THE ROYAL BOROUGH OF KINGSTON UPON THAMES

KINGSTON HEALTH OVERVIEW AND SCRUTINY PANEL

ANNUAL REPORT 2017-18

Foreword by Councillor Rowena Bass, Health Overview Panel Chair, 2017-18

I am pleased to introduce this annual report as Chair of the Panel for last year. Health Overview and Scrutiny committees are obliged to produce an annual report on their work.

Some of the areas we considered in 2017/18 in detail, are summarised in this report and should serve as a useful introduction to health and social care areas for the new membership of the Panel following the local elections in May 2018, notably:

- Key roles, drivers and changes for Kingston's health and social care
- GP Services in Kingston
- Adult Mental health and progress with the Suicide Prevention and Self Harm Plans
- Progress with Locality and Wellbeing Teams

With limited panel meetings it was important to prioritise the items we considered during the year. We identified key areas to review with the help of our partner organisations, officers, concerns raised by members of the public and also requests from Panel members. The Panel set up a working group to further brainstorm and devise a comprehensive work programme to cover two years and then to meet before each Panel to establish the key areas for review for each main item due to come to the Panel. I would particularly like to thank my Vice Chair Cllr Netley, Grahame Snelling & Stephen Bitti from Kingston Healthwatch and Kate Dudley as representatives of the voluntary sector, for their commitment and invaluable contributions to the working group.

One of the statutory functions of Health Scrutiny is to consider formal health consultations, and at the request of the Panel we considered the engagement outcomes on the CCG's Choosing Wisely Programme. The Panel is also required to consider any matter referred to by Healthwatch under the Social Care Act 2012. I am pleased that Healthwatch used this process to request a provision of services for Emotionally Unstable Personality Disorder – this was covered at our March Panel and is due to come back to the Panel later this year.

We also held an additional meeting in February to cover New Blue Badge Parking Arrangements at Kingston Hospital, and Draft Pharmaceutical Needs Assessment. As Chair I also met with hospital directors and myself and Cllr Thompson attended the hospital's reference group set up to consider the charges. The review is currently underway with representatives from the Royal Borough of Kingston's Health Overview Panel, Blue Badge Holders, Kingston and Richmond's Healthwatches and Governors of

the Trust and chaired by a Non-Executive Director. I am delighted to report that as a result Kingston Hospital Trust have now paused all charges for blue badge holders.

We have continued to respond to questions from members of the public and responses are included in the minutes to each meeting. One question related to the future of community beds at Tolworth Hospital – as a result we reviewed this matter in depth last October.

The Chair and Vice-chair of the Panel have participated in the SWL Joint Health Overview and Scrutiny Committee which is currently considering the South West London Sustainability and Transformation Plan and how this will re-shape health services in South West London.

I would like to take this opportunity to thank all of our partners from Adult Social Care, Primary care, South West London & St George's Mental Health Trust, Kingston Hospital NHS Foundation Trust the Clinical Commissioning Group, for their co-operation and contributions to the work of the Panel. We also thank all members who served on the Panel during 2017/18 and for the contributions made by our advisory members: Kate Dudley, Kingston Carers Network, Grahame Snelling and Stephen Bitti, from Kingston Healthwatch, and Dr Jane D'Souza, GP Advisory Member plus Stephen Taylor, Director, Adult Social Care and Iona Lidington, Director of Public Health who have provided valuable professional support to the Panel during the past year.

Whilst the report summarises the areas covered, fuller details can be found by exploring our minutes and agendas on Kingston's website via the link below
https://moderngov.kingston.gov.uk/ieListMeetings.aspx?Act=later&CId=233&D=201609281930&MD=ielistmeetings

Councillor Rowena Bass, 12 June 2018

What we did in 2017/18 at a glance:

1. HEALTH SCRUTINY – what it is

Councils with social care functions can hold all providers and commissioners of publicly funded health and social care to account for the quality of their services through powers to obtain information, request attendance at committee, ask questions in public and make recommendations for improvements which then need to be considered by the relevant health body. Health and Social Care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are also included within the remit. Where proposals for major changes to health services are not considered to be in the interests of local health service provision, as a last resort these can be referred to the Secretary of State for determination. Health scrutiny also has a valuable pro-active role in helping to understand communities and tackle health inequalities.

2. JULY MEETING

2.1 Key roles, drivers and changes for Kingston's health and social care

Our first meeting was introductory and we invited a number of health, public health and social care partners to outline their current roles in providing services. Partners included the Kingston Clinical Commissioning Group (CCG), GP Chambers, Kingston Hospital, South West London and St George's Mental Health Trust and Your Healthcare.

Tonia Michaelides, Managing Director Kingston CCG (which commissions health services) explained the new shared operating model which is working across the six CCG areas in South West London – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. This group of GGCs forms the area of the South West London Sustainability and Transformation Partnership (STP). STPs have been introduced across England to take forward the NHS 5 Year Forward View. CCGs are also working in smaller paired transformation alliances i.e. Kingston with Richmond and Merton with Wandsworth.

