

Health Overview Panel

13 July 2017

Update on key roles, drivers and changes for Kingston health and social care partners

Report by Head of Corporate Governance

Purpose

To provide an up to date summary on the key drivers and changes for Kingston health and social care partners.

Recommendations

The Panel is requested to note the report and ask any questions they may have.

This report is formed of submissions from the following local health and social care partners:

- A. Kingston Clinical Commissioning Group - page 1
- B. GP Chambers – page 7
- C. Kingston Hospital NHS Foundation Trust – page 11
- D. South West London and St George’s NHS Mental Health Trust – page 12
- E. Healthwatch Kingston – page 18
- F. Your Healthcare – see Annex 1
- G. Adult Social Care – Kingston Co-ordinated Care – see Annex 2

A. Kingston Clinical Commissioning Group

Overall commissioning arrangements for health care – eg community, hospital and primary care – GPs, Dentists, Opticians, pharmacies; top level budgets for these main area

Kingston Clinical Commissioning Group is the organisation responsible for commissioning (or planning, buying, and ensuring the quality of) healthcare services in Kingston including hospital care, rehabilitation, urgent and emergency care, and most community health services, including mental health and learning disabilities. We commission for the 204,510 people registered with our twenty-two GP practices, using an annual budget of about £248million.

The CCG does not commission dentists, optician or pharmacy – all of whom are commissioned by NHS England.

Kingston CCG spent £248.436m in 2016/17. £126m was spent on hospital services for the Kingston population, in local hospitals

- £126m was spend on hospital services for the Kingston population, in local hospitals and around the country.
- £22m was spent on mental health services and care for people with learning disabilities. This care is provided in hospitals and in the community by a range of professionals
- £18m related to continuing healthcare, for people with long-term conditions and for older people
- £21m was spent on community services. These services include community and district nurses and other community healthcare professionals, as well as services provided at Tolworth Hospital
- £21m of expenditure related to prescribing i.e. the costs of drugs prescribed by local GPs,
- £25.6m was spent against GP primary care budgets that were delegated to the CCG from NHS England in April 2016. A further £5m was invested in primary care services in 2016/17.
- £6m was spent on small scale local services, including integrated services as part of the Better Care Fund
- £4.2m of resources were spent on CCG running costs and management costs

Arrangement with Richmond CCG

From April 1st 2017 Kingston CCG began working much more closely with our colleagues in Richmond CCG. Kingston and Richmond CCGs remain accountable to their own local populations and retain their own governing bodies and membership, but there is now one senior management structure across the two CCGs, producing economies of scale and a more consistent approach to service for our patients.

Furthermore, from April 2017 Kingston and Richmond CCGs also began working as part of the South West London Alliance, with one accountable officer across five CCGs, Richmond and Kingston, Merton and Wandsworth this year (2017/18) and with Sutton CCG in 2018/19. This will ensure a more co-ordinated and efficient approach to commissioning in south west London.

Reporting lines

The governing body oversees the day to day operations of the CCG through the chief officer and a senior executive management team; this includes the procurement of management support and other matters. The governing body has established:

- The audit committee
- The finance committee
- The integrated governance committee
- The remuneration committee

The audit committee is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the clinical commissioning group's activities that support the achievement of the clinical outcomes.

The work of the audit committee dovetails with that of the integrated governance committee in seeking assurance that robust systems, including clinical quality, are in place. In particular, the committee reviews the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group.
- The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

The finance committee continuously assesses financial and non-financial risks relating to the QIPP plans and ensure the CCG has in place measures and mitigation to manage risk.

It is accountable for overseeing a robust organisation-wide system of financial management. The committee ensures that the finances of the CCG are scrutinised to ensure budgets are set and managed in an appropriate and timely manner. It ensures that the governing body is fully aware of any financial risks which may materialise throughout the year. Another major role is to review the financial strategy of the governing body. It works alongside the audit committee and the integrated governance committee to ensure financial probity in the organisation. The committee has, on behalf of the governing body, an overview of all aspects of finances (including capital spend and cash management), which will involve work relating to commissioning of health services.

The integrated governance committee is accountable for controlling and overseeing a robust organisation-wide system of board assurance. The committee ensures that the CCG is fit for its purpose and operates within a strategic competency framework.

It has, on behalf of the governing body, an overview of the CCG's work in all areas. This includes ensuring the quality and safety of the services the organisation commissions. It is responsible for ensuring an integrated approach to all areas of governance, including corporate, financial and clinical, through specific strategies and programmes of work.

