

Committee Ref:

HWB/11/20



Notice of Meeting

Health and Wellbeing Board

Date : Wednesday, 18 November 2020

Time : 18:00

Place : Virtual meeting via*Skype

MEMBERS:

Councillor Simmons	Leader, Luton Council (Chair)
Dr Nina Pearson	Director of Clinical Transformation, BLMK CCGs (Bedfordshire Care Alliance), Luton CCG (Vice Chair)
Councillor Campbell	Minority Group Representative, Luton Council
Councillor J. I. Hussain	Portfolio Holder, People (Adults), Luton Council
Councillor M. Hussain	Portfolio Holder, People (Children), Luton Council
Councillor K. Malik	Portfolio Holder, Public Health & Wellbeing, Luton Council
Michelle Bradley	Director of Beds and Luton Mental Health and Wellbeing Services, ELFT
Georgie Brown	NHS England
David Carter	CEO, Bedfordshire Hospitals NHS Foundation Trust
Patricia Davies	Accountable Officer, BLMK Commissioning Collaborative, Luton CCG
Amanda Lewis	Director of Children's Services, Luton Council
Lucy Nicholson	CEO, Healthwatch Luton
Anita Pisani	Deputy CEO, Cambridgeshire Community Services
Nicky Poulain	Director of Primary Care & Executive Member of BLMK Commissioning Collaborative, Luton CCG
Robin Porter	CEO, Luton Council & Chair, Community Safety Executive
Sharn Basra	Assistant Chief Constable, Bedfordshire Police
Philip Turner	Chair, Healthwatch Luton

Quorum: 7 of the members listed above, in person

Contact Officer: Eunice Lewis (01582 547149)

Email eunice.lewis@luton.gov.uk

[Skype Meeting Link](#)

Purpose: This Board provides the leadership for and oversight of the development of wider health and social care partnership arrangements, operating within the statutory framework established under the Health & social Care Act 2012. It is locally accountable for improving the health and wellbeing of the population of Luton, through integration and joint working/commissioning of services across the NHS, Social Care and Public Health.

***SKYPE:** During the Covid 19 emergency period, this meeting will take place virtually, via Skype. To access the meeting, please click on the link to the meeting above.

AGENDA

<i>Agenda Item</i>	<i>Subject</i>	<i>Page No.</i>
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Introductions

1 Apologies for Absence

2 Minutes

1. 19 October 2020

1 - 6

3 Disclosures of Interest

Members are reminded that they must disclose both the existence and nature of any disclosable pecuniary interest and any personal interest that they have in any matter to be considered at the meeting unless the interest is a sensitive interest in which event they need not disclose the nature of the interest.

A member with a disclosable pecuniary interest must not further participate in any discussion of, vote on, or take any executive steps in relation to the item of business.

A member with a personal interest, which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest, must similarly not participate in any discussion of, vote on, or take any executive steps in relation to the item of business.

Disclosable pecuniary interests and Personal Interests are defined in the Council's Code of Conduct for Members and Co-opted members.

4 Urgent Business

The Chair to report on any business which is considered to be urgent and which should be discussed at the meeting in accordance with Section 100B(4)(b) of the Local Government Act 1972 and to determine when, during the meeting, any such business should be discussed.

5 References from Committees and Other Bodies

Reports

6	Diabetes in Luton - Local Picture	7 - 25
	(Presentation) (Report of BLMK – Dr. Chirag Bakhai & Director of Primary Care & Executive Member of BLMK Commissioning Collaborative)	
7	Update on Covid-19 in Luton & Health Protection Board - To Follow	
8	(Report of the Corporate Director Population Wellbeing) Amendments to the Membership of the Health and Wellbeing Board	26 - 29
	(Report of the Interim Service Director, Policy, Community & Engagement) Information Items	
9	Healthwatch Luton – Information Update – Q2	30 - 46
10	(Report of the Chief Executive Officer – Healthwatch Luton) Health Inequalities Delivery Board	47 - 49
11	(Report of the Corporate Director Population Wellbeing) Children Trust Board Cover Report	50 - 56
12	(Report of the Corporate Director of Children Services) Transformation Board - To Follow	
	(Report of the BLMC CCGs - Director of Primary Care & Executive Member of BLMK Commissioning Collaborative)	
13	Minutes from the Health and Social Care Engagement Board - To Follow	
14	(Report of the BLMC CCGs - Director of Primary Care & Executive Member of BLMK Commissioning Collaborative) Health and Wellbeing Board Draft Work Programme Report 2020-21	57 - 69
	(Report of the Corporate Director of Population Wellbeing)	

To consider whether to pass a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the public from the meeting during consideration of any item listed above if it is likely that if members of the public were present during those items there would be disclosure to them of exempt information falling within the Paragraphs of Part1 of Schedule12A to the Local Government Act 1972.

Health and Wellbeing Board

Minutes

19 October 2020 at 6.00 pm

Present:

- Councillor Simmons – Leader (Chair of the Board)
- Dr Nina Pearson – Director of Clinical Transformation, BLMK CCGs (Bedfordshire Care Alliance) Vice-Chair of the Board
- Councillor J. Hussain – Portfolio Holder, People (Adults)
- Councillor K. Malik – Portfolio Holder, Public Health & Wellbeing, Luton Council
- Michelle Bradley – Director of Beds and Luton Mental Health and Wellbeing Services, ELFT
- Patricia Davies Accountable Officer, BLMK Commissioning Collaborative, Luton CCG
- Amanda Lewis – Director of Children Services, Luton Council
- Jamie Langwith – Chief Inspector, Bedfordshire Police
- Lucy Nicholson – CEO Healthwatch Luton
- Robin Porter – CE, Luton Council and Chair of CSE
- Nicky Poulain – Director, Primary Care & Exec Member, BLMK CCGs
- Gerry Taylor – Director of Public Health & Wellbeing and DASS
- Phil Turner – Chair, Healthwatch Luton

Named Substitute Members:

- Jane Meggitt – Director of People, Communications and Engagement BLMK Commissioning Collaborative

Observers:

- Councillor David Agbley – Chair Scrutiny Health and Wellbeing

In Attendance:

- Sally Cartwright - Public Health
- Laura Church - Place and Infrastructure - Luton 2040
- Lisa Hudson - Public Health
- Jane Meggitt - BLMK
- Katie Neat - Cambridgeshire Community Services
- Rafiq Suliman - Public Health
- Sinead McNamara - Policy, Strategy and Partnerships - Luton 2040

48 Apologies for absence (Ref 1)

Apologies for absence from the meeting were received from Cllr Campbell, Cllr M. Hussain, David Carter, CEO Bedfordshire Hospital and Anita Pisani, Deputy CEO, Cambridgeshire Community Services

49 Minutes (Ref 2.1)

That the minutes of the meeting of the Board held on 17 September 2020 be taken as read, approved as a correct record and signed by the Chair in due course.

50 Update on COVID-19 in Luton (incorporating update on the Health Protection Board) (Ref 6)

The Director of Public Health and Wellbeing was grateful to Board colleagues for their comments and good wishes and went on to present the report (Ref: 6), updating the Board on Covid-19 and its impact on the health of the population of Luton.

She said the Covid-19 situation was fast changing and referred members to the current situation in Luton, in term of confirmed cases and hospital deaths, as set out in the report.

As at 16 October 2020, there had been 2,517 cases in Luton, giving a cumulative rate of 1,181.4 per 100,000, the highest rate in the East of England region. This represented a significant increase over the situation recently, with 122 weekly cases per 100,000 population. Hospital deaths had peaked and were returning to normal levels, but 2 Covid-19 related deaths were recorded the previous week.

The Director of Public Health was concerned that the situation was escalating in Luton, as it was with the rest of the country, with an increase in Covid-19 in-patients seen at Luton and Dunstable Hospital. She advised that Luton needed to do what it could to halt the increase in the rate of infection.

She went on to inform the Board that Luton was in the 'medium' tier of the government's recently updated three-tier contain framework. She summarised the three tiers as follows:

- Medium: all local areas were automatically at this level, which included the rule of 6 and early closing for some premises
- High: the thresholds for moving into high were currently being finalised. At this level, households could not meet other households indoors (including in public places).
- Very high: the thresholds for moving into very high were currently being finalised. At this level, regulations were negotiated between the local authorities and central government.

In the medium tier 1, the rule of 6 and early closing at 10.00 pm for some premises were applicable to Luton. However, given the increase in cases in Luton, she said discussions were ongoing at the 'gold' meeting chaired by the secretary of state every Wednesday and Luton might escalate to tier 2 (high), if the rate of increase continued.

She added that the Luton local outbreak plan was operating well, with all partners working well together to manage and contain the outbreak in Luton.

In terms of testing, she said that Luton had a range of options, as set out in the report. People were required to book in advance, due to reduced testing capacity, which had been re-prioritised to areas with higher infection rates. Luton had ceased to test people without

Covid symptoms. However, more testing in Luton was being made available to enable residents to book a test locally and in a timely way, following close working with the NHS and Department of Health and Social Care.

Luton had also had a good success rate, up to 100%, with contact tracing of cases handed to it by the national system after 24 hours. Discussion was ongoing with Public Health England for more contact tracing to be taken on locally.

