Health and Wellbeing Board

24 June 2015

6:30 pm – 8:37 pm

Members of the Board

Councillors:
Councillor Kevin Davis (Co-Chair) Councillor Margaret Thompson, Councillor Yogan Yoganathan, Councillor Andrea Craig, Councillor Julie Pickering

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

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

Advisory Members (non voting):

* Absent

1. Declarations of Interest

None

2. Apologies for Absence and Attendance of Substitute Members

Apologies for absence were received from Dr Phil Moore, for whom Dr Junaid Syed attended as alternate, and Nick Whitfield, for whom Rob Henderson attended as alternate.

Apologies for lateness were also received in advance of the meeting from Dr Emma Whicher.

3. Minutes

Resolved that the minutes of the meeting held on 3 February 2015 are confirmed as a correct record.
4. Director's Update

Health Services Journal - Value in Healthcare Awards – Your HealthCare Rapid Response Team have been nominated for an Award

Your HealthCare’s Rapid Response team have been recognised for their excellent and innovative work in delivering the Co-responder Pilot Project; undertaken in partnership with London Ambulance Service, commissioned by Kingston CCG. The shortlisted organisations will now complete presentations and interviews to a judging panel made up of senior and influential figures from the health sector. The award winners will be announced at an event on 22 September 2015.

Public Health Grant funding

The Chancellor announced a range of measures to bring down debt on 4 June 2015. Amongst these were a number of departmental savings which included Department of Health in year non NHS savings of £200m. It has been made clear that these savings will be made from the Public Health Grant that is provided to Local Authorities.

Care Act 2014

The Care Act provides a single legal framework for adult social care, introducing reforms in a number of areas and promoting well being, prevention, integration and personalisation as core elements of reform. Kingston’s Care Act Programme Phase 1 has delivered a number of work streams to prepare for Care Act provisions which came into effect on 1 April 2015 including in the following two areas:

Information and Advice - updates and enhancements have been made to Council information and advice provided online, over the phone and in paper formats and we are working in partnership with the voluntary and community sector through the Kingston Information and Advice Alliance to build capacity and drive up quality of information and advice provision across the borough.

Carers - we have commissioned Kingston Carers Network to deliver a 12 month pilot project to carry out separate Carer’s assessments during 2015/16. Our combined service user and carer assessments will continue to be undertaken by Council staff.

Smoking still kills report

ASH (Action for Smoking and Health) released their report Smoking Still Kills on Tuesday 9 June 2015 which calls for a new five year Government strategy on tobacco to replace the Tobacco Control Plan for England which runs to the end of 2015. It sets out clear and ambitious targets to reduce smoking rates across all groups and the shared set of ambitions within the report have been endorsed by over 125 organisations. It includes a wide range of recommendations to address tobacco control issues, from targets to reduce the number of people who smoke, through to mass media campaigns and the affordability and sale of tobacco.
Kingston Health Profile

The 2015 Kingston Health Profile was published in June by Public Health England (PHE). In summary the health of the Kingston population is better than the England average. Male life expectancy is 81.3 years, 1.9 years more than the national average. For women the figures are 84.5 and 1.4. Comparing the most and least deprived areas in Kingston, the difference in life expectancy for men is 4.8 years whilst for women it is 2.9 years. The health summary on the last page compares Kingston with the England average on 32 measures. Kingston performs significantly better than the national average on 20 measures, and significantly worse on three. It is worth noting that for two of these three Kingston performs better than the London average. These are sexually transmitted infections and statutory homeless households. On one measure, excess winter deaths, Kingston performs worse than both the national and London averages.

The CLeaR Model for Alcohol - pilot in Kingston

The CLeaR model is a methodology that has previously been used in tobacco control. Kingston has been involved in a pilot project commissioned by Public Health England to test using the model to review how local areas tackle alcohol issues. CLeaR participants begin by evaluating their work to tackle alcohol by completing a self-assessment, scoring their activity against a range of questions that use local priorities to evaluate existing services, leadership and results.