The GP Chambers works with Kingston GPs to provide responsive GP services for the local population. The Panel heard that 90% of the healthcare workload is provided by GPs but with just 10% of the local budget. As well as providing the traditional GP services, GPs who have undergone specific training also provide a range of more specialist services in surgeries and community clinics. Future developments could include undertaking consultations with patients over the phone or via Skype.

Your Healthcare is a provider of community health care and works closely with the Borough's social care services. It provides 35 community beds and we looked in more detail at this in October. Adult Social Care is taking forward new approaches to providing care and aims to maximise people's independence and self-care for as long as possible. Later in the year the Panel looked in depth at Locality and Wellbeing teams which form a key part of the new approach. The Council has taken the decision to build a new 80 bed dementia care home.

Kingston Hospital is a district general hospital which provides local inpatient, outpatient and A&E services for Kingston, a large area of Richmond and some parts of Surrey. The Panel has previously considered the Care Quality Commission Inspection report. Current

challenges for the hospital are workforce and the impact of Brexit and the hospital's budget.

South West London and St George's Mental Health Trust provides inpatient, outpatient and community services for people in 5 of the 6 south west London boroughs who have mental health problems. The hospital at Tolworth is being re-developed to provide a modern and effective facility for mental health care. Mental health support for more mild conditions is provided in primary mental health services by Camden and Islington NHS foundation Trust via the improving access to psychological therapies service and GPs are also able to provide support and care.

3. OCTOBER MEETING

3.1 GP Services in Kingston

The Panel considered a comprehensive report by the Director of Primary Care and Planning, Kingston and Richmond CCGs. GPs are independent contractors and operate as small businesses. There are 22 GP practices in Kingston CCG (including one which is located in Merton) and 3 practices have branch surgeries. There are two types of contractual arrangements - General Medical Services (GMS) or Primary Medical Services (PMS) contracts and the split in Kingston is 50:50 which unusual compared to other areas. All surgeries provide essential GMS services, but the PMS practices provide additional services e.g. childhood immunisation, cervical cytology, mental health, obesity etc. All practices can opt in to provide locally commissioned services (funded locally) eg leg ulcer care, COPD (chronic obstructive pulmonary disease), diabetes, sexual health, substance misuse etc. Practices can also choose to provide National Enhanced Services which include extended hours, minor surgery, and learning disability.

Three locations, known as "hubs", at Surbiton Health Centre, Kingston Health Centre and Merritt Health Centre, provide access to GP and/or nurse appointments 8am – 8pm 7 days a week and offer same day appointments. Out of hours services, are provided by a partnership of Vocare and SELDOC. An Urgent Treatment Centre (URT) i.e. a community and primary care facility providing access to urgent care and led by GPs - is being developed at the front end of Kingston Hospital's A&E.

The Panel heard that a number of surgeries do offer extended hours in the area and extended hours is primarily aimed at working age people and children. Older people generally attend their GP on weekdays during the day. The three hubs are situated as strategically as possible for optimising travel links.

In Kingston the CCG is progressing a strategy of integrated care from primary to community to acute and also a consistent offer from each GP practice involving a single locally tailored contract for GPs – Kingston Medical Services (KMS). This builds on the Government's Five Year Forward View for General Practice and aims to equalise resources on a phased basis between the two types of GP practices GMS and PMS and the changes will also be phased.

Members asked a range of questions including how to secure additional resources, approach to missed appointments, GP recruitment, and noted that care and support can

be provided by nurses, pharmacists and the new/wellbeing Teams which we looked at later at the March meeting.

3.2 Community beds at Tolworth Hospital

The Panel looked at this area as questions were raised by a member of the public at the previous meeting about the proposal to relocate 35 community beds operated by Your Healthcare from the Cedars Unit at Tolworth Hospital.

Beds are being relocated because the Tolworth hospital site (part of South West London and St George's Mental Health Trust) is being redeveloped for new mental health facilities and the community beds need to be relocated in April 2018. 25 of the 35 community beds will be re-provided temporarily at Teddington Memorial Hospital and additional enhanced provision will be introduced to support people in their own homes to compensate for the reduction of 10 beds. It was confirmed that a longer term solution for the 35 community beds will be developed in Kingston and the PCSS site in in Ewell Road is being considered.

In response to comments by members the Panel heard that the length of stay in community beds is of the order of 15 to 30 days. Teddington Hospital is already used for some people in Kingston as there are flexible arrangements across Kingston and Richmond to manage the demand and optimise the use of beds. The transition would be as seamless as possible and any patients would be transferred with great care. Consultation is not necessary as the service is continuing but key stakeholders have been involved and are being kept informed of progress.