In relation to educational establishments ahead of the autumn term, Public health was in contact with schools and the university to ensure they had the right guidance and plans in place. To date there had been only a few cases of Covid in schools and the university.

The Director of Public Health further informed the Board that enforcement officers, with Police back up, were working hard to ensure people and businesses were complying with the restrictions in terms gatherings and social distancing.

Responding to a question, she re-iterated that the weekly infection rate for Luton as at mid-October was 122 per 100,000 population.

In the absence of further questions, she requested that the Board note the report.

Resolved: (i) That the report of the Director of Public Health and Wellbeing (Ref: 6), updating the Board on Covid-19 and its impact on the health of the population of Luton be noted;

(ii) That the Board's thanks and good wishes to Gerry Taylor for all her hard work and contributions for Luton Council and the people of Luton over the many years that she had been Director of Public Health be recorded, as she embarked on a new role in Sunderland.

51. General update: Provision and access to health services in Luton, given the Covid-19 situation (Ref 7)

The BLMK CCGs' Director of Primary Care presented the report (Ref: 7) to the Board on the general update on the key elements of the phase 3 recovery plan and the provision and access to health services in Luton, given the Covid-19 situation. Colleagues from the health system were also in attendance to answer questions from the Board, as appropriate.

She said that every attempt was being made to inform residents in Luton that services were being provided and working and to address some areas where facts were not right, for example, confusion about the provision of blood tests for long-term conditions, which were unrelated to Covid-19.

She re-iterated that the health system was trying to pull together and deal with the backlog in some areas caused by the pandemic. The L&D Hospital was working with clinicians to prioritise services.

Following questions and comments, further information provided was recorded, including the key points set out below.

In terms of what services were available, the Director of Primary Care said that primary care services through GP Practices had always been available to the public during the current situation, which they could access. She added that as much as possible was being done through remote consultation and by telephone to protect patients and staff from the risks of infection. Remote consultation ensured there was a dialogue between patients and the doctors and therapists. This provision was also available to Care Homes. Remote consultation was very successful, e.g. with home testing kits for people with diabetes.

People with long-term conditions were routinely managed remotely, with clinicians seeing only those who needed a face-to-face consultation. The message was that consultation would be done remotely as much as possible, but if a face-to-face consultations were required, patients would be asked to attend the Practice.

Cambridgeshire Community Services (CCS) and East London Foundation Trust (ELFT) were also delivering community and mental health services remotely, where possible.

The BLMK CCGs' Director of Clinical Transformation, a GP in Luton, concurred with the situation described above, re-iterating that wherever possible consultation would start off remotely and where necessary, the GP would then arrange to see the patient face-to-face in the surgery at certain times to protect them from the risk of infections from other patients with suspected Covid-19. If necessary, patients could also be seen in their own homes. It was reinforced that GP and community services were available, if only people had the confidence to use the telephone to start with and moving to the next stage, if necessary.

The Public Health Portfolio Holder commented that she had concerns that some members of the communities did not have access to communications equipment or would not be able to understand using remote consultation. Some people had underlying health issues, such as diabetes and high blood pressure and believed their surgeries were not opened and doctors were only seeing patients in emergencies. Many did not have equipment, such as blood pressure monitors at home. Remote consultation would work for some, but not all patients.

The Director of Clinical Transformation reinforced the message that GP Practices offered team working, comprising clinicians and other staff, not just doctors. She agreed that more could be done and gave an example of clinicians speaking enthusiastically to communities in their own languages on diverse topics during a regular health slot on Inspire Radio. She added that clinicians were also being asked by Covid Champions to get involved, sharing information more creatively to advise people how to look after their own conditions, how to acquire blood pressure monitors and check their blood pressure for themselves. She agreed that for people who could not get these monitors, services needed to source the kit for them.

The Healthwatch Luton (HWL) Chief Executive commented that HWL had had positive feedback from some patients about remote access, but a significant number of patients also contradicted that all GP Surgeries were practising remote access, as they were struggling to get remote or face-to-face consultations.

The Director of Primary Care commented that there was a digital team giving support to the five primary care networks in Luton to provide ongoing development for practice staff. She said that practices had the kit and needed the confidence to use it. She welcomed feedback on a case-by-case basis to work on.

The Chair requested that HWL report cases directly to the Director of Primary to investigate.

The Director of Primary Care agreed to provide a contact e-mail address, through the Democracy and Scrutiny Officer, to report any issues direct to the Luton team.

The Public Health Director queried what more could be done, in terms of communication, to ensure residents were made aware of what was available, e.g. what could Covid Champions and GPs do more of?

The BLMK CCGs' Director of People, Communications and Engagement commented that the BLMK CCGs disseminated a lot of information on what was happening through the usual trusted channels, including its website and social media. Information was also shared through short videos in different languages. The situation was reviewed weekly to see what

could be done better. She requested that members inform her of any identified gaps through their own organisations' channels.

The Chair commented that it would be useful for members to be able to get in touch.

The Director of People, Communications and Engagement added that BLMK CCGs was working with Public Health to get the message across, e.g. through voluntary groups and the Covid Champions. She also offered to attend and speak at any forum to provide information, if requested.

Moving on, the Chair requested information about concerns expressed in relation to provision of blood test services.

The Primary Care Director said the problem with blood tests was not unique to Luton. It was a national issue, being managed as an incident and was unrelated to Covid-19. She added that there was a shortage in the supply of reagents used for the blood tests supplied by Roche and that not all blood tests were affected. Bedfordshire Hospitals and GP Practices were affected. Milton Keynes was not affected, as they did not use the Roche's products.

She stated that work was underway with the Acute Trust to prioritise tests for patients with urgent needs. She was confident that the situation would be returning to normal by the middle of the following week.

The Chair commented that people needed to know what was going on and why the situation was not connected to Covid-19.

The Primary Care Director said the volume of Covid-19 testing had had an impact on the supply chain for the reagents from Roche.

In relation to access to blood test services in local areas, e.g. at Wigmore, raised by the Public Health Portfolio Holder, the Chair commented that blood tests were provided by some GP Surgeries.

The Primary Care Director said that focusing blood tests at Arndale house was to reduce the risks of spreading Covid-19 infections by reducing attendances at GP surgeries.

The Director of Clinical Transformation re-iterated the need to minimise the risk of infection on the assumption that every person was potentially spreading Covid-19. Focusing services at one location also allowed the management of the available workforce at the right place at the right time. Blood tests were also offered at some community services locations, such as Vestry Close. She offered to discuss specific concerns with blood tests provisions further with the Public Health Portfolio Holder outside the meeting.

Resolved: That the report (Ref: 7), providing the Board a general update on the key elements of the Phase 3 Recovery Plan and the provision and access to health services in Luton, given the Covid-19 situation be noted

52. Work Programme 2020/21 and Executive Forward Plan (Ref 8)

Members considered the work programme report (Ref: 8) and agreed the additional item listed below:

- Presentation on Diabetes in Luton – Dr Chirag Bakhai, BLMK CCGs

Resolved: That the DSO be authorised to update and amend the work programme with the item discussed and include additional items in consultation with the Chair of the Board and the Director Public Health and Wellbeing.

(Note: (i) The Chair and members of the Board from Luton Council, NHS and other partners paid tribute to and thanked Gerry Taylor on her last appearance before the Board, for all her hard work and contributions for Luton Council and the people of Luton over the many years that she had been Director of Public Health and wished her well in her new role in Sunderland.

(ii) The meeting ended at 6.44 pm)

Committee:	Health and Wellbeing Board		
Date of Meeting:	18 November 2020		
Subject:	Diabetes – Local Picture		
Report Author:	Dr. Chirag Bakhai		
Contact Officer:	Nicky Poulain, BLMK CCGs Director of Primary Care nicky.poulain@nhs.net		
Implications:	Legal <input type="checkbox"/>	Community Safety <input type="checkbox"/>	
	Equalities <input type="checkbox"/>	Environment <input type="checkbox"/>	
	Financial <input type="checkbox"/>	Consultations <input type="checkbox"/>	
	Staffing <input type="checkbox"/>	Other <input type="checkbox"/>	
Wards Affected:	N/A		

Purpose

1. To update the Health and Wellbeing Board (HWB) of the work that is taking place locally to mitigate the risk factor and management of diabetes in Luton.