The remuneration committee comprises four members.

Sustainability and Transformation Plan and relationship with the Five Year Forward View

South West London Five Year Forward Plan

Following publication of the NHS Five Year Forward View, each NHS region in England was required to publish a Sustainability and Transformation Plan (STP) for the next five years. These plans are intended to meet the clinical, staffing and financial challenges

facing the NHS by coming up with a long term plan to ensure that services are safe, **high** quality and sustainable. Our STP – the South West London Five Year Forward Plan – covers the boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

It is the product of unprecedented collaboration between all parts of the local NHS - hospital consultants, doctors, nurses, therapists, hospitals, mental health trusts, pharmacists and commissioners – working with our colleagues in local councils.

There are a number of challenges the NHS needs to address, including increased demand for health services due to an ageing population, quality of care, getting the right staff and the state of some of our buildings.

What does the STP propose?

The STP is not a detailed blueprint for the next five years. At this stage, it is a draft document containing a number of ideas and proposals, which are at different stages of development. Taken together, we think they will lead to a number of improvements for patients.

These include:

- **It will be easier to see a GP.** We are investing in primary care services. We want to make more appointments available between 8am and 8pm and to free up GP time by making better use of other clinicians such as nurses and pharmacists. Our GPs are already working together in local federations and will be able to play a bigger role in coordinating their patients' care.
- **More care will be available in the community.** We are setting up 'locality teams' in each area to work together in supporting patients. These teams will be made up of your local GPs, nurses, pharmacists, social care staff, mental health and other health professionals, working closely with local hospitals. They will support people to look after themselves and stay well.
- **It will be easier to get treatment in your local health centre, at a local clinic or at home,** as we will be putting more resources into local communities. You will get better advice and support to look after yourself and your loved ones. NHS and social care staff will work together to support you. We will be launching an improved 111 telephone helpline to provide medical advice and guide you to the right local service. We will make more use of smartphone apps, Skype calls and telephone advice for those who need health advice but don't need to visit their GP.
- **We will support patients who have long-term conditions** like diabetes, dementia, asthma or a heart condition and their carers – helping them to understand and monitor their condition and when and where they should seek help. 'Care navigators' will increasingly support you to find your way around the system and make sure you only have to provide the same information once. We will run public health campaigns across south west London, helping people to live healthier lives.
- **Your mental and physical health will be treated together.** We know that mental and physical health are closely linked but are too often treated

separately. A key part of our plan is to join up mental and physical health services. People with mental health problems can also expect to be helped sooner, before their condition gets worse and they end up in crisis at A&E or admitted to a mental health hospital when they do not need to be.

- By reducing the need for so many people to go to hospital and developing clinical networks between hospitals and other services, we will be able to deliver high quality hospital care more quickly for those who need it.
- Buildings where health services are delivered will be safer for patients and suitable for 21st century healthcare.

As a first step, Local Transformation Boards in each area (Croydon, Sutton, Merton/Wandsworth and Richmond/Kingston) are developing local clinical models for their area - how many community hubs we need, what services we can provide in the community and what each services each of the hospitals should offer?

This local work will identify those services that cut across the four sub-regions and need to be considered at south west London level. Out of this, we will arrive at a model of care for the SWL region which is based on each area's needs, rather than trying to come up with a south west London 'top down' solution.

Our performance – performance analysis

Accident & Emergency – Whilst the 95% target was not achieved, Kingston Hospital achieved 90.1% against the national standard, and achieved the standard in April 2016.

Cancer – All cancer waiting time targets have been met.

Referral to treatment – The national 18 weeks waiting time target was met. In addition, 99.6% of people were seen within 6 weeks for a diagnostic test.

IAPT – Ensuring timely access to psychological services (IAPT) for those people with anxiety and depression, achieving the 6 and 18 weeks targets for the whole of 2016/17.

The monthly friends and family test (FFT) surveys show excellent outcomes reported for patients in inpatients, outpatients, community care, A&E and maternity services.

Improve quality - In addition, Kingston CCG has made improvements from the reported position in 2015/16 in the following areas:

- Proportion of admissions to acute mental health wards that are gate-kept by the crisis resolution home treatment service (face to face contacts only)
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional.

Dementia diagnosis and mental health prevention by Kingston GPs

- The proportion of people diagnosed with dementia is not at expected levels, despite a great deal of work with clinical reviewers and practices – performance for the year up to February 2017 was 63.5%. It is expected that the actions put in place at the end of 2016/17 will increase the diagnosis rate to the required level of 66.7% within 2017/18.