3.3 South West London Sustainability and Transformation Plan (STP)

Tonia Michaelides, Managing Director of Kingston and Richmond CCGs gave an overview of progress with the SWL STP which was initially published in the autumn of 2016. The SWL STP is one of 44 across England. A refresh of the SW London STP was being undertaken and the strategy document was expected to be available in November. Sarah Blow is the Senior Accountable Officer for the STP and also the Accountable Officer for 4 of the 6 CCGs in South West London.

The initial SWL STP received favourable comment in the King's Fund review of STPs in England earlier in 2017. Assurance was given that all acute hospitals in SWL (Kingston, Epsom St Helier, St George's Healthcare, and Croydon) will be needed in future, but not all will provide the services that they currently provide.

The refreshed document due in November will emphasise the need for local delivery of services and care out of hospital. The emphasis is on keeping people well, out of hospital but also enabling quick access when this is needed. The aim is also to reduce hospital stays and enable recovery at home which is more effective.

Communication and engagement is being taken forward locally in SWL by the four new Transformation Boards – Kingston & Richmond, Sutton, Croydon and Merton & Wandsworth and each area will undertake further engagement to involve people in service planning.

In the event that proposals mean there will be significant change then formal consultation will take place, including with Overview and Scrutiny Committees.

Locally the Kingston and Richmond Transformation Board has been formed to plan local developments. It is currently looking at the development of the health and care model, taking forward the local transformation work plan and considering the development of an accountable care system. The overall aim is to ensure a system which delivers the best possible outcomes within the available resources. Recent areas of work include a refresh of the bed audit, modelling demand, particularly for intermediate care, care homes and end of life care. Work is also underway on wellbeing and preventing mental health problems.

3.4 Choosing Wisely

Last year in March 2017 the Panel, at the request of Kingston CCG, considered the communications and engagement plan for the CCG's Choosing Wisely programme. This was aimed at reducing unnecessary expenditure to enable refocussing of up to £1m resources. The programme proposed to limit prescribing for self-care medications for acute illnesses (such as colds and flu), gluten free products, Vitamin D supplements and baby milks, plus possible changes the delivery of IVF. It also put forward actions to improve patients' readiness for surgery. At the time the Panel made a number of suggestions about engaging with hard to reach groups, young people who may be affected by IVF changes in the future, using Facebook and producing material in different languages.

The results of the engagement were brought back to the Panel in October. Tonia Michaelides, Managing Director of Kingston and Richmond CCGs explained that engagement had been delayed due to the snap General Election but it took on board the comments made by HOP in March. The results of engagement showed:

- 84% strongly agree that over the counter medicines for minor illnesses should no longer be prescribed apart from exempt groups
- 61% strongly agreed that gluten free foods should no longer be prescribed
- 58% strongly agreed that soya, thickened or lactose-free baby milk and infant formula should no longer be prescribed apart from exempt groups
- 73% strongly agreed that Vitamin D should no longer be prescribed except for exempt groups

The Panel heard that the CCG decided not to support routine NHS prescribing for gluten free food, Vitamin D maintenance and over the counter medicines, but recognised that it is the clinician's decision as to whether to prescribe based on the person's clinical and/or personal circumstances. The CCG also agreed to make no changes to the current eligibility criteria for IVF, but if there were a proposal to align the eligibility criteria across SWL or London, then the CCG will undertake a review.

4. DECEMBER MEETING

4.1 Adult Mental Health and progress with the Suicide Prevention and Self Harm Plans

Dr Sarah Wollaston, Chair of the Parliamentary Health Committee, wrote to Chairs of Health Overview and Scrutiny Committees in April 2017 stating that "health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' (suicide) plans".

The report outlined two recent Kingston Strategies: the Kingston Suicide Prevention strategy and Thrive Kingston mental health strategy for adults and prevention for all ages and how they relate to the NHS Five Year Forward View for mental health (2014) and two Concordats for better mental health programme and for crisis care.

Thrive Kingston is the local strategy for local mental health services for the whole of the Kingston community and provides the local approach to the wider Thrive London strategy. It was co-produced with representatives of the Kingston community including people with mental health conditions, their friends, carers and parents as well as health and social care professionals, commissioners and representatives of voluntary organisations. It provides a vision for mental health and wellbeing and a guide to shape the future provision setting out the policy for prevention, early intervention, self-care, access to services, treatment and recovery, wellbeing and community connection.

Suicide prevention in Kingston is led by Public Health and involves working jointly with health partners. A recent audit of coroners' records has enabled Public Health to develop plans very specific to the population. In Kingston the key age group for suicide is different from the national picture and we have more people in the 45 - 54 age group than elsewhere who take their own lives. Other factors are a higher numbers of men compared to women, being single, separated or widowed and having a long term physical condition or mental health problem. Economic difficulty is a factor in many Kingston cases and losing a job can lead to a range of issues. Half of the people who take their life have recently seen a GP or mental health professional and the plan focuses on this element.

