

AGENDA ITEM**2.1****MINUTES OF THE HEALTH AND WELL BEING BOARD****WEDNESDAY 17TH JULY 2013 AT 6.00 PM****PRESENT:**

Cllr. Simmons	- Leader of the Council (Chair)
Cllr. Akbar	- Portfolio Holder – Children’s Services
Cllr. Ashraf	- Portfolio Holder – Public Health
David Bruce	- Substitute for Director of Children and Learning
Pam Garraway	- Director of Housing and Community Living
Cllr. Hussain	- Portfolio Holder - Adult Social Care (Vice- Chair)
Nisar Mohammed	- Project Manager, Healthwatch Luton
Dr Nina Pearson	- Chair, Luton Clinical Commissioning Group (CCG)
Gerry Taylor	- Director of Public Health

Observer:

Norris Bullock	- Member of the public
David Palmer	- Member of the public
Beth Gregson	- Chair, Healthwatch Luton Board
Noelette Hanley	- Chief Officer, Luton Irish Forum
Sarah Rutledge	- Member of the public

In Attendance:

Cllr. Aslam Khan	- Chair, Health & Social Care Review Group
Bren McGowan	- Partnership Manager
Eunice Lewis-Okeowo	- Democracy and Scrutiny Officer
Pauline Phillip	- Chief Executive, Luton & Dunstable Hospital
Bert Siong	- Democracy and Scrutiny Officer
Morag Stewart	- Deputy Director of Public Health
Rod While	- Head of Strategy and Service Improvement, Luton CCG

13.	APOLOGIES FOR ABSENCE (REF: 1)								
	<p>Apologies for absence from the meeting were received on behalf of:</p> <table> <tr> <td>Cllr. Campbell</td><td>- Opposition Groups Representative</td></tr> <tr> <td>Dr Sarah Whiteman</td><td>- Medical Director, NHS England</td></tr> <tr> <td>Martin Pratt</td><td>- Director of Children and Learning</td></tr> <tr> <td>Linda Hennigan</td><td>- Community Safety Executive</td></tr> </table>	Cllr. Campbell	- Opposition Groups Representative	Dr Sarah Whiteman	- Medical Director, NHS England	Martin Pratt	- Director of Children and Learning	Linda Hennigan	- Community Safety Executive
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Dr Sarah Whiteman	- Medical Director, NHS England								
Martin Pratt	- Director of Children and Learning								
Linda Hennigan	- Community Safety Executive								
14.	MINUTES (REF: 2)								
	<p>Resolved: That the Minutes of the meeting of the Board held on the 3rd June 2013, be taken as read, approved as a correct record and the Chair be authorised to sign them.</p>								
15.	HEALTHWATCH LUTON BUSINESS PLAN OUTLINE (REF: 7.1)								
	<p>Nisar Mohammed, the Healthwatch Luton Project Manager presented his report (Ref 7.1), providing the Board an outline of the Healthwatch Luton Business Plan for review and comments on an issues arising.</p> <p>He proceeded to highlight key points as follows:</p> <ul style="list-style-type: none"> • Healthwatch was created by the Health and Social Care Act 2012, as the new independent consumer champion for Health and Social Care; • Its structure would include as follows: <ul style="list-style-type: none"> - Healthwatch champions would be trained volunteers carrying out research and gathering people's views; - Enter and View power would be used to engage directly with service users in health and social care settings; - The Healthwatch Community Forum would enable people coming together to share information; - Information, Advice and Signposting was a new function to listen to and take forward people's concerns and comments; • Healthwatch Board members now appointed; • Diverse communications methods were catered for, including media, newsletter, membership hub to share information; • Healthwatch would provide for a signposting function using, e.g. NHS Choices; • Through engagement, seek to influence effectively across all sectors, actively using service users or groups to capture views; • Provide clear mechanism to challenge/ hold to account and influence decisions, through joint working protocol and information sharing; • Initially, there would be 6 priority areas covering health and adult social care, with champions looking at each; • Work would be evidence based to achieve service improvement; • Trained volunteer champions would be used at regular provide information at points across all wards; 								