Recommendations

2. The Health and Wellbeing Board is invited to note the report, and to make recommendations as appropriate.

Report

3. PowerPoint Presentation attached as Appendix

Diabetes

Luton Health & Wellbeing Board

18th November 2020



Overview of diabetes in Luton

- Diabetes is a condition where the body is no longer able to properly control blood sugar levels, leading to high blood sugar levels which can be harmful
- Type 1 diabetes – 825 people in Luton (0.3%)
- Type 2 diabetes – 14,080 people in Luton (5.9%)

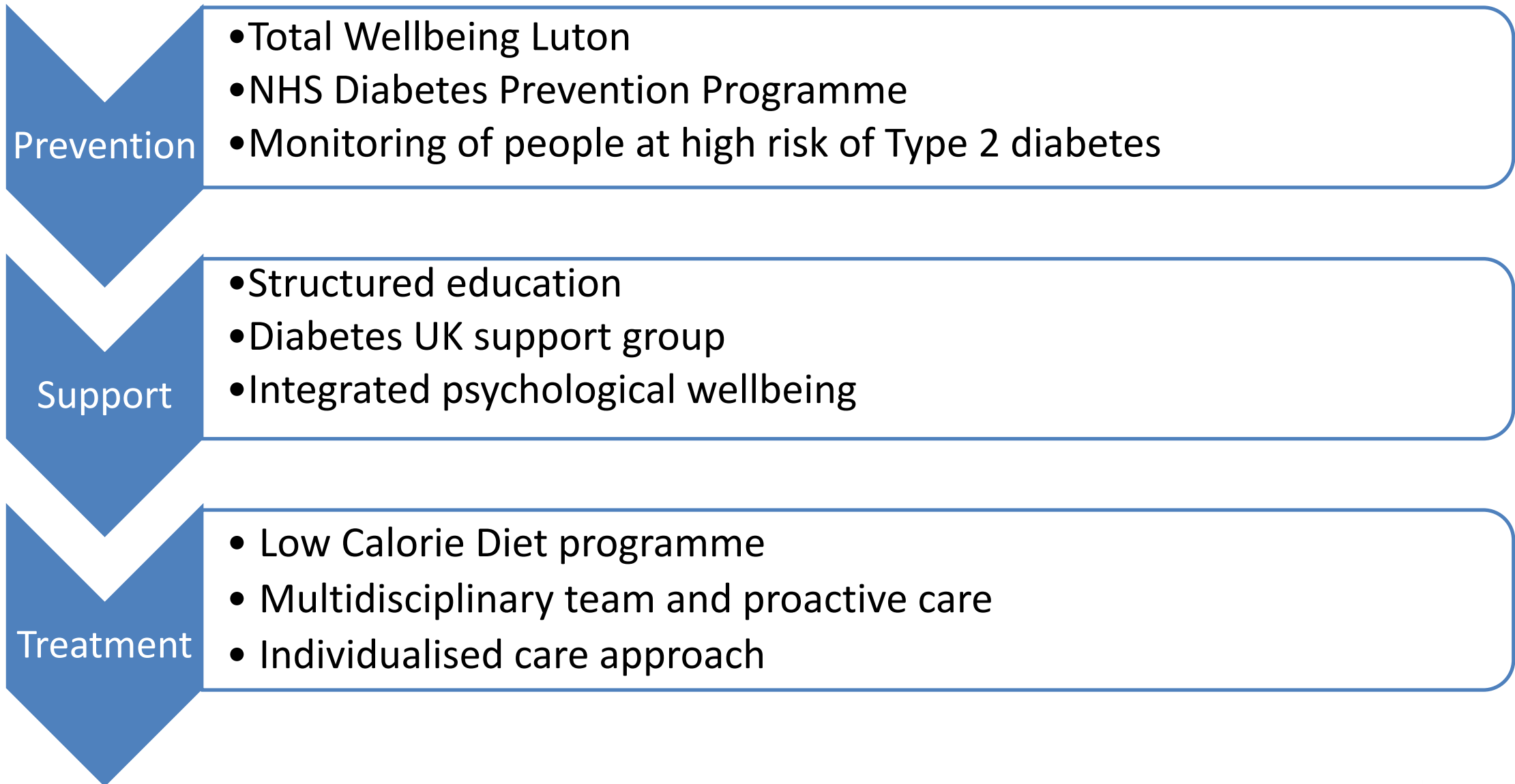
Risk factors for Type 2 diabetes

Modifiable

- Excess body weight
- Physical inactivity
- Diet
- Smoking

Non-modifiable

- Age
- Male sex
- Family history
- Medical history
- Ethnicity



Reducing risk of Type 2 diabetes

NHS Diabetes Prevention Programme in Luton

- Launched in Luton in 2017
- 9000 people have been referred
- Luton performance used as a case study nationally
- 51% of people starting the programme from BAME backgrounds
- 48% of people starting the programme are men
- Change to delivery format during COVID-19 pandemic
- Recent self-referral route through Diabetes UK Know Your Risk tool

- Type 1 diabetes – 3.5 x the odds of COVID-19 related mortality
- Type 2 diabetes – 2 x the odds of COVID-19 related mortality
- Higher odds of mortality linked to worse blood glucose control
- Higher odds of mortality with increasing obesity
- Major risk factor is age