The suicide prevention strategy aims to minimise the number of suicides in Kingston and to better support those who are bereaved or affected by suicide. Key areas are to:

- Reduce risk of suicide in key high risk groups
- Tailor approaches to improve mental health in specific groups
- Support frontline staff
- Promote suicide awareness and help seeking in the community
- Provide effective local response to the aftermath of suicide
- Reduce access to the means of suicide
- Support research, data collection and monitoring

A range of questions was asked by members of the Panel including about actions being taken with employers to support workers experiencing mental health problems and alleviate crisis and ait was confirmed that the NHS was working with large employers in London and local employers in Kingston. An initiative provides individual work placements to support return to work in the longer term and there are further plans to increase support.

Recommendations were agreed to strengthen the health-in-all policies approach by ensuring that all reports to committees include a new section on health implications and also by, for example, introducing health impact assessments (which include mental health) on all major new strategies and developments and to circulate the new Counselling Services in Kingston booklet to HOP members

4.2 Update from Kingston Hospital NHS Foundation Trust and progress with the CQC Inspection recommendations

Ann Radmore, Chief Executive, spoke about Kingston Hospital's report to the Panel updating on performance, fire safety, car parking, progress against the areas identified by the Care Quality Commission in July 2016 – the 7 "must do" (of which 6 have been addressed) and 42 "should do" items (39 now addressed/being progressed). The remaining "must do" item concerning system improvements to monitoring equipment maintenance and safety checks would be completed shortly.

The three outstanding "should do" items require significant capital investment which has not been identified so far and the CQC is aware of this:

- the environment and facilities in the ITU/CCU could be improved.
- maternity service bed capacity
- the environment of the chapel and multi-faith facilities

The Trust has continued to perform well on cancer targets and the referral to treatment target and has been exceeding the national targets for each. It is achieving well on digital development and also performed well on the Family and Friends Test – 95% of people would recommend the hospital to others.

Performance in A&E in October was 92.6% seen within 4 hours, just below the national target of 95%. The capacity in the emergency department's Major and Resuscitation area is being increased to create a further 7 spaces and the new Urgent Treatment Centre (UTC) opened on 27 November.

Progress has been made on the provision of seven day services and extended consultant physician care is available on wards across the week with two consultants at weekends. This is improving the ability to make discharges at the weekend.

Implementation of the fire safety plan is progressing especially with regards to increasing compartmentalisation within the hospital buildings. It is expected that the changes will be completed in the next 18 months.

Car parking at the hospital is being reviewed to explore whether it would be possible to increase the amount of onsite parking and CP Plus will be operating the hospital car parking from 22 January 2018. The Trust was asked to undertake an investigation into disabled parking and the apparent increasing trend for disabled people to park in Galsworthy Road rather than the hospital car park.

The Panel heard that good progress had been made to reduce delayed transfers of care and a lot of effort has been invested in the last 18 months by health and social care partners in Kingston, Richmond and Surrey to ensure swifter placements. There are

occasions where there are no delayed discharges for social care reasons and at other times there can be delays of 1-3 days.

4.3 Preparations for the Winter Demand

Fergus Keegan, Director of Quality at Kingston and Richmond CCGs gave a detailed presentation on the preparations for winter.

This year's winter plan builds on work of last year and is aligned with the Department of Health and Social Care (DHSC), Public Health England (PHE) and National Health Service Executive's (NHSE) third national integrated "stay well this winter" campaign. The presentation gave information on relevant statistics, the focus for Stay Well this Winter, the local communications plan, primary care access and the role of the A&E Delivery Board which is chaired by Ann Radmore, Chief Executive Kingston Hospital.

The national campaign brief is "to ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take actions that may avoid admission this winter". The campaign seeks to educate at-risk groups about the actions they can take to stay healthy C to DE adults aged 65+, people with long term conditions and carers and to improve the update of flu vaccine.

This year's communication plan is similar to last year's and is aiming to encourage people across the country to use local pharmacies rather than A&E. It's not about preventing emergency treatment but encouraging people to use it appropriately and to take steps to keep well, keep warm, take up flu vaccination, ensure stocks of food and encourage people to keep an eye on elderly neighbours.

Recent key statistics:

- Emergency admissions via A&E at Kingston Hospital – increased by 12.2%
- Ambulance journeys (KCCG patients) - increased by 3.7%
- A&E attendances (all) at Kingston Hospital - increased by 0.55%
- A&E attendances (KCCG patients – increased by 1.1%
- Total A&E attendances at Kingston Hospital (Oct 16 – Sept 17) 117,198
- 65% (65,202) are patients from other CCGs
- 44% (51,996) are patients from KCCG
- 22,805 KCCG patients (30%) attended A&Es elsewhere

Kingston has not seen the same level of growth in A&E attendances compared with other hospitals but a higher proportion of over 85s need to stay in hospital as they have greater health needs. Kingston Hospital has a clinical decision unit which provides a safe area for people who need to stay longer than 4 hours. This enables more time for observations and prevents people being sent home in the middle of the night.