	<ul style="list-style-type: none"> • Would seek to recruit trained researchers, e.g. from universities; • Healthwatch would maintain an information store, and will use this data to influence local and national policy; • Partnership working would be key, interacting with Healthwatch England, Overview and Scrutiny and the Health and Wellbeing Board; • Information would lead to formal recommendations and reports.be fed into the annual report. <p>Dealing with Members' questions, the Healthwatch Luton Project Manager responded to as follows:</p> <ul style="list-style-type: none"> • Healthwatch Luton had 3 members of staff, supported by the Irish Forum, a well established charity; • Healthwatch Luton would take up issues brought to it direct with services and get feedback; • In terms of capacity, Healthwatch Luton would prioritise cases in line with it engagement plan. Time scale for dealing would depend on the complexity and seriousness of the issue in question and impact/ risk to others; • Clear message about Healthwatch Luton would be publicised in the media, along with provision of information points across the area, as set out in its business plan. <p>Beth Gregson, the newly elected Chair of Healthwatch Luton Board said that now the Board was appointed, over the next two months they would work out detailed plans with time scales.</p> <p>Resolved: (i) That the report on the Healthwatch Luton outline Business Plan be noted.</p>
16.	COMMISSIONING INTENTIONS FOR 2014/15 (REF: 8.1)
	<p>Rod While, presented his report (Ref: 8.1) on the Luton CCG's commissioning intentions for 2014/15.</p> <p>He said, due to timing for developing the Commissioning Intentions for 2013/14, gaps were highlighted in the patients and public engagement process, which Luton CCG were addressing. He mentioned a number of patients and public engagement activities the CCG was pursuing to capture views, including as follows:</p> <ul style="list-style-type: none"> • A joint stakeholder event with Healthwatch Luton, using a questionnaire; • Luton Citizens Panel survey; • Overview & Scrutiny, including two scrutiny Task & Finish Group reviews on Discharge from Hospital and Infant Mortality. <p>He added Luton CCG was currently engaged in re-procuring provisions for mental health and community services. He said the reasons were that two contracts with SEPT and CCS were coming to an end in April 2014 and CCS had failed to</p>

	<p>gain Foundation Trust status. He further commented market engagement had yielded a large number of interested providers, which meant Luton CCG had to open it to competition.</p> <p>He said the decision of the Luton CCG Board on the re-provision would be made by the end of July.</p> <p>Pam Garraway commented LBC had a section 75 agreement with SEPT in terms of the provision of the social care element of the service, and needed to be re-assured any risk to the continuation of a safe and integrated service had been considered.</p> <p>Nina Pearson accepted the concerns and re-iterated no definite plans had been made. She added risk assessments would be carried out into where Luton was at the moment and where it needed to be. She said the CCG needed to seize the opportunity and would fully consult on what was the best solution for Luton.</p> <p>Gerry Taylor commented there was less of risk with the Cambs. Community Service re-provision. She said Public Health was discussing the issue with Luton CCG.</p> <p>In answer to a question, Rod While said a communication and engagement group was dealing with the engagement process, working with Healthwatch Luton.</p> <p>Resolved: That the Board notes the report (Ref: 8.1) on the process for determining the Luton CCG's commissioning intentions for 2014/15 and asked to receive the proposed plan in due course.</p>
17.	LUTON CCG PROSPECTUS (REF: 8.2)
	<p>Rod While, presented his report (Ref: 8.2) on Luton CCG's operational plan 2013/14, produced as the 'Prospectus' required by NHS England. He said its purpose was to inform the local population of the CCG key priorities, how they could get involved to give their views on how funds should be spent and what their expectations were.</p> <p>He said a copy of the Plan was meant to be attached to the report as an Appendix, but had been tabled on the night, as it was omitted in error from the agenda papers, for which an apology was offered. He added potted versions of the plan had been before the Board on previous occasions.</p> <p>Resolved: That the plan be approved, subject to members of the Board being given the opportunity to read it and give feedback by e-mail after the meeting, if any.</p>
18.	THE FUTURE OF THE L&D (REF: 9.1)
	<p>Pauline Phillip, the Chief Executive of the Luton & Dunstable Hospital welcomed the opportunity to update the Board on developments at the hospital.</p> <p>Focusing on all areas of business, she said the Trust was open about its performance and following some issues 3 years ago, had made significant investment to address them.</p>