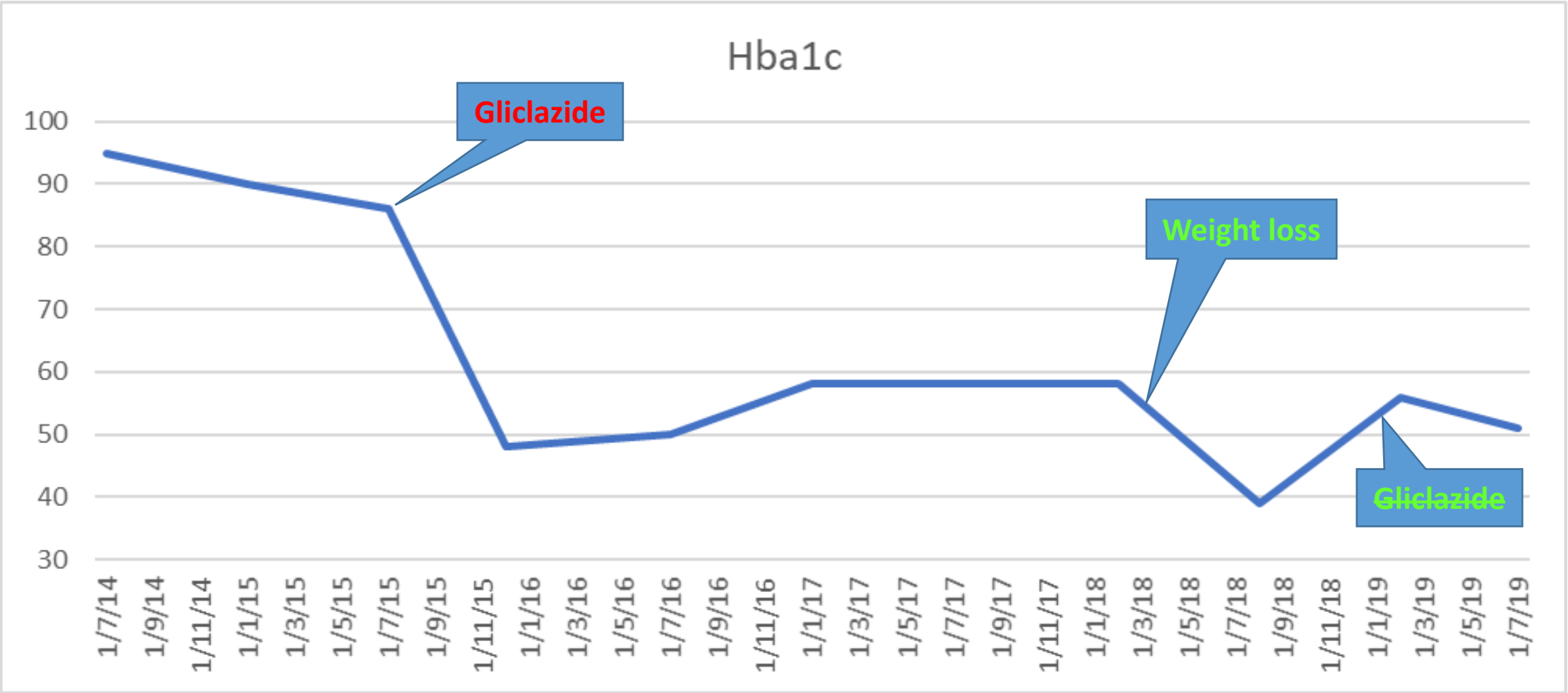
Phil Turner from Healthwatch Luton

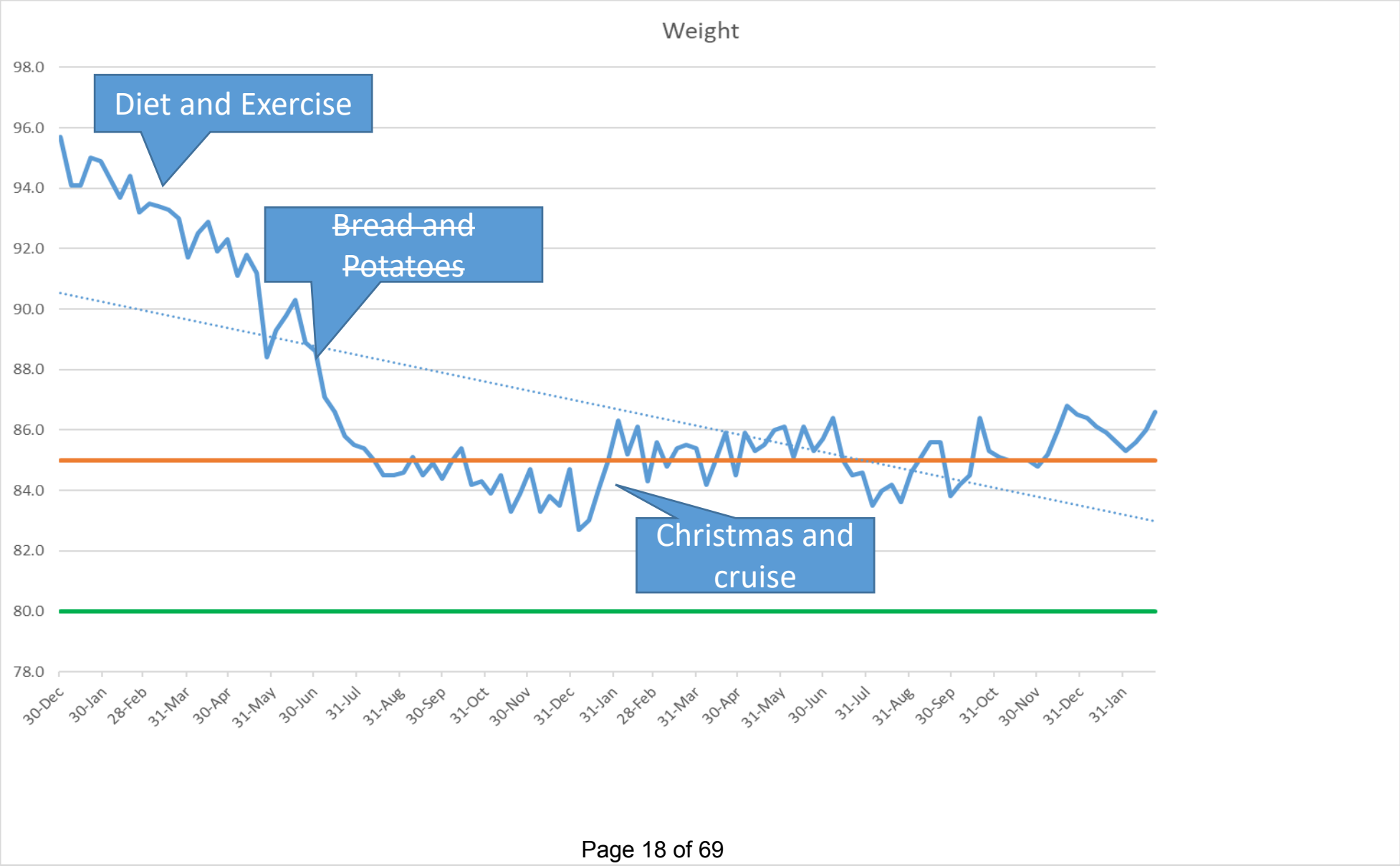
Sharing his experience of improving his health through lifestyle

- Phil Turner from Healthwatch Luton
- Sharing his experience of improving his health through lifestyle

My Journey

- 20+years ago
 - Blood test for unrelated problem
 - GP noticed some indicative readings
 - Started going annually for glucose tolerance tests
- Some years later
 - Diet controlled
 - Then Metformin





Why?

- I enjoy walking and was finding it an effort
- Not happy with the way I looked
- Didn't like being reliant on drugs
- Pains in knees and ankles

Challenges

- I am a foodie and really like my food
- Lack of motivation
- Find exercise boring
- Not a lot of self control when faced with tasty food

Low Calorie Diet Programme

- Revolutionary development in Type 2 diabetes care
- Strong evidence for potential for remission
- Key mechanism is through weight loss
- Total diet replacement with behavioural support
- Initial Luton pilot – 14kg average weight loss
- Successfully bid to be a pilot site for the NHS programme
- NHS LCD programme launched in late September

Type 1 diabetes:

- Digibete for children and young people and their families
- MyType1Diabetes for adults with Type 1 diabetes – access directly at myType1diabetes.nhs.uk
- BERTIE online for adults with Type 1 diabetes

Type 2 diabetes:

- MyDesmond (interactive web-based platform)
- Remote DESMOND course for people newly diagnosed with Type 2 diabetes
- Remote DESMOND Foundation course for people living with diabetes for more than a year

Coming soon:

- Remote Carbohydrate Awareness
- Remote courses in Urdu and Bengali
- Healthy Living for Type 2 diabetes

- Practices are providing care for people with diabetes
- Routine reviews were cancelled in early stage of the pandemic – resumed
- Generally adopting a two-stage review process
- Elements requiring face to face contact done together
- Then consultation regarding results and next steps usually by phone
- Our approach on how to perform diabetes reviews has been disseminated nationally and adopted by other areas
- Recent challenges in availability of blood testing
- Prioritisation based on risk – seeing those with greatest clinical need first

Proactive, multi-disciplinary working

- Diabetes specialist team working across GP practices
- Composed of GP, highly trained diabetes clinical pharmacists, specialist nurses and dietician
- Identify and support people at greatest risk of harm from undertreated (and overtreated) Type 2 diabetes
- Proactive rather than reactive
- Providing specialist care for those with clinical need
- Reducing inequalities in outcomes
- Linking up primary care and community care services through weekly MDT (and soon to include hospital services)
- Supporting learning and sharing – bringing together different professionals

Any questions?

Committee:	Health and Wellbeing Board		
Date of Meeting:	18 November 2020		
Subject:	Amendments to the Membership of the Health and Wellbeing Board		
Report Author:	The Democracy Manager		
Contact Officer:	Bert Siong, Democracy & Scrutiny Officer Tel: 01582 546781		
Implications:	Legal	<input checked="" type="checkbox"/>	Community Safety <input type="checkbox"/>
	Equalities	<input type="checkbox"/>	Environment <input type="checkbox"/>
	Financial	<input type="checkbox"/>	Consultations <input type="checkbox"/>
	Staffing	<input type="checkbox"/>	Other <input type="checkbox"/>
Wards Affected:	N/A		

Purpose

1. For the Health and Wellbeing Board to note amendments to its membership approved and noted by Council on 17 November 2020.

Recommendations

2. That the Health and Wellbeing Board note the amendments to its core membership approved by Council on 17 November 2020, as follows:
 - (i) Laura Church be appointed to the Health and Wellbeing Board, in her interim role as the Corporate Director, Public Health and Wellbeing
 - (ii) Lucy Hubber be appointed to the Health and Wellbeing Board, in her new interim role, as the statutory Director of Public Health
 - (iii) Maud O’Leary be appointed to the Health and Wellbeing Board, in her new interim role, as the statutory Director of Adult Social Care
3. That the Health and Wellbeing Board note the appointment of new representatives from certain partner organisations on the Board since July 2020 as follows;
 - (i) Chief Inspector Jamie Langwith, full member from Bedfordshire Police (Substitute: Superintendent, Jaki Whittred)
 - (ii) Clare Kelly – Observer member from the Office of the Police and Crime Commissioner
 - (iii) Jane Meggitt – Substitute for Patricia Davies and Nicky Poulain, full members from Bedfordshire, Luton, and Milton Keynes (BLMK) Clinical Commissioning Groups (CCGs)
 - (iv) Peter Reeve - Substitute for Anita Pisani, full member from Cambridgeshire Community Service

Background

4. Amendments to the Health and Wellbeing Board procedure rules and membership was last reported to the Board 28 July 2020. Since then, a number of membership changes have taken place, which Council approved and noted on 17 November 2020.

Report

5. As a result of Gerry Taylor, the Corporate Director, Public Health and Wellbeing, leaving the council on 30 October 2020, Lucy Hubber and Maud O'Leary have been appointed to the interim statutory roles of Director of Public Health (DPH) and Director of Adult Social Care (DASS) respectively. Both of them are required to sit on the Health and Wellbeing Board as core members and have been so appointed by Council on 17 November 2020.
6. Previously, Gerry Taylor sat on the Health and Wellbeing Board as the joint DPH and DASS, roles which are now professionally separated on the Board.
7. Laura Church was appointed interim Corporate Director, Public Health and Wellbeing and has also been approved by Council on 17 November 2020 as a core member on the Health and Wellbeing Board.
8. Accordingly, these changes to the core membership of the Health and Wellbeing Board are reported to the Board for noting.
9. The Health and Wellbeing Board is also requested to note some other changes to representatives from certain partner organisations on the membership of the Board, which have taken place since July 2020, as set at paragraphs 3 (i) – (iv) above.

Proposal/Options

10. To note the changes to the membership of the Health and Wellbeing Board as set out above.

List of Background Papers - Local Government Act 1972, Section 100D

Department of Health and Social Care letter to Directors of Public Health in England – May 2020

Appendix

None

Implications

Item	Details	Clearance Agreed By	Dated
Legal	<p>Under the Constitution, it is the responsibility of Full Council to approve amendments to the terms or reference and membership of the health and wellbeing board.</p> <p>The council has a statutory duty to establish a health and wellbeing board pursuant to the Health and Social Care Act 2012 ('the 2012 Act').</p> <p>The minimum 'core' membership of the board is prescribed by the 2012 Act. This must include;</p> <ul style="list-style-type: none"> -one local councillor -a representative of the local - Healthwatch -a representative of the local clinical commissioning group -the local authority director for adult social services -the local authority director for children's services -the director of public health for the local authority <p>Beyond this minimum 'core' membership, the Council has discretion to add members to their health and wellbeing board to assist with its aims of improving the health and wellbeing of local people and tackle health inequalities.</p> <p>There are duties incumbent on the board as to the joint strategic needs assessment and joint health and wellbeing strategy. The proposed changes are designed to improve the effective carrying out of those duties and ensure the promotion of integrated working.</p> <p>That being the case, changes to the core prescribed membership accord with the legislation and therefore there are no</p>	Raj Popat, Principal Solicitor	27 October 2020

Item	Details	Clearance Agreed By	Dated
	adverse legal implications from the proposals.		