- Supporting the IAPT service to increase and meeting the proportion of people accessing treatment in line with the increased expectation within 2017/18, as well as to increase the proportions of older people and BME communities accessing IAPT services.

System Resilience - There has been a great deal of work within Kingston Hospital and around the whole health and social care system to recover the A&E 95% target of arrival to admission, transfer or discharge. This work is on-going, and recovery actions and work to improve performance in 2017/18 and is being managed by the Kingston and Richmond A&E Delivery Board. The A&E Delivery Board is also working to deliver the required reduction in Delayed Transfers of Care locally.

Health screening

Kingston CCG gives the details of screening services and how they work on its website under the Stay Healthy section (also re-produced below). Each page also links to the national information on screening services: www.cancerscreening.nhs.uk

Bowel cancer screening

The NHS Bowel Cancer Screening Programme (BCSP) currently offers screening every two years to men and women aged between 60 and 69 who are registered with a GP. As of April 2010, the bowel cancer screening programme will also be offered to men and women up to 75 years of age who are registered with a GP.

In Kingston we also encourage people over 74 years to access bowel cancer screening.

The aim of the programme is to cut bowel cancer deaths in this age group by 16%, by spotting the disease at an early stage.

GPs are not directly involved in the delivery of the NHS Bowel Cancer Screening Programme. Instead, when eligible patients are due to be screened they will be sent a faecal occult blood test (FOBT) in the post which they can complete and return themselves from home. GPs will be notified when their patients are invited for bowel cancer screening. They will also receive a copy of the results letters sent to their patients.

Breast Cancer Screening

One in nine women will develop breast cancer at some time in their life. Breast cancer is more common in women over 50. Breast screening does not prevent cancer but can help to find small changes in the breast before there are any other signs or symptoms.

Breast screening reduces the risk of women dying from breast cancer and saves an estimated 1,400 lives each year in this country.

All women between 50 and 70 years of age are eligible for a free breast screening test, or mammogram. From 2012 the age at which women will be invited for breast cancer screening will be extended to include women aged 47-49 and 70-73. Women over 70 years of age may request screening.

The NHS Breast Screening Programme invites eligible women who are registered with a GP for breast screening every three years. When eligible women are due to be screened

they will automatically be sent an invitation in the post to attend their local screening centre.

Cervical Cancer Screening

All women between 25 and 64 years of age are eligible for a free cervical screening test. The NHS Cervical Screening Programme now offers screening at different intervals: Every three years for women aged 25-49 and every five years for women aged 50-65.

Around 900 women die of cervical cancer in England each year. However, cervical cancer can often be prevented. The signs that it may develop can be spotted early on so it can be stopped before it even gets started.

Cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix, which is the lower part of the womb (often called the neck of the womb). The purpose of the test is to identify changes in the cells before they become cancerous, therefore preventing cancer from occurring.

Cancer Research UK scientists estimate that up to 4,500 lives will be saved each year in England by cervical screening.

Women who fall in these age groups should be invited by their GP to attend the surgery for their cervical screen, or smear test. If you have not been invited then please contact your GP.

B. Kingston General Practice Chambers Limited (KGPC)

1. Introduction

Kingston General Practice Chambers is a federation of all NHS General Practices (Primary Care) within Kingston upon Thames. It was founded in 2008 as a limited company whose shareholders are all 22 GP Practices within Kingston. The company is led by a Board of Directors who are also GP Partners in their own General Practices within Kingston. Board meetings are held monthly and shareholder (Members) meetings bi-monthly.

The main aims of KGPC are to:

- i. provide the patients of Kingston with access to a range of extended and enhanced clinical services on an equitable basis, regardless of the range of services their own particular surgery is able to offer.
- ii. assist all GP practices within Kingston to provide high quality service, by supporting and co-ordinating development programmes.

(Information below in italics addresses specific issues raised in the brief for this paper)

2. Clinical Services

KGPC has been delivering services successfully since 2010, and there are currently three major service lines:

- i. Kingston Extended Primary Care Service
- ii. Urgent Care
- iii. Specialty Services

For clarity KGPC has responsibility for provision of the services listed above under contract to the CCG. KGPC is NOT responsible for the provision of general medical services within individual GP Practices. This is the responsibility of senior partners within each Practice for which they are accountable to NHS England via the CCG.