In Kingston, members of the Public Health team held one-to-one meetings with key partners to start to complete the self assessment and rate local activity according to: strong / some / no evidence. This was further added to at workshop attended by 20 members of the Kingston Alcohol Strategy Group, after which the completed the self-assessment proforma was submitted for peer review, along with supporting evidence for the scores.

5. Peer Review of the HWB by the LGA 17-20 March 2015

In March 2014 our expression of interest to the LGA to participate in a peer review of the Health and Wellbeing Board (HWB) and its system leadership role was accepted. The LGA peer review team were on site in Kingston from 17 – 20 March 2015. The peer review comprised of pre-site analysis, document review, a position statement and focus groups and meetings. Around 70 people were involved in 40 sessions over the four day period.

The review covered five areas:

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2. Is the Health and Well-being Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
5. Are there effective arrangements for ensuring accountability of the public?
On the final day of the on-site review the peer review team presented their findings to HWB members and other partners. The final Feedback Letter, which built on the feedback presentation, was received on 12 May and was circulated to the HWB on 20 May. Many examples of good practice and strengths were highlighted and a number of recommendations were suggested.

Resolved that

1. The actions set out in response to the peer review findings are agreed

2. The Feedback Presentation and Letter are circulated to people who participated in the peer review and that a copy of the Feedback Letter should be made available on the Council’s web site

Voting: Unanimous

6. Health and Wellbeing Strategy: Children and Young People  Appendix C

The Children and Young People review section describes work that is underway to deliver the actions for this key theme of the Joint Health and Wellbeing Strategy (JHWS). The H&WBB can assist in reviewing delivery of the agreed actions and advising on the degree of prioritisation that should be given. Board members can also encourage commissioners and providers to work in a more joined-up way. The Children and Young People review section records good progress has been made to implement the objectives of the strategy and strengthen a joint approach to the commissioning and delivery of local services. Particular progress has been made in:

- Improving access to CAHMS (Child and Adolescent Mental health Services). A Single Point of Access (SPA) was established in October 2014 and is located within the wider Single Point of Access for other services for children provided by Kingston. A key benefit is that a referrer can make one referral for multiple concerns (whereas previously referrers would have to make a referral to each agency or organisation in relation to each identified concern). 474 referrals were progressed in the first three months between the service inception in October 2014 and December 2014. A higher proportion of children are now accessing CAMH services at Tier 2 compared with Tier 3. These developments address recommendations made in previous Public Health Annual Reports.

- Developing the Health Visitor provided comprehensive early intervention offer including the delivery of the Healthy Child Programme.

- Implementing the Special Educational Needs and Disability reforms that came into force in September 2014 (Children and Families Act).

- The proportion of Healthy Schools. 66% of Kingston schools (33) are now registered for Healthy Schools (May 2015). This compares with 47% of Richmond, 30% of Sutton and 18% of Merton schools

- The safeguarding of children and young people – a Multi Agency Safeguarding Hub (MASH) became operational in April 2014.

- The Local Safeguarding Children Board (LSCB) conducting local peer reviews to scrutinise LSCB coordination of Child Sexual Exploitation (CSE)
using Ofsted guidance. The first part of this review has provided very helpful learning and supportive challenge.

- Establishing the Child Health Commissioning Board to ensure improved health outcomes for children and young people.

In 2014/15 there were 16 child deaths. Four deaths were of an unnatural (intentional) cause and are subject to Serious Case Reviews (SCRs). The report on the death of Child B is due to be released on 29 June 2015. It is imperative that learning from SCRs is fully embedded across local partnerships.

On Tuesday 26 May 2015 Ofsted inspectors arrived on site in Kingston upon Thames to begin an inspection of services for children in need of help and protection, children looked after and care leavers. Their judgement on the quality and effectiveness of our service is due from 18 June 2015.

Resolved that the update is noted.

7. **Local Safeguarding Children's Board Protocol**

Responsibility for ensuring the effectiveness of local arrangements for safeguarding children and the provision of services for looked-after children is shared between the Children, Youth and Leisure Committee, the Health and Wellbeing Board and the Local Safeguarding Children Board (LSCB).