Committee:	Health and Wellbeing Board			
Date of Meeting:	18 November 2020			
Subject:	Healthwatch Luton – Information Update – Q2			
Report Author:	Lucy Nicholson – Chief Executive Office Healthwatch Luton			
Contact Officer:	Lucy Nicholson			
Implications:	Legal	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>
	Equalities	<input type="checkbox"/>	Environment	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Consultations	<input type="checkbox"/>
	Staffing	<input type="checkbox"/>	Other	<input type="checkbox"/>
Wards Affected:	N/A			

Purpose

1. To enable the Health and Wellbeing Board (HWB) to have oversight of Luton residents' views of health and care services in Luton, and people's experiences on health and social care services during the pandemic and ongoing. An overview of Q2 feedback from Luton residents, with comparison to Q1 and progression statements. September feedback report overview.

Recommendations

2. **That HWB members review people's experiences and support embedding recommendations and into future planning of health and care services**

Background

3. This report is Healthwatch Luton's overview of quarterly reporting on health and social care services from the Luton residents' experiences. This report is a thematic overview of July, August and September's reports highlighting main themes, and comparing changes to Q1 feedback from Luton residents. July and August individual reports have been provided to HWB. This appendix highlights September feedback. Q2 Thematic report to be provided.

Report

4. Attached is September Report. Q2 Thematic Report to be provided.

The monthly September report outlines the feedback from 82 residents, with 55 directly associated with experiences of health and social care related to COVID 19, and 27 related to other health and care experiences.

The main themes outlined in the September Monthly report are:

- Changes to treatment and care, expectations not being met
- Enforcement of government guidelines
- Accessing tests

- Accessing services
- Communications

Communications is a running theme which will be outlined in the Q2 Thematic report. The main themes highlighted in the Q2 Thematic are:

- Communications
- Access to services

The Q2 Thematic report also highlights thematic associations with Q1 thematic report, and projections highlighted so far in Q4 (October and November feedback so far).

Proposal/Options

5. For the Board to review.

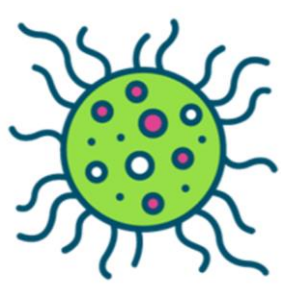
Appendices

Appendix A - Healthwatch Luton – September Feedback

Appendix B – Q2 Thematic Report Healthwatch Luton – to be provided

List of Background Papers - Local Government Act 1972, Section 100D

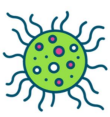
None



How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

Monthly project update: September



During March 2020, England was declared in a state of pandemic, and a 'lock down' was ordered by the Prime Minister. This had a knock on effect on all health and care services in Luton.

Healthwatch Luton began a project, to ask the public and professionals in Luton 'How are you doing?'.

The purpose of the project is to understand how the pandemic has affected the residents within Luton, their access to health and social care and their experiences since the pandemic began. There will also be an understanding of how this has affected the professionals within Luton, in both statutory and voluntary sectors.

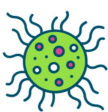
- Gather views to inform the wider health and care system, to improve delivery of care
- Ensure the voice of the public is heard
- Ensure people have an outlet for their voice
- Share current messages from partner organisations
- Promote guidance from the government
- Gather feedback from the seldom heard
- Pass on feedback to shape the system going forward
- Promote Healthwatch Luton

Activities have included a survey, calls to action, emails, case studies and phone calls to ask

- How people are feeling during the pandemic
- What is working well?
- What is not working so well?
- What can be improved and how?

Each month a report will be produced to update on the activities carried out, response rates, emerging themes and the next steps in the project.





From 14th September Luton was removed from the government watch list. Luton was mentioned in parliament on 30th September as being the only town or city, out of 48, to have successfully come out of extra measures.

September also saw a national issue with testing. During the second week of September there were issues with testing capacity and only those symptomatic (not those within their homes) were asked to be tested.

Track and trace continued to be implemented and the NHS created an app for this, which the public were encouraged to download onto their smart phones and devices to scan in to all venues.

NHS Covid-19 app



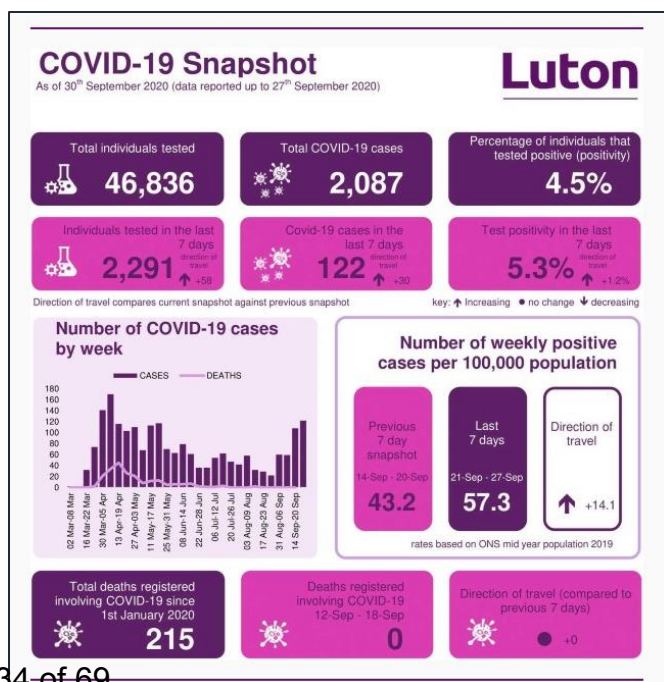
Healthwatch Luton continued to share the public messages via local authority and this included the 'Rule of 6' which meant no one could meet with any more than six people, whether that was in a private space or public space.

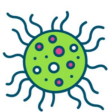
Luton Borough Council continued to inform the public on figures and showed how the change in figures was looking, in a snapshot view.

Healthwatch Luton continued to have meetings with providers and to support the sharing of communications from local organisations and the changes to their services.

Graph taken from:

https://www.luton.gov.uk/Health_and_social_care/coronavirus/community/Pages/COVID-19-cases-and-deaths-in-Luton.aspx





What are the overall themes so far?

There has been a total of **82** pieces of feedback this month, **55** of Coronavirus related feedback received this month and **27** nonrelated feedbacks. The coronavirus feedback can be split in this manner:

Service	Number
Relating to GP	10
Relating to Supported living	1
Relating to hospital	3
Relating to pharmacy	4
Relating to emergency care	1
Relating to adult social care	3
Relating to community services	3
Relating to dentist	3
Relating to MH services	5
CV19 General Feedback	25

Positive words included:

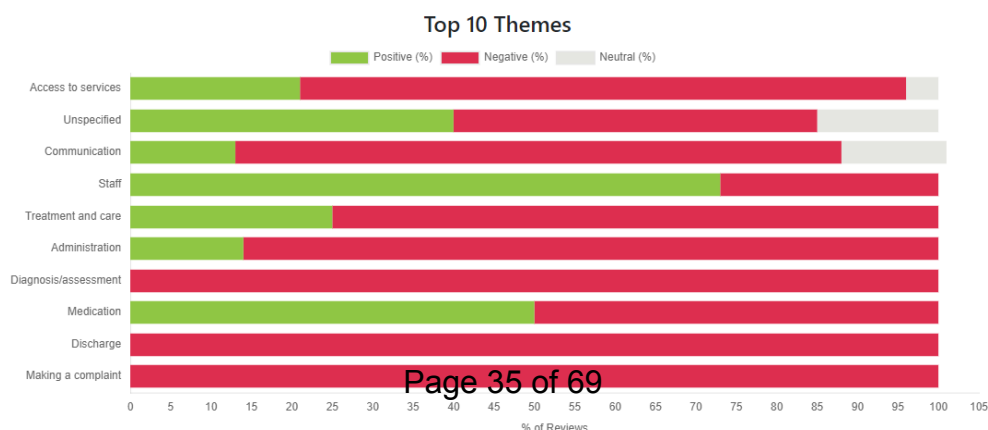
'lovely' 'helpful' 'good' 'great' 'have faith in'

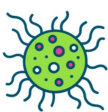
Negative words included:

'issue' 'difficult' 'deteriorated' 'dreadful' 'heart-breaking' 'struggling' 'mistreated' 'delayed'

The main themes emerging were:

- **Enforcement of government guidelines** and ensuring people were abiding by them
- **Accessing tests** was proving increasingly difficult, even when symptomatic
- **Changes to treatment** and care was not always outlined or communicated well with patients so **expectations were not met**
- **Access to services** such as GPs was still an issue, some retrospectively to earlier during the pandemic
- Confusion remains over **communications**





Social Media campaign:

Social media has been used throughout the month to share not only our own activities, but those of local organisations, to support the different activities they are also running for the public, or changes to their current service provisions.