Partnership working in Kingston and notably RBK's adult social care team have enabled 63% reduction in delayed transfers of care compared to previous 12 months and Kingston is the second best in London.

Additional capacity that has been provided in primary care particularly at the primary care hubs. For every A&E attendance there are 11 appointments elsewhere. People attending

A&E inappropriately are redirected to other services e.g. their GP, pharmacy or one of the GP hubs.

4.4 Referral from Healthwatch Kington – Services for Emotionally Unstable Personality Disorder

Healthwatch Kingston submitted a formal written request under statutory powers asking the Panel to consider the specialised provision for people with complex Emotionally Unstable Personality Disorder (EUPD) in Kingston. Unlike other nearby boroughs Kingston residents have no access to specialist services for EUPD. Instead, a primary care based personality disorder (PD) service is being commissioned. It is estimated that there are 536 people in Kingston with EUPD. Grahame Snelling, Chair of Healthwatch explained that several representations to KCCG had been made and Healthwatch was not satisfied with the responses received so far.

Dr Phil Moore, Kingston CCG, confirmed that the CCG recognises that this group of people is not well-served and it would be undertaking a three months' demand and capacity review and expects to be in a position to report in April/May 2018 to enable plans to be made for the future. Dr Moore added that it would be possible to make some changes in year.

Gillian Moore, Head of Service Delivery (SWLSTG) agreed that those in Kingston with the highest need are not catered for, but was supportive of the comments made earlier by Dr Moore about the other support and interventions which are available to local clients. She added, however, that whilst the structured clinical management in the clinical support teams can provide more support for people with PD, this will not resolve issues and that psychotherapy and other therapies [Dialectic Behaviour Therapy (DBT) and Mentalisation-based Therapy (MBT)] are needed. People can be admitted to hospital but this was not an optimal treatment and the Trust wished to manage behaviours in a different way. Dr Moore pointed out that a psychology based service is also important to supporting this group.

It was pointed out that DBT therapy had been available in the past which was effective and a question asked why the decision had been taken to remove this offer. Gillian Moore confirmed that the expertise is still provided by the Trust but not for Kingston residents. Clinicians recognise the efficacy of this treatment and would welcome the return this provision for Kingston clients.

The Chair requested that the CCG reports back to the Panel in March 2018 on an interim basis and the Chair of Healthwatch requested a formal response from the CCG to the four questions raised in the letter early in the New Year.

5. FEBRUARY MEETING

5.1 New Arrangements for Blue Badge parking at Kingston Hospital

A request was made by three members of the Panel under the Council's Standing Order 24 for an additional meeting of the Health Overview Panel to consider the introduction of parking charges for Blue Badge Holders at Kingston Hospital on 22 January 2018.

The Panel received details from a parliamentary report on the provision of blue badge and disabled parking, and current NHS guidance on parking. NHS guidance is advisory and hospitals have authority to set their own arrangements but it states that there should be concessions for people with long term conditions and their relatives, and for disabled parking. Comparative information from nearby hospitals and details of their charges was also provided.

Kingston Hospital submitted a report detailing the new parking arrangements including the leaflets about the new parking arrangements and blue badge holder parking. The decision to charge for blue badge parking had been made by the Hospital's Executive Management Committee on 5 April 2017 and this was in line with many NHS Trusts. The basis of the decision was stated as:

a) the health travel cost scheme can support people who have difficulties in covering the cost
b) there is a need to increase the disabled space provision on site (from 30 to 60 spaces), to police this and costs need to be met
c) It is not possible to divert funds to parking provision from other NHS needs.

The report also noted that changes to the car parking system were also being made as there had been complaints and negative feedback about the previous system. However, details about the new arrangements were only made public on 5 January 2018.
A review of the first three months' implementation of the new parking arrangements will be led by the Director of Nursing and Quality and the proposed terms of reference were appended. The review will consider results of the regular spot checks on cars parked in Galsworthy Road.

Nathan Vear, Head of Shared Environmental Services (Kingston & Sutton), gave a presentation from the perspective of the council highways authority on the traffic safety implication for Galsworthy Road and explained that whilst that parking on double yellow lines is a contravention and is enforceable for those who do not have blue badges, blue badge holders are allowed to park on double yellow lines for up to 3 hours except where there are loading restrictions. There were no reports of blockages creating safety issues either from Transport for London or the emergency services. TFL have reported localised delays in peak hours but no significant delays. He confirmed that the road width is adequate but can be tight on occasion. The council is providing an increased presence for enforcement purposes and is continuing to closely monitor road safety and traffic flows.

The Council is able to restrict on-street parking by using temporary or permanent traffic orders. However, equalities issues need to be considered especially where any group with protected characteristics is affected and any measures will lead to further displacement. He believed that the most effective approach is to continue the dialogue with Kingston Hospital, feed into the review and enable as much onsite remedy as possible.

