sustainability and Transformation Plan Leadership Group (term 2017/17 Municipal Year) (1) – Councillor Kevin Davis

Kingston Primary Care Commissioning Board (term 2017/17 Municipal Year) (1) – Councillor Cathy Roberts

London Health and Wellbeing Chairs’ Board (term 2017/17 Municipal Year) (1) – Councillor Kevin Davis

Voting: Unanimously in favour

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