Healthwatch Luton have continued to share the information from the local authority and from central government, to ensure the understanding of the rules for all.

Healthwatch Luton have also shared some easy read information to support those who have a need to receive information in this format.

Healthwatch Luton have continued to put out a call to action via social media using the #feedbackfriday to focus on care homes this month.

On Facebook alone, our posts have reached over 1000 people. The most popular posts being those that carry information or are for booking on to an event, such as flu vaccine or our Engagement Forums.

The AGM has been recorded and will be shared next month in a video format within our social media.

What next?

The focus will be on engagement forums and the AGM information/video to ensure we are sharing this wide.

There will also be continued support of the local authority information and messages, as well as the winter flu campaign support.

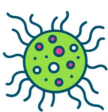
healthwatch
Luton

Online engagement forum: Hospital discharge

Have you had experience with hospital discharge? Join our online engagement forum to share your experiences.
info@healthwatchluton.co.uk
t: 01582817060

Speakers from Hospital and Luton council
Tuesday 20th October
2pm-2pm

The poster features a photograph of a healthcare professional in a white uniform standing in a hospital corridor, holding a blue folder. The text is overlaid on the image in various colors and fonts.



Testing feedback:

Luton had two walk in testing sites, one based in Bury Park and the other in Hockwell Ring, Initially these were to allow for those without access to a vehicle or those digitally excluded to have a test, however they soon became an option for those who were not able to book a test at the drive in site, or a home test. By 14th September, they were only accepting booked appointments, which were confirmed by a QR code being sent out.

Testing became very difficult in Luton, before it was taken off the 'watch list' by the government.

There was a message that those who were asymptomatic should still be tested, however, there was trouble booking tests for those who has symptoms. There became issues where home testing kits were no longer available and those who were booking site tests, were having to travel as far as Warwickshire, Leicester and Milton Keynes. One family went to Hackney.

Schools were requesting that when a child was symptomatic, their parent or carer needed to book a test, to get a negative result before returning to school, however parents were not able to get tests because of children's age (only being 4 years old) or just because of lack of testing capability.

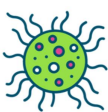
Patients were contacting PHE directly and were told that there was a national issue and lack of testing available. Some people were able to get tests by sitting and constantly refreshing the website, although one person spent around three days spending most of their time doing this, to finally get a test sent to their home, which would take longer for results.

Anecdotally, we heard people were not getting results for up to a week, when they were told at testing sites it would be a matter of days.



What next?

We will continue to share information about testing and ensure we gather feedback about testing locally, to support keeping the transmission rate low within Luton



Survey Monkey:

A general '4Qs' survey was created on Survey Monkey in May 2020.

The general survey has received an additional **four** responses this month. Two of these were from young people under 18 years of age.

This month, all responses were female and all self-defined their ethnicity as white.

Age	Total
under 18	2
19-29	1
30-39	1
40-49	
50-59	
60-69	
70+	

What next?

The survey, whilst consistently receiving some responses, needs to be reshared. There will be a new survey specifically for carers to come out later on in Q3 and there will be a drive to share the current survey with younger audiences.

There was an additional survey from Healthwatch England around hospital discharge. It was considered quite lengthy, however, it did receive two responses, which were shared with Healthwatch Luton and included in our feedback for the month.



healthwatch
Luton

How are you doing?

Let us know how you are feeling about COVID-19: What works well, what doesn't and how do you think it could be improved?

covid19@healthwatchluton.co.uk

01582 817 060

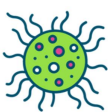
 Twitter: @hwLuton

 Facebook: HealthwatchLuton

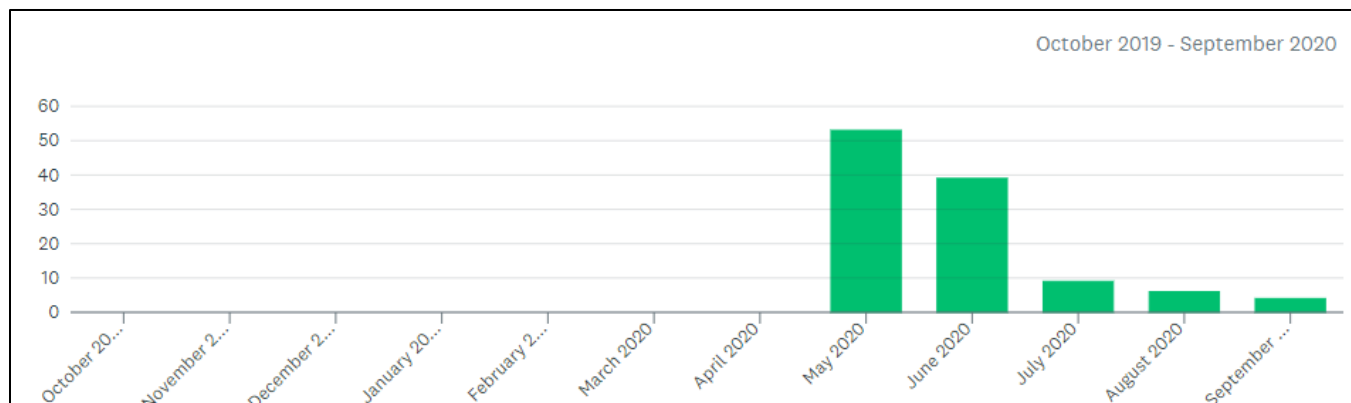
 Instagram: healthwatchluton

 Survey monkey: <https://www.surveymonkey.co.uk/r/77B7C3T>





Survey Monkey:



Graph showing the response rates to the survey

The main themes from the questions asked were:

How are you doing?

Generally, mood would seem low during the pandemic, people noted feeling worried, uncertain and 'more alone than usual'. One person felt they had changed 'a lot, but in good ways', but also noted the time as being emotionally challenging. A change in personal situations, due to the guidelines imposed, has effected people also.

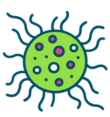
What is working well?

Digital ways of working was noted by all as being a positive. One person mentioned that

using a virtual platform was 'better than nothing at all' and another noted it meant not needing to take time off of work or children out of school to access GP appointments.

One person had still been able to access face to face appointments, which they felt was working well for them.





Survey Monkey:

What is not working so well?

There was a mix of responses to this question, with some feeling that there was prioritising of the wrong groups for things such as amenities, and others feeling they were having their services lessened, such as weekly meetings being cut down to monthly meetings, which were not conducive to the treatment plan and situation they were in. One person noted that they did not feel online meetings were working well.

It was noted as staff not enforcing government guidelines in a shared accommodation situation, meaning people were not staying home.

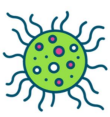
What can be improved?

It was felt that the situation was 'out of our control' as it is a pandemic so nothing could be improved. Another felt that by having more consistency in their care would have helped and offered some solutions to this, such as a regular 'Webex' meeting rather than a brief phone call.

One person felt that by having another service not for the elderly or vulnerable would help people to know they would eventually get things, but not quite as fast as those vulnerable groups.

Enforcement and following of government guidelines was felt to be something that could be improved.





Engagement

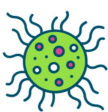
With no longer having an Engagement Officer in post, engagement was taken on by the Admin team who continued to contact those local organisations with BAME community to ask the 4Qs of them.

Targeted Engagement in a virtual manner is being trialled and this has begun with mental health inpatient wards. Healthwatch Luton were able to speak to patients and staff from one ward at the hospital and will be speaking with another in coming weeks. The main themes from the patients, was there does not seem to be enough staff. They felt they were pleasant staff and helpful, but getting to speak to them was hard as they were always 'so busy with patients who needed more attention'. One patient commented that, having been on the ward before, was 'dreading' being admitted, but due to a change in staff this time she felt that there was an improvement on management and staffing.