- i. Kingston Extended Primary Care Service (commissioned by the CCG)

Staffed by Kingston GPs, and, via a subcontract with “Your Healthcare” Advanced Nurse Practitioners, this service provides extended-hours access to primary care appointments at three sites within Kingston. These are:

- Surbiton Health Centre
- Merritt Health Centre
- Kingston Health Centre

Services can be accessed through the patient’s own GP surgery for week day evenings up to 8pm and via the weekend appointment phone line (see Stay Well in Kingston leaflet) for Saturday and Sunday appointments between 8am and 8pm at Surbiton and 8am - 2pm at the Merritt Centre. Kingston Health Centre opens from 8am to 8pm on Saturday and 8am - 2pm on Sunday. After a patient attends one of these clinics details of the consultation are sent immediately to the patient’s own GP to ensure continuity of care. Quality and safety of the service is paramount and this is overseen by a clinical lead for the service.

Changing demand on GP services will see all Practices within Kingston extending their services into Saturday working from October onwards. The KGPC extended primary care service will continue to provide extra capacity for those wishing to be seen in the evenings and at weekends.

- ii. Urgent Care (commissioned by Kingston Hospital)

This service provides a GP in the A&E department at Kingston Hospital from 9am -11pm, seven days a week. This provision will become part of a new Urgent Care Service which we are jointly developing with Kingston Hospital colleagues which will be fully on-stream later in the year.

- iii. GPs with Specialist Interest services – “GPwSI” (commissioned by CCG)

Member Practices of KGPC have a wealth of *expert clinical knowledge* which has enabled the company to provide community based services and gives the patient the opportunity to be seen locally by highly qualified GPs for the following specialties:

- Diabetes including insulin Initiation hosted at Kingston Health Centre and the Merritt Centre
- Dermatology including minor surgery hosted at Surbiton Health Centre
- Neurology hosted at Surbiton Health Centre
- Urology and Vasectomy hosted at the Merritt Centre and Surbiton Health Centre
- Dementia Support Service hosted at Surbiton Health Centre.

The services are hosted by member practices within Kingston and include rooms, administrative cover and general assistance when the sessions are running. Staff providing the service, and those performing direct patient care, are validated by KGPC directors and by the Kingston Hospital clinical governance leads as suitably qualified, skilled and indemnified. For most of the services clinical governance leadership, continuing education and clinical supervision is provided by consultants from Kingston Hospital in line with clinical governance requirements. Regular meetings are held with both the service clinical staff, service Directors and the appointed practice manager to deal with the routine running and efficiency of the service and to support changes required in response to both clinical and management issues. Services provide pathology services and discharge summaries electronically to the patient's GP.

The CCG is looking to expand the GPwSI service to include musculoskeletal services such as physiotherapy and pain management.

3. Broader support services to all GP Practices

The following support to Kingston General Practices are provided either through successful bidding for central funds (grants) or reinvestment.

i. Education and Training (Grant)

Chambers hosts the Kingston CEPN (Community Education Providers Network) under a contract with Health Education England. One part of the role is to manage funding and provision of non-medical training within primary care. This includes nurses, health professional, managers and administration staff. KGPC administers this grant which covers both pre and post registration training. All practices can bid for courses and are also invited to attend courses made available either within Kingston or elsewhere in South West London. This year Kingston will be hosting a very important Primary Care Nursing Conference in December for all of South West London. Pre-registration placements for Student Nurses interested in becoming Primary Care Nurses are available in some of the Kingston Practices. *Succession management* will be an important focus for Kingston over the next few years as the workforce plan demonstrates that many of Kingston's primary care nurses are near retirement. The CEPN also links workforce development between primary care and other out-of-hospital services, involving in particular Your Healthcare, community pharmacists and adult social care.

ii. Phone Improvement (ETTF Grant)

NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20).

The grant provided to KGPC is being used to replace current telecoms hardware and systems with one that has improved call handling capability at peak times and easier management of recorded patient information. The cost of phone calls (particularly to mobiles) has risen steeply so many of the practices are feeling the impact and this gives them an opportunity to contain costs and improve overall efficiency.

iii. EMIS (ETTF and reinvestment)

EMIS is a Primary Care administration system which all Kingston practices now use to provide uniformity and ease of access. All speciality services (GPwSI) are also available to GPs on the EMIS system. The next stage is to introduce Practices to the systems audit tool and resource files including referral protocols and documentation which will assist in both improving clinical services and improved consistency. ensuring ongoing financial viability.

Sharing Information: Information can be shared confidentially between the Practices, the GPwSI services and the Extended Hours Service via EMIS.