She then gave a presentation, with key points as follows;

Performance:

- The hospital now met all essential CQC standards;
- Doing better on the mortality board;
- Performance was good on infection control (re C Diff and MRSA);
- Significant progress made on staff recruitment and training;
- Safeguarding turned around, with robust training in place working with the local authority;
- Meeting targets on cancer, but more work to be done with GPs outside hospital to educate people to attend diagnostics;
- Working on some areas re 18 weeks waiting target;
- Emergency Department doing very well;
- Patient's Experience Call Centre and complaints Board dealing with all complaints received. Loop closed so that few came back after initial dealing and response;

Areas where More to be Done:

- End of life care, working with the CCG on preferred place of death;
- Elderly care in hospital no longer sustainable as of old, as now an area of many changes – working with GPs, the Council and CCG so that care could be provided outside the hospital environment, at home or in community, unless hospital admission needed;
- Patient's experience - room for improvement. Major issue not always with care provided, but with poor communication. A priority to do better at clinical level, as patient's expectation higher due to media influence;
- Hospital re-development.

Clinical Services Strategy – Delivering the New L&D:

- Strategy to deliver the type hospital required for the next 5/6 years;
- Not all services to be delivered at the hospital site – some closer to people's home working with partners in community settings;
- L&D to deliver high quality acute care and specialist services, teaching and research excellence;
- Developing the environment to deliver what the hospital would provide now and in the future;
- Funding for the project would come from savings, supplemented by borrowing at cheaper rates from the Foundation Trust system;
- There would be a new block, with other parts re-developed, to give the impression of a new hospital when entering the front door.

In terms of the stages of the re-development project, Pauline Phillips said some parts had already been delivered, e.g. Theatres 1-6 refurbishment and the New Fertility Centre, some had been started and others yet to be tackled.

Answering questions, further information provided as follows:

Pauline Phillip:

- New car parking facilities would be provided;
- The Maternity block would be re-developed, but not replaced as a whole;
- There was business case for each aspect of the project; some started

	<p>using money from savings, working on a congested site. Sophisticated programme needed to run smoothly. The whole programme would take 3 to 4 years to complete.</p> <p>Nina Pearson:</p> <ul style="list-style-type: none"> • The Clinical Commissioning Group would look at outcome measures, obtaining information from patients and public; • Evidence from clinical leadership/ engagement, for example, showed room for changes in elder care, in terms of the most appropriate places for treatment. Changes to be achieved working in partnership; • In terms of issues to do with discharge from hospital, these were examined by a recent Council scrutiny Task and Finish Group and the report and recommendations were about to be published. The Prescribing Committee looking also at its policy. <p>Pauline Phillip:</p> <ul style="list-style-type: none"> • On discharge, example of good practice from parts of the country looked and tried. Services were working together to overcome the problems; <p>Answering a question on 'Falls Prevention', Pam Garraway said a successful local initiative was in place.</p> <p>Nina Pearson said the falls prevention was now mainstreamed, following a pilot started about 18 months ago.</p> <p>Gerry Taylor said the initiative on falls prevention was an example of the benefits of working together delivering service closer to homes and in the community and welcomed L&D's commitment to work in partnership.</p> <p>Pam Garraway said all services were signed up to the Integration Agenda, as they were all in it together. Integration also covered in the recommendations of the Task & Finish Group, which would go into the programme of delivering together to make a difference.</p> <p>Nisar Mohammed commented it was important on quality and safety to hear patients' experience and the Luton Safeguarding Board and asking complaints managers to come together to ensure no cases went unnoticed.</p> <p>Resolved: (i) That Pauline Phillip's presentation bringing the Board up-to-date with developments at the L&D Hospital be noted;</p> <p>(ii) That the Board's thanks to Pauline Phillip for her presentation be recorded.</p> <p>(Notes: Cllr. Hussain declared a non-pecuniary interest, as a Luton Borough Council's appointed Governor of the hospital Trust's Board and continued sitting)</p>
19.	NHS ENGLAND (REF: 10.1)
	<p>Resolved: The presentation on NHS England was postponed to a future meeting of the Board, as Dr Sarah Whiteman was unable to attend due to unforeseen circumstances.</p>