Young People are an area we have not heard from during this time, and we have been able to speak to the People Participation for CAMH. The feedback they gave included:

- Changes to treatment
- Not enforcing rules on public transport and other areas of society
- Access to GPs

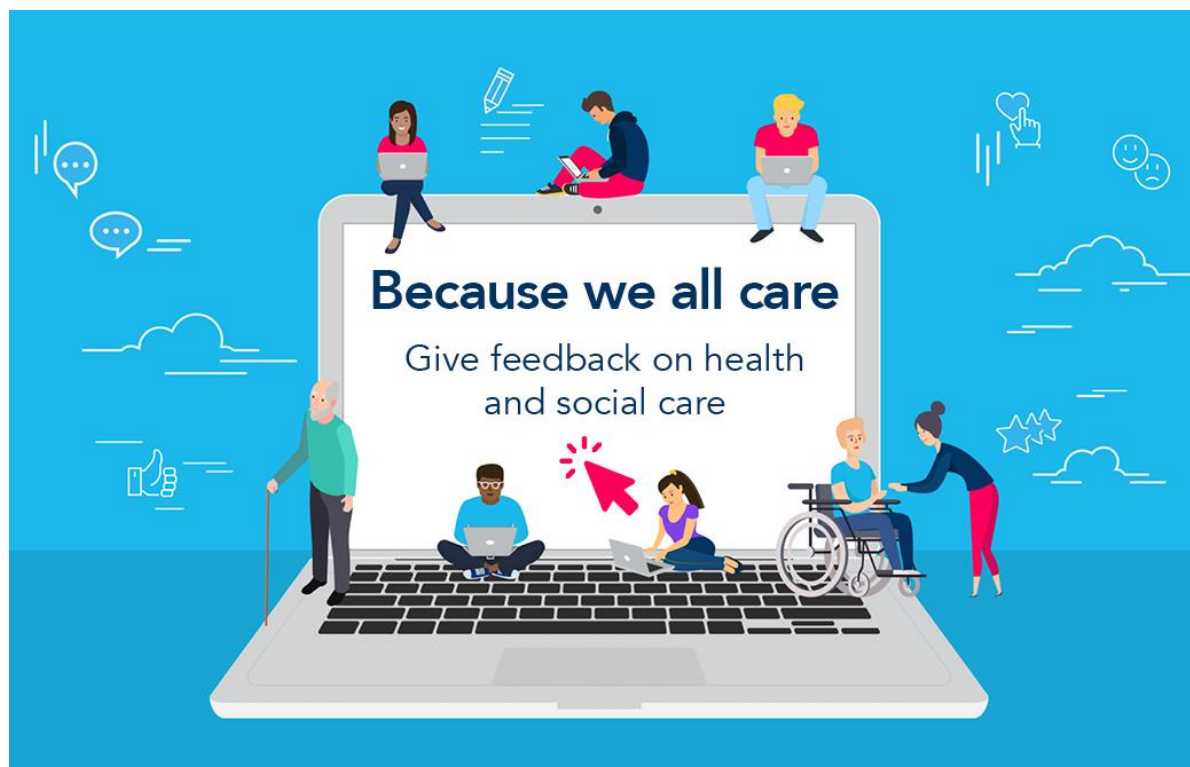


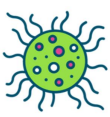


Engagement Forums will continue, with the next with speakers from LBC Social Care and Luton and Dunstable Hospital Patient Experience. These will continue monthly, with the focus reflecting the work of the Healthwatch England and CQC campaign #becauseweallcare.

All sessions feedback is included in monthly reporting and separate mini reports overviewing feedback are available for each session.

Healthwatch Luton have continued to call local organisations for their feedback using the 4Qs as a guide and this has included the start of the care homes within Luton. The care homes have provided feedback about accessing different external services for their residents, such as the doctors and hospital.





Email

A separate email address was set up for this project covid19@healthwatchluton.co.uk . This email has been used on all our videos, posts and in signatures, to try to encourage people to use it to ensure information about COVID 19 does not get lost. The emails received still seems minimal.

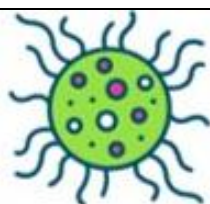
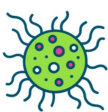
Case studies

Case studies have begun into those who are digitally excluded. The purpose of these are to understand the perspective of those who are digitally excluded and how they have found the pandemic, through accessing service, receiving communication and understanding testing.

It is worth acknowledging that at times, if a person is digitally excluded, they would not necessarily know what they are missing out on or not receiving the communications for, as they are not in the know.

See next page for an example





How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

Being Digitally Excluded



A case study

This is the experience of an older retired lady in Luton, who is active in the community as a volunteer, and who chooses to be digitally excluded.

Communications:

Information and communications are usually accessed through the TV, newspaper and radio, which has been no different during the coronavirus pandemic. One preference of a newspaper is that it can be read over a few times and the information can be taken in. Healthwatch Luton share information, as does the TV and usually verbally on the telephone via contacts.

What has worked well?

'It would be nice if some local information could be provided, so that non digital people could find out more information for example when they got on the bus. Ideal way would be leaflet drops, may be GP's but they are closed or not accessible, putting up local leaflets, pharmacies (prime one as vulnerable people get their medicines delivered) and selected other locations and may be supermarkets.'

What has not worked so well?

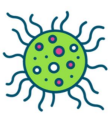
'Mixed messages coming out hasn't been helpful. It is difficult to differentiate what is relevant and the information changes quickly on a national level. There is no clarity.'

Testing:

The individual had one experience of testing:

"As we have no internet and we heard that anyone in Luton could be tested I phoned 119 number to see if we could book tests for myself and husband. Lady who answered was extremely helpful gave me as much information as she could about how system worked for "non digital contacts" She booked us both in and explained the follow up procedure. We arrived on time, person directing us in was confused when I told her we were "non digital". Checks- she still gave me the online form and said go home and apply online. Explained this was not correct – so directed us to a group of people who were assisting people in cars what to do. It took some time but eventually they found the correct procedure and checked us in. It was not easy to complete the test sitting in the car and opening plastic pouches and breaking off the stick, but they were very helpful. It was not busy with people being tested. Directions to find correct car park were not very clear- signing was not obvious enough. To get the test results, a message left on answerphone at 2pm. To phone for results of tests. Phoned 119 and said message left- she took all personal details for both once again. I said we had the numbers on the confirmation sheets we had. She put me on hold for a long time then I was put through to people who give results. Once again gave personal details. She then confirmed both results as negative. I was on phone for quite a long time however 119 is a free phone number."

The test results came through quickly and the test itself was 'ok'. There was some confusion over finding the test site as it was not clear where to go or how to access the car park itself. It was 'frustrating not knowing where to go'.



What next?

Feedback will be continued to be gathered from all sources.

We will attend meetings we have been invited to, that are held by local organisations who have clients and service users who would like to share feedback with us.

We will begin targeted engagement with some local organisations to gather feedback from those who are unable to attend Engagement Forums or not comfortable in a more public place providing feedback.

We will hold monthly Engagement Forums, each with a topic relating to the current workplan, and a focus on a disproportionately affected group within Luton.

We will continue to work with Mental Health services to gather feedback from those who are on an acute mental health ward.

We will continue to forge relationships with schools and other young people settings to gather the feedback of the younger people of Luton.

We will create posters to share with faith groups in Luton, to encourage the congregations to provide feedback to Healthwatch Luton.

We will support the local communication campaign for the flu vaccination programme and gather feedback about experiences of those trying to access flu vaccines.

We will continue to include the #becasueweallcare campaign within our work locally, to support the areas of the community to have their voice heard.



Committee:	Health and Wellbeing Board			
Date of Meeting:	18 November 2020			
Subject:	Health Inequalities Delivery Board			
Report Author:	Sally Cartwright - Service Director Healthcare Adults Commission			
Contact Officer:	Sally Cartwright - Service Director Healthcare Adults Commission			
Implications:	Legal	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>
	Equalities	<input type="checkbox"/>	Environment	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Consultations	<input type="checkbox"/>
	Staffing	<input type="checkbox"/>	Other	<input type="checkbox"/>
Wards Affected:	(All)			

Purpose

1. To inform HWB on the activity of the Health Inequalities Delivery Board (HIDB).

Recommendations

2. That HWB note the report.

Background

3. This Health Inequalities Delivery Board is one of the delivery boards of the Health and Wellbeing Board, along with the Transformation Board and Children's Trust Board to take forward the Population Wellbeing Strategy and the Luton 2040 agenda, and be a driving force to reduce inequalities in Luton.
4. The board incorporates representatives of Luton Council members and officers, Luton CCG, Bedfordshire Fire and Rescue, Voluntary Sector, Bedfordshire Police and Crime Commissioner, Healthwatch and Active Luton.
5. The following is an update report of the Health Inequalities Delivery Board to the Health and Wellbeing Board.

Report

6. Several pieces of work and reports received by the Health Inequalities Board have highlighted the impact of inequalities in the population. The Board particularly has oversight of a piece of work focusing on the disproportionate impact of COVID-19 which will report to health and wellbeing board at a later date (see 8 below).
7. The Health Inequalities Board agreed the inclusion of promoting walking, which is part of transport/climate change indicators. Home working support will also be a focus in the Mental Health priority. The population health management Wave 2 programme

will be built in to the Population Wellbeing Strategy Implementation Plan. The Wave 2 programme places the population health programme with primary care and place settings to support and improve health as part of the NHS Long Term Plan.

8. A working group has been established to focus on the health implications on the BAME community and to develop action to tackle identified issues. This work is being coproduced with The University of Bedfordshire. The results are expected by the end of 2020.
9. As part of the Population Wellbeing Strategy work will be undertaken to review procurement processes, building on the new approaches to social value, to combat inequalities such as requesting Needs Assessments and providers to collect ethnicity data for analysis.

10. HIBD Priority 1: Tobacco Free Luton

16.8% of the Luton population are smokers, particularly amongst lower incomes, males, those in social housing, those with mental health issues, and those of Polish heritage. As part of Tobacco Free Luton, the group focus on prevention, quit support, regulation and enforcement, and creating smoke free environments. Unfortunately, COVID-19 has been linked to increase in smoking due to stress, job insecurity etc. combined with a reduction in primary care referrals and a pause in NHS Lung Checks – however, this service is due to reopen in GP surgeries possibly in October or November 2020.