(KGPC is also part of the system-wide Kingston Care Record programme through which a confidential electronic record of both health and in time social care information can be shared between medical, nursing and social work staff across organisations in Kingston to support patient care.)

iv. Co-ordinated care (reinvestment)

After the publication of the STP last year and with increasing pressures on A&E services, hospital beds and adult social care services and budgets, there is renewed emphasis on the need for health and care providers to work together to provide new ways of working in people's homes and local communities. There are several initiatives around the integration of care provision in which KGPC is involved, but as a small organisation with limited resources it is becoming increasingly difficult to be fully involved in everything. Below are some of the joint-working initiatives in which KGPC is involved, with KGPC Board GPs and general manager representing Kingston's primary care providers:

- Kingston Co-ordinated Care – clinical and managerial participation for the past 2 years to ensure primary care is at the heart of future arrangements and provide support for the primary care development parts of the work e.g. currently the establishment of more consistent and comprehensive multidisciplinary team working in all practices, involving professionals from other local organisations on a regular basis. Practices use a risk stratification tool to highlight those patients who are at risk of unplanned use of services (e.g. A&E attendance / admission)

- Local Transformation Board – the commissioner led programme to develop and implement the Kingston and Richmond components of the SW London STP
- Integrated Provider Delivery Group – this group is enabling coordinated provider action to deliver the STP requirements locally
- SW London GP Federations – a regular group, semi-formally constituted, pursuing opportunities across the SW London area for all GP Federations, linking into the SW London STP process. Examples of current workstreams include hub working for long term conditions and specialist outreach, intermediate care provision, social prescribing.
- Accountable Care Systems – recently initiated multi-agency work which may offer an overarching approach for joint working across and between commissioners and providers.
- At Chambers bi-monthly Members Meeting with all practices feed-back is given on the above initiatives, specifically outlining the impact on primary care provision and changes, and seeking a steer from our members which we can feed back in to the processes.

4. Future plans

Over the last ten years KGPC has grown from being a small independent provider to being one of the key players within the Borough in healthcare provision. During that time we have demonstrated the ability to respond rapidly e.g. in providing evening and weekend primary care services, and we have continued to demonstrate the capability to provide quality, cost effective enhanced services. We are aiming to continue to grow as we are increasingly recognised as the provider of choice for extended, enhanced and urgent GP services. We also expect an increasing role as we support, reinforce and develop the position of general practice as the core building block for an increasing range of jointly-provided services. There is a continuing challenge for us as a comparatively small organisation to maintain active participation in the plethora of initiatives being pursued locally, but we will continue to do our best with limited resources.

C. Kingston Hospital NHS Foundation Trust

Overview

Kingston Hospital NHS Foundation Trust is a single site, medium sized Hospital, located within Kingston-Upon-Thames in South West London. The Trust provides services to approximately 350,000 people locally on behalf of its main commissioners, including Kingston, Richmond, Wandsworth, Merton and Sutton Clinical Commissioning Groups (CCGs) in South West London and Surrey Downs CCG (East Elmbridge locality) in Surrey.

The Trust provides a range of services to its catchment area, including:

- A full Emergency service
- Elective and Emergency services in Surgery and Medicine
- Women's and Children's services
- Therapies, Diagnostics and Pharmacy services

The Trust has some 520 beds and directly employs around 2,900 whole time equivalent staff, with another 300 staff employed by contractors working on behalf of the Trust, and approximately 600 volunteers. Last year the Trust saw over 113,437 patients in A&E, undertook 388,747 outpatient appointments and cared for 71,898 admitted patients (this included Maternity admissions). The Trust's maternity unit delivered 5,800 babies.

As well as delivering services from the main hospital base on Galsworthy Road, the Trust delivers ambulatory services at a range of community locations in partnership with GPs and community providers. The Trust's clinicians provide and/or support care in outpatient and day surgery facilities at a number of community locations.

The Trust has strong links with tertiary and specialist hospitals, particularly St George's University Hospitals NHS Foundation Trust and The Royal Marsden Hospital NHS Foundation Trust who jointly provide cancer services on the Kingston Hospital site in the Sir William Rous Unit. The Trust has close links with Kingston University and St George's Medical School, London Southbank University, and jointly runs the Elective Orthopaedic Centre at Epsom Hospital in partnership with St George's University Hospitals NHS Foundation Trust, Croydon Health Services NHS Trust and Epsom and St Helier University Hospitals.