The LSCB has proposed a protocol setting out the working relationship between the LSCB, the Health and Wellbeing Board and the Children, Youth and Leisure Committee.

Currently only the Children, Youth and Leisure Committee has a remit for Children’s Safeguarding within its terms of reference as defined by the Council’s Constitution. In order to support some of the intentions of the Local Safeguarding Children Board’s draft Protocol, the terms of reference of the Health and Wellbeing Board would need to be amended. If the Health and Wellbeing Board supports the this change it could be made at full Council in July.

Resolved that

1. the joint working protocol between the Board and the Local Safeguarding Children Board and the Children, Youth and Leisure Committee is approved, and

2. the proposed changes in remit be taken into account alongside any proposals that come before the Council in July 2015 with regards to further changes required to the Constitution.

Voting: Unanimous
8. **Serious Case Review - Child B**  

The Chair of the Local Safeguarding Children Board, Deborah Lightfoot, introduced this item by explaining that the information to be provided in the presentation concerned a recent serious case review and was currently confidential pending the publishing of the report on the serious case review on 29 June 2015.

The Chair therefore requested the Committee to agree to consider this as an exempt item because information relating to an individual would be disclosed.

**Resolved** that the public be excluded from the meeting for the duration of the discussion of this item under Section 100(A)(4) of the Local Government Act 1972 on the grounds that it is likely that exempt information, as defined in paragraph 1 (information relating to any individual) of Part I of Schedule 12A to the Act, would be disclosed and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The Local Safeguarding Children Board Chair, gave the presentation on the findings of the serious case review.

After the presentation, there was an opportunity for Members to ask questions and discuss the item which was for information and not for decision.

9. **Kingston Coordinated Care Programme**  

Recent insights from the Voice of the Customer project provide a compelling case for transforming health and social care services. Additional imperatives for transforming services include demographic growth, increasing levels of need and constrained resources.

The Kingston Coordinated Care Programme provides a system wide response to this context, led by the Council and the Clinical Commissioning Group and supported by statutory, voluntary and community providers of services. The aims of the programme are to support the development of active and supportive communities in which people are enabled to stay healthy and well, living independently as part of thriving and resilient communities and develop truly customer-centred care that supports people with complex needs to achieve the best possible quality of life and the goals that matter to them with an increased focus on prevention, proactive care and self-reliance.

**Resolved** that:

1. The Health and Wellbeing Board endorses the approach proposed in the report to develop a transformed and sustainable health and care system and will provide strategic oversight, support and advice on the integration of adult health and social care proposed by this programme.
2. reports as the programme progresses, including legal and financial issues, will be brought back to future meetings.
Voting: Unanimous

10. **Better Care Fund Programme**

The Kingston Coordinated Care programme incorporates many of the elements of the Better Care Programme. Others have separate governance and delivery arrangements but strong linkages will be maintained. Arrangements are in place to deliver the challenging Better Care Fund commitments and targets.

Delivering the commitments and targets in Kingston’s Better Care Fund plan remains a priority. The Kingston Coordinated Care programme will result in the design and implementation of a new model of care and operating model that is expected to result in improvements for all five of the BCF indicators. However, the timescale means that live testing will not take place until Q3 of 15/16 at the earliest, with scaling up beginning in 16/17. This will not deliver the progress against the BCF targets required, and committed to, for 15/16. The two indicators receiving most attention from the national team are the reduction in admission and delayed transfers of care. As part of the BCF plan, £915k was committed for investment in the two BCF schemes, on condition that it reduced admissions by 406 resulting in at least that level of cost-savings

**Resolved** that the Health and Wellbeing Board notes the replacement of the Better Care Programme by the Kingston Coordinated Care programme and approves the Quarter one progress report on the delivery of the Better Care Fund

Voting: Unanimous

11. **Kingston Quality Premium**

The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. The quality premium is worth £5 per head of the registered CCG population, which equates to £998,330 given the list size at 31st March 2015.