20.	WELLNESS SERVICE – BUSINESS CASE (REF: 11.1)
	<p>Morag Stewart gave a presentation of her report (Ref: 11.1) to update the Board on the business case for the integrated wellness service, for consideration and support for the recommended option. She highlighted key points as follows:</p> <p>Background and Context:</p> <ul style="list-style-type: none"> In January 2013, the Board supported the proposal for an integrated lifestyle service based on 'wellness' principles, a prevention and early intervention approach, which would save money by keeping people healthy and independent for longer; <p>Why wellness now?</p> <ul style="list-style-type: none"> It was duty on the Council to improve health and reduce health inequalities, and for the Board to have clear strategic direction on prevention and early intervention to make savings; <p>Strategic Fit</p> <ul style="list-style-type: none"> The proposal was in line with the Health and Wellbeing Strategy re: <ul style="list-style-type: none"> - early intervention and prevention; - reducing health inequalities; - integration and efficiency; - empowerment and self-help to wean people off reliance on face to face provisions. <p>Public Consultation</p> <ul style="list-style-type: none"> Public Consultation carried out, with good response from a cross section of respondents, with men under-represented. <p>Market Testing</p> <ul style="list-style-type: none"> Market Testing confirmed there is a market for this type of service; Engagement with providers carried out to inform service model, which confirmed there was no 'lift and shift' model, which could be adapted for Luton. However, the learning would help shape the model to meet the needs of the diverse community in Luton. <p>Aim of the Wellness Service</p> <ul style="list-style-type: none"> "To reduce health inequalities through better service integration and through moving resources towards prevention and early intervention and away from avoidable treatment and care". <p>Objectives of the Wellness Service</p> <p>A number of objectives proposed, including:</p> <ul style="list-style-type: none"> To provide a person centred integrated service, with a single point of access, but multiple delivery points, to meet the needs of Luton's diverse communities and promote self-help to reduce the need for face to face service. <p>Outcome Indicators</p> <ul style="list-style-type: none"> A range of indicators proposed, from direct Service Outcome Indicators at the bottom, Intermediate Outcome Indicators in the middle and Strategic Outcome Indicators at the top.

Key elements of Wellness Service

- Would include focus on diet and nutrition, physical activity, smoking cessation, alcohol interventions and delivery of health campaigns, amongst other measures.

Service Delivery Options

Of 4 options considered, Option 3: 'Establish an integrated wellness service by bringing together existing lifestyle services under a single provider', was preferred and recommended for acceptance by the Board, as in line with the key principles of the Health and Wellbeing Strategy and would lead to greater integration, improved efficiency, reduction in health inequalities and addressed the wider determinants of health.

Costs and Benefits

- Proposed delivery budget of £1,024,600 would be within current existing spend on lifestyles services, so no additional funding required
- Would create efficiencies by reducing overhead and management costs, which could be re-invested in places where service provisions were not so good.

Timescale

- Executive decision by 27th August 2013, with tender process between September 2013 and February 2014 and start of contract from May 2014.

Cllr. Hussain commented the work should produce clear gains to demonstrate to government to obtain more funding.

Morag Stewart re-iterated there would be a range of performance targets and outcomes to deliver, including social benefits to show the service was making a difference.

Gerry Taylor commented funding for Public Health grant was agreed for the 2 years. She said additional funding previously outlined as an incentive for good performance had gone quiet.

Cllr A. Khan commented the proposed option was sensible provided there was a clear referral pathway.

Nina Pearson commented that as the proposal was anticipated to make savings in treatment and care, what would happen if demand exceeded capacity, particular as the service would sit alongside mental health re-provision. She wondered how users would be navigated through the system.

