Healthwatch Kingston Board Meeting (Part A)	**Date:** Wednesday 20 March 2019
Report Title: Chair's Report	**Author**: Liz Meerabeau (LM), HWK Chair
PART A Agenda Item: 5	**Appendix:** No

FOR DISCUSSION AND/OR DECISION
The purpose of this report is to update the HWK Board on recent activities and developments.

The last two months have been increasingly busy at Healthwatch Kingston, as we continue to develop our workstreams and to look for synergies in our work, with colleagues in the voluntary sector, the health service, and social care. An example of this activity is the success of the Kingston team is securing funding to support the Time to Change hub work, announced at the end of February. However, in this chair's report I want to focus mainly on the anticipated changes in health care, and in particular primary care, building on the outline of the NHS Long Term Plan discussed in my January HWK Board report and starting with a very brief history of the reforms.

The Sustainability and Transformation Plan

The first version of the STP, which covered the six boroughs in South West London, was launched in November 2016. It focussed heavily on bed reductions and the removal of at least one acute care site in SWL; detailed modelling to establish which site to close was getting underway when purdah was called for the 2017 snap election, and when meetings resumed in the summer of 2017 the emphasis had changed to prevention. A consultation event was held in each borough in the first half of 2017 (again, some were delayed by purdah), although they mainly asked open-ended questions rather than using the STP document as the basis for discussion. HWK was also commissioned to hold grassroots events in Kingston to discuss local health care.

The South West London Sustainability and Transformation Plan Board (now the Health and Care Partnership Board) was set up in late 2016 to oversee the development of the STP. Membership includes the chief executives for all the acute hospitals, the six CCGs, community care providers and Directors of Social Care. I have represented the SWL Healthwatches since December 2016, and there is also a patient representative. In order to sharpen the local focus, Local Transformation Boards were set up in summer/autumn 2017 (ours being Richmond and Kingston) and the STP document was 'refreshed' to reflect the emphasis on prevention. The proposals both in South West London and in the individual boroughs are organised in broad life stages; 'Start Well, Live Well, and Age Well'. Each borough has its own priorities, but the mental health of children and young people is a priority for all six.

The Richmond and Kingston LTB is attended by me and our Chief Officer. It now meets infrequently as it is recognised that much of the service transformation is ongoing, a local example being co-ordinated care particularly in New Malden. Each borough has its own Local Health and Care Plan, and an engagement event for the Kingston plan took place in November 2018 which HWK was involved in planning. Our Chief Officer has also been involved in other aspects of the communications plan. The draft Kingston Local Health and Care Plan will be discussed at the Health and Wellbeing Board on 28th March, before submission to NHS England. Since the six boroughs have rather different emphases, with some focussing more on service provision, it is anticipated that there will be some editing for consistency by South West London. Sutton and Merton in particular are engaged in consultation on the future provision of acute services involving Epsom, St Helier and part of the Royal Marsden site.

The NHS Long-Term Plan

At the SWL Health and Care Partnership Board meeting on 28th February it was recognised that the reshaping of NHS structures required by the Long -Term Plan will soon have local effects. There will be four levels of organisation:

'Neighbourhoods' of about 50,000 population size, in which general practices will be networked (although rather confusingly, it seems that practices may choose to join a network other than the one in their part of the borough).

'Places' of about 250-500,000 population, typically a local authority, in which health, care and third sector services will be integrated 'when it is right to do so'. Although RBK, with just over

176,000 population, is below the lower figure in this range, it is thought that it will be accepted as a 'place'.

'Systems' of over 1m population, responsible for holding places to account, strategic change and becoming the basis of Integrated Care Systems. Our system will be South West London, which will also be responsible for digital, workforce and estates. The CCG will rapidly move to this level, and unfortunately for HWK we are already seeing the loss of some good working relationships as staff move on. We have requested that the new CCG should have some local presence, in order to maintain patient and public engagement.

'Regions' of 5-10m population, responsible for holding systems to account, intervention and improvement. Our region will be London, and a Director has been appointed, Sir David Sloman.

An original aim of the STPs was to reduce NHS expenditure and this is still important, although workforce pressures may be greater than the financial ones and it is recognised that it may take three to five years to take some costs out of the system. South West London aims to reduce commissioning outside the system, in order to support the 'South West London Pound'. Some services are neither clinically nor financially sustainable in the long term, and it is recognised that mental health services are not as accessible as they should be. Acute providers will be expected to work in a different way (as part of a South West London system).

Primary Care

The implications of the NHS Long-Term Plan for primary care are 'huge' and will require considerable cultural change in general practice. Since the inception of the NHS, GPs have been independent contractors, whereas working together is part of the new GP contract and the clinical director of each primary care network will be accountable for its performance; it is anticipated that eventually funding will go to the network rather than individual practices. There will be seven contract specifications, one of which will address inequality.

Practice teams will have a greater range of disciplines, including clinical pharmacists, and there is a drive towards fewer, larger practices. Lastly, each network will be required to appoint a social prescriber. Nationally this could be a considerable challenge given that the role is very new, but locally the CCG has already had discussions with Connected Kingston and the Director of Public Health.