The Chair informed the Panel that she had met with Hospital Directors in January and outlined residents' concerns and opposition to the scheme. She requested a follow up meeting with Directors and the opposition Liberal Democrat spokesperson for Heath & Adult Services and Leader of the Labour Group. She had also undertaken a site visit with a senior highways officer to ensure that resultant traffic safety issues in Galsworthy Road are monitored by the Council

Members of the public in the gallery contributed to the discussion and some of the wide ranging points were:

- Why had the Trust ignored the DH guidance about concessions for certain groups including disabled and carers?
- Were the new arrangements not complying with Equalities legislation?
- There is no time concession for disabled people.
- A 50p an hour additional charge could avoid charging blue badge holders
- The hourly parking charge is more than Kingston Town Centre parking
- Blue Badge Holders generally have lower incomes and should not subsidise other people's parking costs
- Did parking costs deter people from attending hospital?
- Parking in Galsworthy Road can lead to a 3-4 minutes delay for buses
- There had been no consultation on the introduction of these charges and a number of stakeholders, including KCIL, had not been informed
- What would be the cost of a judicial review of the decision?

Members also made a number of points:

- Whilst not all blue badge holders are on low disposable incomes, they are likely to be lower than most
- Patients may be parking in Galsworthy Road as they are unable to afford the parking charges
- At the December meeting Ann Radmore, Chief Executive, had made no mention of the introduction of charges for blue badge holders when she spoke about other parking aspects: the under-utilisation of disabled bays and increase in parking in Galsworthy Road.
- Concern was expressed about the short interval between publicising the decision made on 5 April 2017 and making this publically known on 5 January 2018, with introduction on 22 January 2018.
- A request was made for a list of stakeholders notified of the new arrangements in early January.
- Councillors have a role in keeping constituents informed about issues and requested clear communications about the review outcomes and answers to questions

- Attention was drawn to a serious accident at the nearby zebra crossing and that this will be made into a pelican crossing in the next financial year.

- The Review should consider the charging and whilst not all blue badge holders are on low disposable incomes, they are likely to be lower than most.

Members of the Panel put forward a number of other points which were taken forward in the recommendations (see below).

In response to questions Hospital representatives stated that the additional parking charges which were in alignment with most England hospitals, will help to fund the improvements to the hospital parking area including resurfacing, adding dropped kerbs to improve access, lighting more disabled parking bays closer to hospital departments and additional security cover. The NHSE reimbursement scheme which requires completion of form HC(5)T can help with health costs, including parking, for anyone experiencing financial hardship. However, it was also confirmed that the Hospital is not sending penalty notices and accepted that it had not informed stakeholders as well as should although a meeting with Healthwatch took place in early January. Information about the changes was being attached to every letter sent to patients. Charles Hanford, Director of Estates & Facilities, confirmed that the Trust had made a policy decision to make parking charges the same for able and disabled.

Sally Brittain, Director of Nursing, stated that the review will take on board the points raised in the discussions and particularly the point about the additional time needed by disabled people to get around and agreed that this point should not have been overlooked. She also agreed to take away the point that the Equality Act requires that people with disabilities should not be substantially disadvantaged.

The Panel agreed that:

1. That the two councillors on the Hospital's review panel should be the Chair of the Health Overview Panel and an opposition spokesperson;

2. The terms of reference for the review panel should take into account the recommendations made by the Panel and Healthwatch;

3. The review panel should seriously consider rescinding the charges for blue badge holders);

4. Kingston traffic engineers should continue to closely monitor the traffic in Galsworthy Road;

5. The Hospital reports back to the panel in 6 months' time or earlier after the completion of the review; and

6. Charges for Blue Badge Holders should cease immediately and stakeholders engaged with in the review.

5.2 Draft Pharmaceutical Needs Assessment

A request was made by three members of the Panel under the Council's Standing Order 24 for an additional meeting of the Health Overview Panel to consider the Kingston Pharmaceutical Needs Assessment prior to approval by the Health and Wellbeing board at its next meeting on 15 March 2018.

The report to the Panel explained that the Pharmaceutical Needs Assessment (PNA) is an assessment of the current needs for community-based pharmaceutical services which are commissioned by NHS England. The PNA is used by NHS England to make decisions on new pharmacy applications, changes to pharmaceutical services provided, identification of any gaps in the market and relocation of current pharmacy providers. It is also used by local commissioners reviewing the health needs and services for the local population. The Health and Wellbeing Board has a statutory responsibility to produce one at least every three years.

The full draft PNA was appended to the report. The PNA includes a large amount of contextual information covering population characteristics, health needs of Kingston across a range of conditions and needs and a summary of population characteristics by locality. Also included are detailed information about the current pharmacies, their locations and services, and other relevant services which relate to pharmaceutical services such as GP out of hours, hospital pharmacies and services commissioned by Public Health.