Morag Stewart said capacity was hard to determine, but bidders would be made aware of the state of health in Luton. She added there would be a need to ensure self-help was good and accessible, to wean people off reliance on face to face service. She commented there was spare capacity in services as people were confused about what was available.

Pam Garraway commented it was important to focus on prevention as well as early intervention to reduce the demand for services in the longer term. .

Morag said prevention would be a key element of the service including delivery of health campaigns, increasing the uptake of screening programmes and

	<p>improved training for staff.</p> <p>Gerry Taylor said health champions would also be part of the service and in response to a question she added Health Trainers had been de-commissioned.</p> <p>Resolved: That the business case for the integrated wellness service and recommended option 3, that is , ‘to establish an integrated Wellness Service by bringing together existing lifestyle services under a single provider be supported by the Board.</p>
21.	ON STREET SEX WORK STRATEGY (REF: 11.2)
	<p>Nikki Middleton presented her report (Ref: 11.2), seeking the Board’s endorsement for the Community Safety Partnership Strategy to deal with the on Street Sex Trade Luton.</p> <p>She said the strategy was developed as a result of concerns from front line services, residents and businesses, about the antisocial behaviour impact of the street sex trade on the town and its communities. She proceeded to make the following key points:</p> <ul style="list-style-type: none"> • From the original intention to tackle the on-street sex trade, this was changed with greater emphasis on protecting communities as a whole, including the sex workers; • The overall strategic objective was now that of removing the on street sex trade from Luton within 5 years; • A much clearer model was proposed after looking at different models elsewhere; • There was no ‘lift and shift’ model that could be used at Luton, but the best of the Ipswich model would be adapted for Luton, by re-structuring existing provisions; • A 4 prong approach was proposed, focusing on: <ul style="list-style-type: none"> - Tackling Demand - Developing routes out of sex work for those already involved - Prevention - Ensuring Justice • Many of the sex workers known to services had serious drug/ alcohol habits and were vulnerable in terms of their sexual health and from violent crime; <p>She said partners were consulted and approved the overall strategy. She added each area of the 4 prongs would become a tactical area for each agency.</p> <p>Nina Pearson commented sex workers had complex needs and needed sympathetic GPs to look at the whole person.</p> <p>Nikki Middleton said a more integrated approach was needed, using a case management model looking at each of the 30 known sex workers on a case by case basis. She added treatment offer was strengthen at Ipswich, with reliance on other services than health to implement case management.</p> <p>Pam Garraway commented the proposed model would need extra resources</p>

	<p>as many of the sex workers would need treatment at significant cost. She said it would be fine to adopt a holistic approach and provide treatment, but the issue was how to fund it.</p> <p>Nina Pearson said largely the needs for a proportion of the cohort was already accounted.</p> <p>Gerry Taylor advised additional funding had been identified around the drug and alcohol support, using mainstream services.</p> <p>Resolved: That the strategic objective and approach of the Community Safety Partnership Strategy to deal with the On-Street Sex Trade Luton be agreed and endorsed by the Board.</p>
22.	SECTION 256 TRANSFER FROM HEALTH TO SOCIAL CARE (REF: 12.1)
	<p>Pam Garraway presented the report (Ref: 12.1) seeking the Board's approval for the Section 256 agreement between LBC Adult Social Care and NHS England as required by the Department of Health (DH) in their letter of 19th June 2013.</p> <p>She advised a report was brought to the Health and Wellbeing Board on 3rd June 2013 and the proposals for the use of section 256 funding approved. She said following a letter from the Chair to the Department of Health, clarification on the mechanism for the transfer of funds from NHS England to Luton Borough Council had been received. She added this was dependent on the approval of the spending plan by Health and Wellbeing Board.</p> <p>Pam Garraway sought the Board's sign-off for the section 256 agreement, which was approved.</p> <p>Resolved: (i) That the proposed Section 256 legal agreement between Luton Borough Council and NHS England be approved by the Health and Wellbeing Board, subject to any changes that may be required by the Luton Clinical Commissioning Group, NHS England or the solicitors;</p> <p>(ii) That authority to make any changes that may be required by the Luton Clinical Commissioning Group, NHS England or the solicitors and for final sign-off be delegated to the Director of Housing, Community Living and Adult Social Care, after consultation with the Chair.</p>
23.	WINTERBOURNE VIEW – UPDATE AND STOCKTAKE (REF: 12.2)
	<p>Pam Garraway presented the report (Ref: 12.2) to update the Board on progress against the key priorities identified following various reports on the poor quality care and concerns at Winterbourne View, which provided specialist care for people with learning disabilities.</p> <p>She requested the Board note the stocktake document attached to the report and support the ongoing partnership work to ensure Luton residents with learning disabilities received a good quality of care.</p>