The award of the quality premium for 2015/16 will reflect the quality of the health services commissioned by CCGs in 2015/16, and be based on measures that cover a combination of national and local priorities. Indicators have been chosen from the Urgent and Unscheduled Care Menu and the Mental Health menus. There are two local priorities, which are:

a) Increased estimated diagnosis rate for people with dementia
b) Increased number of people treated by the Kingston at Home Rapid Response Service to avoid A&E Attendances and Emergency Admissions.

These local metrics above and the choices from the Urgent and Emergency Care and Mental Health measures underpin local work streams and take account of local healthcare priorities within Kingston.
These targets have been consulted on with managerial and clinical leads in the areas affected, and have been discussed and agreed by the Kingston CCG Governing Body and the Kingston Systems Resilience Group, which includes representatives from provider and commissioner stakeholder groups within Kingston.

Resolved that the Urgent and Emergency Care and Mental Health measures and the two local priorities are endorsed.

Voting: Unanimous

12. Community Engagement

Following calls to strengthen engagement in the Better Care Programme, the Health and Wellbeing Board endorsed a review of engagement. This has resulted in the establishment of a Community engagement steering group which brings together Adult Social Care, Services for Children and Young People, Public Health, the Clinical Commissioning Group, Healthwatch and Kingston Voluntary Action. A process is underway to identify two individuals to join the group.

This group identified the need to bring together engagement processes across all groups and individuals who are members of Kingston’s community and build on the current developments in the CCG, the Council and partners to improve engagement. This group will deliver a workstream within the Active and Supportive Communities project of the Kingston Coordinated Care Programme focused on building and strengthening resilient communities through engagement, involvement and local decision making. However, there is also a need to engage specifically with children and young people as they are a significant proportion (approx. 24%) of the borough’s population and to cover engagement with people with complex health and care needs.

Resolved that

1. Progress made in strengthening individual and community engagement is noted
2. the principles set out in the report are endorsed and the Board notes that reports will be brought back to relevant decisions makers at appropriate points in the programme

Voting: Unanimous

13. Dementia Strategy

Kingston Council and Kingston CCG have worked jointly to develop a local vision that ‘people with dementia and their carers and family feel that Kingston is a place where they can live well in the community, and is one of the best boroughs in the country for dementia care and support.’
To understand the needs of local people with dementia and their carers, a consultation was held with 200 people and their carers in summer 2014. The draft dementia strategy for Kingston draws heavily on this consultation. The draft strategy was reviewed and revised with partners at a workshop on 11 June 2015, before the production of a final version.

The first component of the strategy is about improving wellbeing, raising awareness and understanding, and reducing dementia risk, within a dementia-friendly community. The second component of the strategy is about timely diagnosis, assessment and intervention, the third component of the strategy is about living well – increasing support in the community for those living with dementia, and their carers. The fourth component of the strategy is about high quality care for high needs - in times of crisis, in settings such as care homes and at the end of life.

Resolved that the Dementia Strategy be adopted.

Voting: Unanimous

14. Healthwatch Kingston - Priorities and Work Programme

Grahame Snelling and Stephen Hardisty provided a short presentation informing the Board and public of the Healthwatch priorities and work programme.

Healthwatch have two work plans that detail priorities which can be summarised as “to work with local people to develop health and social care services and to improve the patient experience and to develop our organisation, governance, membership and profile.”

In terms of the health and social care work plan, priority domains are currently mental health, hospital services, community services, learning disability and children and young people. For the organisational work plan, priority domains are contract/finance, governance/policies and procedures, workforce, marketing and participation.

In order to deliver their priorities, Healthwatch:

- Obtain the views of local people about their needs for and experience of local health and social care services.
- Conduct research to understand the needs of the local population.
- Collect and record evidence about how well services are performing, particularly the integration of health and social care services.
- “Enter and View” services and speak with patients, service users, carers, and staff.
- Develop more effective community and stakeholder engagement, partnership working and feedback mechanisms.
- Write reports and make recommendations about how services should be improved as well as highlighting areas of good practice.
- Prioritises issues and develop theme based work plans.
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- Makes sure the voice of the consumer is heard by those who commission, deliver and regulate health and social care services.

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