The overall conclusion of the PNA is that "there is good provision of choice and spread across the four Kingston localities of essential and advanced pharmaceutical services commissioned by NHS England, and of locally commissioned services commissioned by Kingston Council, providing residents with services which lead to health improvement and better care and prevent ill health. These services are relevant and bring about improvement to patient health".

Next steps are that the Health and Wellbeing Board will sign off the PNA on 15 March. There will be ongoing monitoring and review. Any significant changes will require supplementary additions to the PNA as necessary. There will be local opportunities for greater use or pharmaceutical services and for integration in the wider health and wellbeing agenda, for example Kingston Co-ordinated Care and the new healthy living pharmacy approach which links with self-care agenda.

6. MARCH MEETING

6.1 KCCG interim report on provision of services for Emotionally Unstable Personality Disorder

The KCCG's report provided an update on discussions which took place at the December meeting. It explained that personality disorder affects around 10% of the general population and is associated with significant impairment of functioning and high levels of distress for the person and their relatives and friends. The person may have difficulty with daily living tasks and may self-harm. It is estimated there are 5,556 people with PD in Kingston and of these 536 have EUPD. Current provision is to provide secondary care

within the recovery support teams (the former community mental health teams). Some people may be referred on to the Home Treatment Team or to Psychotherapy Services for additional support.

The report explained that KCCG has Dialectical Behavioural Therapy (DBT) within its current contract with South West London and St George's Mental Health Trust but this is currently not provided for Kingston residents and urgent discussions are taking place with the Trust to reinstate this. However, people do currently access the Service User Network (SUN) programme.

Primary Care Mental Health Services (PCMHS) are provided for people who do not reach the threshold for secondary services. Services include the STEPPS programme which offers specialist group treatment. People can be assessed for emotional instability traits using the QuEST inventory and this is used to demonstrate progress in the STEPPS programme. Increasing referrals have been reported by PCMHS in recent months and it has also been identified that inpatient stays for people with PD have increased together with increasing length of stays.

KCCG is embarking on several initiatives to strengthen provision in the borough including a review of specialist PD provision across Kingston and Richmond. Several service models across South West London are in place and the community demand and capacity review will feed into the PD review. Kingston CCG's demand and capacity review of local mental health services has been delayed slightly for data collection and analysis reasons but is expected to be completed by end May. The review will feed into 2018/19 commissioning and contracting arrangements. He confirmed that KCCG has been diligent in meeting the investment standard in mental health services and has made provision to achieve the mental health investment for 2018/19.

A further service development is the Serenity Integrated Mentoring project run by the Met Police and South West London and St George's. This supports several people with frequent high risk crisis behaviours in Kingston and Richmond. The new pilot referred to in the report, for people with high frequency or high risk behaviours, has resulted in a 90% reduction in demand by users including a reduction in the need for S126 facility and ward beds (in the Isle of Wight) where it has been tested.

A representative of the Mental Health Carers' Forum pointed out that there are many forms of PD, some can be extreme and their needs are better treated in secondary care rather than primary care.

The Panel requested that the CCG maintains a dialogue with Healthwatch Kingston and responds to further observations, issues and questions that Healthwatch may have, and a further report and action plan is reviewed again by the Health Overview Panel in 6 months' time to scrutinise progress.

6.2 Transport for Children and Young People with Special Educational Needs and disabilities

The report provided a detailed summary of transport for children and young people with special education needs and disabilities, the related statutory responsibilities and the approach to developing independence particularly around travel.

SEN transport is a statutory service provide by all local authorities for pupils with special educational needs and disabilities aged 5 to 16 (reception year to year 11). Local authorities can also provide transport on a discretionary basis for under 5's and post 16.

The statutory duties are to ensure suitable travel arrangements are made to facilitate a child's attendance at school, and also to promote the use of sustainable travel and transport. Transport should be provided where the nearest suitable school is beyond 2 miles (if under 8 years) or beyond 3 miles (if aged 8 to 16), and also when a child cannot be reasonably expected to walk to school because of mobility problems or associated health and safety issues related to their special educational needs or disability.

Funding for SEN Transport statutorily rests with the home local authority and is entirely from corporate i.e. council tax funding. There is no national funding stream.

A revised SEN Transport Policy was implemented by Kingston and Richmond Councils along with Achieving for Children in September 2016 and this has enabled a change from simply funding transport to developing a wide range of activities to promote independence in travelling and this in line with preparing for adulthood aspiration in the 2014 Children and Families Act. Independent Travel Training is offered by Balance, a community and voluntary partner, and a short video about the programme was shown to the Panel which included interviews with students and their parents. This can be viewed via the following link:
https://www.afcinfo.org.uk/pages/local-offer/information-and-advice/education/sen-transport/balance-independent-travel-training

The demand and cost of SEND transport has increased for the following reasons:

- More children require transport and demand has increased by 11% since March 2015 although numbers have been static in the past two years
- More children require the more expensive taxi transport for behavioural, health and logistic reasons
- More older children with more complex needs
- Inflationary costs of the service of 3% pa

A number of questions were asked by the Panel including about how many children had undergone the training and whether it would be possible to expand this and whether there is any follow up with families whose children have undergone the training.