The Trust operates in a complex external environment and is actively involved across a range of strategic collaborations. The Trust is a member of the Local Transformation Board, working collaboratively with partners to deliver the SW London Sustainability and Transformation Plan. Alongside this the Trust is working closely with health and social care partners locally in Kingston, and Richmond to deliver the sub-regional Sustainability and Transformation Plan, focusing on the proactive and preventative care agenda to support the avoidance of hospital attendances and admissions. The Trust is also a member of the West London Cancer Vanguard, working towards forming an Accountable Clinical Network for Cancer.

NHS Trust Reporting

As an NHS Foundation Trust, Kingston Hospital is accountable to its local communities through their members and governors, their commissioners through contracts, Parliament, the Care Quality Commission and NHS Improvement.

Current challenges

The challenges facing the Trust are set against a context of financial constraint across the NHS provider sector, a background of increasing demand for access to services and plans to deliver the implementation of the national Five Year Forward View.

In common with many NHS Providers in London and the South the Trust experiences considerable challenge in attracting and retaining people in some key staff groups with a consequent reliance on bank and agency staff to ensure that safe staffing levels are consistently provided across all areas of patient care. The Trusts approach to tackling the workforce challenges is underpinned by a revised Workforce Strategy with a focus on developing the Trust as an Employer of Choice in the local health economy, which

includes a programme of strategic recruitment, implementing an integrated learning, development and leadership programme and a range of health and wellbeing initiatives.

The Trust scored in the top 20% of all acute Trusts for 13 key areas in the 2016 National Staff Survey and has seen significant improvements and positive results in 55 areas, demonstrating the positive impact the Workforce Strategy is already having. One of the standout findings of the survey was the high percentage of staff recommending the organisation as a good place to work or receive treatment.

As a Trust the impact of Brexit on staff is a concern, given that 14% of staff are from the European Community. The Trust has established a Brexit Support Group for staff concerned about what it may mean for them. The group meets regularly and is in dialogue with MPs ensuring the views and concerns of staff are known and can be taken into consideration as part of the negotiations.

From an operational perspective the challenge remains to consistently meet the 4 hour A&E access standard. The Trust through the A&E Delivery Board is working collaboratively with commissioners and provider partners in primary and community care and social care to implement a range of new initiatives to support the achievement of this target, including Kingston and Richmond both running GP Hubs offering out of hours GP appointments weekdays and weekends.

CQC

The Trust was inspected by the CQC in January 2016, and was rated 'Requires Improvement' overall. The hospital was rated as 'Good' for Caring and End of Life Care was rated as 'Outstanding' for Caring. Five of the eight services inspected received an overall rating of 'Good'. The CQC identified actions the Trust must take to improve quality and action plans are in place to address the 'must do' and 'should do' actions. The Trust will complete a process of self-assessment during 2017 to provide assurance that actions are embedded and services are compliant with standards.

The Kingston Health Overview Panel has previously received a report on the results of the CQC inspection and actions plan to address areas for improvement.

D. South West London and St George's NHS Mental Health Trust

Overview

1. We are the leading provider of mental health services across south west London serving 1.1 million people in the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. We are also a centre of excellence for many of our national mental health services.
2. The Trust has specialist forensic, CAMHS, working age adult, older adult wards, deaf and OCD wards. We provide community and outpatient services in each of the

boroughs we serve and provide many national services such as those for people with eating disorders and OCD as well as national deaf services.

Estates Modernisation

3. The Estate Modernisation Programme (EMP) is an exciting project which will revolutionise the way mental health services are delivered in south west London for generations to come and will also provide new facilities for our local community.
4. The programme will be entirely self-funded through selling surplus land no longer needed for our services. We will be investing £160 million which will deliver:-
 - **Two new campuses with 1st class in-patient facilities at Springfield and Tolworth**
 - **A 32 acre public park**
 - **Extensive community healthcare**
 - **Brand new homes in Tooting**
 - **Over £5 million for new transport facilities**

Current status of the programme

5. In order to ensure the programme is completed as soon as possible the entire estate will be developed by one 'Master Developer'. The Trust has a three stage process to ensure the right development partner is selected to deliver the whole of the programme. This involved selecting a 'long list' of development partners, evaluating their bids, before agreeing a set of three to move onto the 'short list' stage.
6. The Trust recently announced the short list of preferred development partners to move onto the next stage of the selection process. These partners are:
 - Macquarie Corporate Holdings Pty Ltd & Kier Construction Ltd
 - Notting Hill Housing Trust & MACE Ltd
 - STEP (Kajima Partnerships and Sir Robert McAlpine Capital Ventures Ltd)
7. The final stage will be to continue dialogue with the three development partners listed above before choosing the preferred partner in Autumn 2017. The selection of the preferred development partner is subject to approval by our Finance & Investment Committee and our Trust Board.
8. Following this we will write a Full Business Case which is presented to NHS Improvement, the Department of Health and the Treasury for approval.