	<p>She said there were a few potential areas of concern as follows:</p> <ul style="list-style-type: none"> • Specialised commissioning: not yet met with the Specialised Commissioning Group (SCG) and only limited information available on the four people they believed fit the criteria for SCG funding, only one of whom is known to Luton's Community Learning Disability Team. • For entry into the local registers, there was a need for a better national definition of what constituted people with behaviour that challenges; • Commissioning intentions for re-provision – to be picked up by the joint Luton Learning Disability commissioning strategy; • The 1st June 2014 target to place all of Luton 4 current in-patients in less restrictive settings nearer home might be possible, but there were two significant barriers: <ul style="list-style-type: none"> - as most were detained under the Mental Health Act, their status would need to be reviewed; - there was a lack of current suitable local provisions. New services would need to be developed which was a very lengthy process. • Best Interests Assessors (BIA) involvement in care planning – capacity an issue; two more BIAs to be trained up by Autumn 2013; • Capacity to deliver crisis response services locally: Beds CCG reviewing services within the joint SEPT contract. Luton CCG re-provision process was a concern. <p>Pam Garraway said the work was going well to deliver.</p> <p>Nina Pearson commented great progress achieved. She added there were two disparate learning disability groups, which did not seem fair, as they should be looked upon at more holistically.</p> <p>Pam Garraway said the commissioning strategy would look at this issue, as only 4 people concerned.</p> <p>Resolved: (i) That the update on the Winterbourne View stocktake be noted by the Board and the ongoing partnership work to ensure Luton residents with a learning disability received a good quality of care be supported.</p>
24.	WHOLE SYSTEM INTEGRATION (REF: 12.3)
	<p>Pam Garraway presented the report (Ref: 12.3) to update the Board on progress achieved in preparing the Project Initiation Document to apply for national Integrated Care Pioneer programme, since the matter was presented to its last meeting.</p> <p>She said Ernst & Young was commissioned by Luton Borough Council and Luton CCG to develop a project initiation document for whole system integration, and had completed the application pack. She added it was a good bid and that the result was expected in September 2013.</p> <p>She further said the name for the programme was to be 'Luton Better</p>

	<p>Together', and that a progress report would be presented to every future Board meetings.</p> <p>Resolved: That the Board notes the project initiation document for whole system integration and the application for Luton to become a pioneer site for whole system integration and agrees to receive a report on the progress of the programme at each of its future meetings.</p>
	<p>REVIEW AND UPDATE THE WORK PROGRAMME (REF: 13.1)</p>
	<p>Bren McGowan said the Work Programme for future meetings were as in the table presented in the report pack (Ref: 13.1). He advised the Board needed to consider calling an additional meeting on 29th August 2013 to take a number of items listed for 'date to be confirmed'.</p> <p>As no one objected, the Chair agreed to call the additional meeting for 6.00 p.m. on Thursday 29th August 2013. She said Sarah Whiteman's presentation could be moved to the October meeting, unless she was able to make the additional meeting on 29th August.</p> <p>Nina Pearson said the CCG Commissioning Intentions would only be an update.</p> <p>Resolved: (i) That the work programme be noted;</p> <p>(ii) That an additional meeting of the Board be arranged for 6.00 p.m. on Thursday 29th August 2013 at Luton Town Hall.</p> <p>(iii) That arrangement be made with Sarah Whiteman to bring her presentation on NHS England to the Board either on 29th August or 29th October 2013.</p>
	<p>Notes: The meeting ended at 8:10 p.m.</p>