Whilst it was suggested that the continual change of drivers can present a problem for some children the officer responded that getting accustomed to different people is a part of growing up.

The Panel's key recommendations were to recognise the achievement since 2016 in remodelling the service offer to support the development of independence for those on

special educational needs transport and recommended the consideration of the introduction of telephone follow up after three months with parents of students who have undertaken the Balance programme.

6.3 Progress with Locality and Wellbeing Teams

The Panel received a detailed report, introduced by Andrew Osborn, Kingston Co-ordinated Care (KCC) Programme Manager, on the work undertaken by the KCC Delivery Group on the new way of working being piloted and implemented locally across health, social care and the voluntary sector in order to achieve improved and more effective outcomes for local residents. The report set out the progress on the introduction of the four Locality Teams and Well Being Teams which enable more targetted support for people in their own homes and delivered by a skilled workforce supported by local health and adult social care providers and the voluntary sector.

KCC has two key objectives:

- To ensure people stay independent, healthy and well for longer with good community support so they can enjoy their lives to the full
- To ensure people have easy access to top quality, person-centred, co-ordinated health and social care support when they need it.

KCC key building blocks include:

- Building community and voluntary sector capacity and infrastructure to enable self-support through information, advice and social prescribers.
- A single point of access (SPA) plus multi-disciplinary triage and screening team (health, social care, mental health and voluntary sector) to make the right decision first time.
- Multidisciplinary locality teams based on GP practices with health, social care and a new type of home care worker, all working together
- Enablers – co-location of teams and a single view of the person through joined up ICT via a Kingston Care Record.

National evidence shows that improving a person's sense of well-being and quality of life will lead to significantly lower use of health and social care resources and this view is supported by outcomes from the pilot Wellbeing Team in New Malden.

Homecare is being recommissioned to ensure sufficient capacity in the carer workforce and the Well Being Team approach is to organise carer staff into smaller semi-autonomous teams to address quality of care, staff retention and job satisfaction. Wellbeing staff offer a range of prevention and self-support options as well as the support currently delivered through intermediate care, reablement and the traditional home care services. A single Well Being pilot team of 8 people has been recruited to test and develop the model. Embedding Well Being teams in the new locality model will enable a blending of roles and responsibilities to enable the new care pathway to work more smoothly.

Four multi-disciplinary Locality Teams are planned for Kingston in New Malden (the pilot area), Kingston, Surbiton and Chessington (slightly smaller population).

People with the most complex needs are already well known to health and social care and KCC has found it more effective to focus on other groups. It has been established that the cost of providing care for people with long term conditions does not vary significantly with age and whilst this is a large group of 40K people in Kingston, the average annual cost per person is £500. However, the cost per person in the frailty cohort, is £6300 per year for a total of 2700 people i.e. £16M across acute and primary care.

There are four elements to the KCC Programme:

- early intervention - people find it hard to navigate the system and may end up in hospital which is costly and not always the best place. The aim is to inform to encourage more appropriate contacts and service usage.
- single point of access - right professional allocated to that individual to give appropriate response.
- Integrated locality teams to share info and greater effectiveness.
- Prevention work stream to ensure all professionals can have basic conversation, provide one to one support and signpost to access community support.

Locality Teams will enable professionals to have conversations about the most complex cases and create an environment for collaborative work between professions. It is anticipated that there will be advance care planning ahead of crises and more effective planning for discharge from hospital. The multidisciplinary team approach was trialled last year and this has informed changes to Kingston GP contracts. GPs are now contractually required to engage with this system and there is greater focus on the promotion of independence.

Information systems are a key enabler for success and the local Kingston Care Record is being superseded by a London-wide health and social care record system to be implemented in October which will provide a single view of a person.

With regard to measures to demonstrate that the new approach is working, the intention is to focus on qualitative information about patients' sense of well-being. This will be supported by existing contractual commissioning arrangements for data collection and measures around population health rather than individual service figures.

Andrew Osborn pointed to the need for head room funding to fully implement the new KCC approach because there are still the costs of present older system. There are difficulties in moving funds out of the older acute system, especially at a time of unprecedented demand.

Stephen Taylor, Director Adult Services, confirmed that good progress has been made in Kingston compared with elsewhere and Kingston has a strong provider alliance involving the Trusts and the voluntary sector. There are some outliers with exemplary progress, e.g. Manchester, where there has been considerable investment. Costs will increase in the short term but savings will be made in the longer term. The Kingston Care Record has been a success story with interest shown by the Department of Health and Social Care.