Tolworth Hospital

9. Building work is anticipated to begin at our Tolworth Hospital site in 2020. The site will deliver the following services:

3 working age adult wards

2 older adult wards
1 OCD/BDD specialist ward
2 specialist CAMHS wards (Deaf & ED)
1 CAMHS acute ward
1 CAMHS psychiatric intensive care unit

10. The estates modernisation programme has been developed around increasing inpatient standards to provide:
- Access to outside space
 - Separate accommodation for men and women with appropriate standards of dignity
 - A smaller number of beds in each ward
 - At least 3 mental health wards on each site to ensure cross cover for emergencies
 - Staff with the ability to monitor and observe patients by 'line of sight' and to support appropriate levels of staff cover

Service Line Management

11. The Trust has now moved into a new service line management (SLM) structure. The new structure began on Monday 3 April.
12. Prior to moving into SLM the Trust worked with a number of other mental health trusts across the country and we believe this new management will universally improve the quality of care our patients receive. The structure, which moves the organisation from a borough focus, to a service line focus, will enable our clinicians to take the lead on service developments and drive improvements in patient care. Services will therefore be delivered in a consistent way which benefit our patients and help us to be more effective and efficient.
13. The principle objectives we aim to deliver through SLM are:
- 1) **Leadership by clinicians:** driving improvement to patient care
 - 2) **Quality-focused healthcare:** delivering better services for every patient
 - 3) **Greater efficiency and productivity:** guaranteeing good value for money
 - 4) **Devolved decision-making:** judgements made by our best health professionals
14. The organisation is now managed by a new senior leadership team in five services lines which are named:
- Acute and Urgent Care
 - Cognition and Mental Health in Ageing
 - Community
 - Forensic, Specialist and National

- Child and Adolescent Mental Health

15. The Trust is committed to ensuring strong links are still maintained at a borough level and have therefore been working with external stakeholders to ensure they are aware of their new links.
16. Our Community Directorate will act as a key contact for our boroughs and includes specific borough aligned staff including our Associate Clinical Director and our Clinical Manager for Kingston and Richmond.
17. Key contacts for Kingston

Executive Lead, Interim Medical Director – Dr Mark Potter

mark.potter@swlstg-tr.nhs.uk

Clinical Director, Community Directorate – Dr Stuart Adams

stuart.adams@swlstg-tr.nhs.uk

Associate Clinical Director for Kingston – Dr Martin Humphrey

martin.humphrey@swlstg-tr.nhs.uk

Head of Service Delivery, Community Directorate – Gillian Moore

Gillian.moore@swlstg-tr.nhs.uk

Clinical Manager for Kingston and Richmond – Richard Dalton

richard.dalton@swlstg-tr.nhs.uk

CQC inspection

18. The Trust received a full Chief Inspector of Hospitals (CIH) inspection in March 2016. A summary chronology of the inspection and production of the action plans are set out below:

14 October 2015	Trust notified of inspection
14-18 March 2016	Inspection week
4 May 2016	High level feedback received
19 May 2016	Draft reports received for factual accuracy checking
3 June 2016	Trust submitted factual accuracy corrections
16 June 2016	Reports published
7 July 2016	Quality improvement plan presented to Trust Board for approval
25 July 2016	Quality Improvement plan sent to CQC

27 July 2016	Quality Summit
27/28 September 2016	Focused re-inspection
17 November 2016	Results of re-inspection draft reports issued to Trust for factual accuracy. Resulted in re-rating of the organisation to 'Good'.
30 th November 2016	Revised CQC reports published

19. Returning to carry out a follow up inspection in September, the Inspectors said that they were impressed by the improvements that were evident in the Trust's supervision, administrative and medicines management processes and they were now confident that eight out of the ten core services were rated as 'Good' and the Trust now rates as 'Good' overall for well led, caring, effective and responsive.
20. The report highlights several areas of good practice, including:
- The caring staff across all services: *'staff were enthusiastic, passionate and demonstrated a clear commitment to their work. Care was delivered by hard-working, caring and compassionate staff'*.
 - Positive developments made in acute inpatient services, community learning disability services, child adolescent and mental health services.
 - *'Young people and their families were treated as partners in their care'* and stated that *'staff treated young people and their families with kindness, dignity and respect'*
 - The Trust's record of challenging stigma and discrimination saying that *'excellent work is taking place with local communities to break down the stigma associated with mental illness'* and make services more accessible.

Challenges and improvements

Improvements at Lilacs ward

21. Lilacs ward is a 23-bed mixed gender, adult acute mental health ward. It provides assessment and treatment for individuals experiencing mental health conditions such as schizophrenia, depression, anxiety. It serves Kingston borough, and is under the Acute Service Line. The service aims to provide assessments of patients mental health needs and develop a plan of the care and support they will receive. Patients are also allocated one named person whilst on the ward, who coordinates their care and support. Following a lack of positive feedback regarding the ward and several complaints the Trust has sought to make improvements. A substantive consultant is now in post and team morale is improving. The Trust is also assessing how to involve carers more in discharge planning from the ward.

Reducing delayed transfers of care

22. A 'delayed transfer of care' occurs when an adult inpatient in hospital (children are excluded from this definition) is ready to go home or move to a less acute stage of care but is prevented from doing so. Delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients. The Trust is seeking to ensure a more consistent Delayed Transfer of Care process and has set itself a target of 2.5%. In order to overcome this the Trust is currently in negotiations to establish a Hospital Discharge Team who will be responsible for ensuring a smooth transition from inpatient care back to community care.

Kingston Coordinated care

23. The Kingston Coordinated Care programme is a system wide response to this context, led by the Council and the CCG and supported by statutory, voluntary and community providers of services. The Trust's Cognition and Mental Health in Ageing Service Line are working to align KCC with the overall Mental Health programme including the dementia strategy.

E. Healthwatch Kingston

24. Underpinned by its statutory basis, Healthwatch Kingston continues to provide a critical friend role to health and social care commissioners and providers alike. Following the Council's recent re-tendering process the existing organisation and board will provide ongoing continuity and build on its substantial experience and reputation of delivering a service that will meet the needs of consumers of health and social care and hopefully represent their interests well. With a team of 2.8 FTE staff, Healthwatch will continue to have an active presence in a wide range of forums across Kingston, in particular facilitating public consultation and dialogue about key policy and practice developments such as Choosing Wisely and Sustainability and Transformation Plans (STP).
25. Of note in 2016/17 have been four key achievements:
- The completion of a major survey of children and young people across Richmond and Kingston to gather their views about children's mental health services and what could be improved for submission to commissioners
 - The co-production of the new Kingston Mental Health Strategy where Healthwatch played a pivotal role in enabling a wide range of stakeholders to put forward their ideas and from this construct a forward thinking and service user focussed strategy
 - The completion of a home care consumer survey to help commissioners shape this element of the new model of adult social care
 - A survey of outpatient appointment communications at Kingston Hospital in response to consumer concerns identified by Healthwatch, with observations about how practice can be improved delivered to the hospital for their consideration

26. Healthwatch's key methodologies remain the Enter and View process, on line and face to face interview surveys, grass roots meetings with particular groups especially those who feel marginalised, and arranging an eclectic series of events that enable health and social care personnel to engage with a wide range of consumers to learn about their issues and concerns in a changing landscape. We actively involve volunteers in our work, without whom, we could not deliver our agenda.
27. In 2017/18 our priorities will relate to embedding the Mental Health Strategy, monitoring Adult Social Care policy and practice developments, refreshing our pattern of engagement with children and young people, and facilitating constructive conversations about the local impact of national policy developments such as Choosing Wisely and the STP programme.

F. Your Healthcare – see Annex 1

G. Adult Social Care – Kingston Continuing Care – see Annex 2

Useful Links:

Kingston Clinical Commissioning Group - <http://www.kingstonccg.nhs.uk/>

Kingston Hospital NHS Foundation Trust - <https://www.kingstonhospital.nhs.uk/>

South West London and St George's Mental Health Trust - <http://www.swlstg-tr.nhs.uk/>

Your Healthcare - <http://www.yourhealthcare.org/>

Adult Social Care (RBK) - https://www.kingston.gov.uk/info/200181/adult_social_care

Public Health (RBK) - https://www.kingston.gov.uk/health_and_wellbeing

Healthwatch Kingston - <http://www.healthwatchkingstonuponthames.org.uk>