11. HIBD Priority 2: Physical Activity and Healthy Weight

The Child Healthy Weight Strategy shows Luton Year 6 pupils are more overweight than the UK average and against statistical neighbours, and girls from ethnic backgrounds are most likely to be inactive and less likely to access resources. Using a whole system approach and mapping with stakeholders, the strategy is creating a pathway for key workers to signpost, such as local offers, use of green spaces, providing information in other languages, and diet and nutrition information. This has become especially important during the pandemic which has seen a decrease in physical activity. The HIB discussed working with schools rather than individual pupils, and possibly using Social Influencers to communicate messages.

12. Housing Healthy Estates Strategy

Housing Officers are being trained in Making Every Contact Count (MECC) in areas such as smoking, mental health.

Green spaces are being turned from plain grass areas to meadow grass which adds bloom and encourages local wildlife. Additionally, land in disrepair is being converted to mini-allotments proving additional green space for physical activity to those using them and encouraging food growth for healthier eating. This also has the added benefit of increased mental health for users and tenants can grow flowers/vegetables together, decreasing social isolation. Other areas are converted to lawn to provide useable space for children and young people. The converted land also prevents fly tipping that was previously going on.

Implications

13. The Inequalities Delivery Board was refreshed in August with new terms of reference to support the delivery of the ambition to eliminate poverty and deliver the new health and wellbeing strategy.

Proposal/Options

14. For the Board to decide on its future work programme.

Appendices

None

List of Background Papers - Local Government Act 1972, Section 100D

None

Committee:	Health and Wellbeing Board			
Date of Meeting:	18 November 2020			
Subject:	Children Trust Board Minutes From 18 September 2020			
Report Author:	Corporate Director, Children Services			
Contact Officer:	Amanda Lewis			
Implications:	Legal	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>
	Equalities	<input type="checkbox"/>	Environment	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Consultations	<input type="checkbox"/>
	Staffing	<input type="checkbox"/>	Other	<input type="checkbox"/>
Wards Affected:	N/A			

Purpose

1. To enable the Health and Wellbeing Board (HWB) note progress of the Children Trust Board.

Recommendations

2. Note Progress

Report

3. Minutes from the Children Trust Board Meeting of the 18 September 2020 attached.

Appendices

Minutes attached.

List of Background Papers - Local Government Act 1972, Section 100D

None



Children's Trust Board
18 September 2020 – Skype Meeting– 10:00-12.30pm

Present

Amanda Lewis (Chair)	Corporate Director CFE, Luton Council	AL
Alan Caton	Independent Chair Safeguarding Board	AC
Zara Brown	Detective Superintendent, Bedfordshire Police	ZB
Caron Montague	PA to Amanda Lewis, Luton Council (note taker)	CM
Dr Nina Pearson	Director of Clinical Transformation, BLMK CCG	NP
Allison Parkinson	SD Operations, Luton Council	AP
Rosalind Paul	Deputy Headteacher and DSL, Ashcroft High School	RP
Cllr Mahmood Hussain	Luton Council	Cllr MH
Damian Elcock	SD Quality and Improvement, Luton Council (from agenda item 6)	DE
John Wrigglesworth	SD Education, Luton Council	JW
Sally Cartwright	SD Adults Commissioning-PH, Luton Council	SCa
Simon Harwin	Director of Children's Services, CCS	SH

Apologies:

Karen Hooker	Headteacher, Downside Primary School
Gerry Taylor	Corporate Director, Public Health and Wellbeing
Ian Francis	Vice Principal, Luton Sixth Form College
Ian Evans	Beds Fire

In attendance

Steph Cash	Programme Director SEND Improvements (agenda item 7)	SCh
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1.	<p>Welcome and introductions AL provided a brief purpose and context for all attendees.</p> <p>Declarations of Interest No declarations of interest were raised.</p>
2.	<p>Minutes from the last meeting 19 June 2020 Minutes were agreed and signed off.</p> <p>AL advised that these minutes are published through the Health and Wellbeing Board and posted on their website.</p>
3.	<p>Action Tracker and Children's Trust Board Work Programme Action log was reviewed and updated accordingly.</p>
4.	<p>Health and Wellbeing Strategy - CTB responsibilities Presented by Sally Cartwright Agreement today required for priorities, actions and governance. Priority areas and key set of actions for CTB responsibility and oversight were reviewed. Key points:</p>

	<ul style="list-style-type: none"> • Strength of mental health identification was not highlighted specifically and agreed as an area to strengthen. It will have a direct impact of addressing the disadvantages and inequalities with education. Action – SCa to follow up and strengthen that element. • There is a need for assurance to get evidence to know that it is working. Will need to continue reviewing which matrix and actions plans are CTB and Inequalities Board to reduce confusion of overlap. Inequalities comes through all the work as it is key and ensured that it is incorporated throughout. It was confirmed that the CTB had oversight. • Ashcroft High School confirmed they have their own permanent counsellor who uses volunteers to build capacity linking in with Youthscape along with a link with CAMHs for advice and referrals. Students have returned. All vulnerable children were contacted weekly during lockdown with many of our children who are in a better place than pre lockdown. Youthscape will undertake group work once restrictions are lifted. 1-2-1 sessions take place. There is a variation in the approach of schools in Luton it is dependent upon budget; primary schools seem to be more consistent but all seem to be investing more money in this priority. • AP questioned that many children in schools who are looked after do not seem to have a link back to their placing Local Authority. JW responded that the funding for LAC is monitored through the reviews; a report could be provided to help understanding of funding of children through the Virtual School. Schools get a lot of funding, funded through pupil premium. • Virtual school has an Ed Physc and clinician working with them for children in Luton. A consistency of offer along with funding and access to provision is available for our children. Action - Becky White leads on this and could respond at our next CTB. • ZB enquired whether a home educated children task and finish group had been set up to catch additional children but where does mental health fit with this and how we manage these children when we are unsure what happens within the family. JW responded that we have a home education officer who is responsible for statutory duty to ensure a child receives the correct education and monitors. There is a very strong national lobby against the LA to have additional responsibilities in monitoring home education children/families. Our powers are very limited. We are now experiencing a significant increase in applications for home education it is related to Covid 19; applications. They have tripled; it is significant and we are unsure if it's a temporary or permanent position. Along with the Covid challenge there is the challenge of children not receiving their school choice which informs parents' decision making process. We have concerns for children with complex needs and work with our SEND teams. The lack of regulation is a concern. Since September it has risen from 35 to 112 applications which gives a sense of scale. • AC enquired whether the JSNA is completed and if it has purpose to understand health and wellbeing due to Covid situation if it needed reviewing as things have changed. SC stated that we were all trying to build this into our work and that it had been incorporated. AL also stated that the overarching JSNA was completed last year and informed the health and wellbeing strategy. There are some SEND areas of work currently underway and that it would be helpful to have clarity of mental health provision and JSNA position. • NP enquired to the cost effectiveness of accepting that there are children in Luton and in Luton schools but under responsibility of other LA's who are using our
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	<p>services but cost effectively by using our services they will thrive. AL explained that it would be explained further during the next agenda item. There are 114 children from other LA's placed in Luton so part of our responsibility is ensuring that there care plan is agreed with the LA ensuring that it can be met. ZB confirmed that there was a lot of good work with checks and balances and not a safeguarding concern with the police working with LA and families. There is wraparound but agreed that it is an area of concern.</p> <p>Action – JW to present a children in school with responsibility by another LA report at next CTB.</p> <p>Action – Becky White to provide an update on progress in relation to the MH and WB strategy and also any outstanding issues in relation to the JSNA.</p> <p>Joint Strategic Needs Assessment</p> <p>Health and wellbeing section needs to be strengthened on mental health as well as physical wellbeing, weight strategy, oral health strategy and in light of C19 all evidence is telling us that we need to have a focus and retain a responsibility for mental health and wellbeing. We will have an update to the areas agreed and then look at draft scorecard which we will build into the reporting requirements we are scrutinising to show how we know we are making a difference and how we know where are gaps are.</p> <p>Agreed - SCa will take back to the PH team to discuss further with BW as the lead commissioner (see above).</p>
5.	<p>Addressing inequalities and disadvantages in education Presented by John Wrigglesworth</p> <p>JW explained that it was:</p> <ul style="list-style-type: none"> • A culture rather than a policy, programme or plan. • A collective endeavour that permeates through our organisations and is reflected in our existing and emerging priorities. • Underpinned by constantly striving for better achievement and greater opportunity for all children. • Many small and personal interventions coming together to change life chances. • Sometimes you don't recognise the difference that is being made until long after your contact with a child. • A need to focus on what we can do and not be overwhelmed by what we can't. • We do not have the resources to develop a whole new strategy nor do we need to do so. To a large degree this is about tweaking and enhancing many of the things we are working on already. <p>JW asked CTB to respond to two questions as part of risk review with responses collated for analysing:</p> <ul style="list-style-type: none"> • From your professional and personal experience what are the factors that place a child at greatest risk of not achieving their potential or being denied the opportunities experienced by their peers? and • What are we already doing that could contribute to this priority? <p>Following on our focus will continue with:</p>

	<ul style="list-style-type: none"> • Review Joint Strategic Needs Assessment, scorecards and dashboards to identify key performance indicators relating to this overarching priority JW/SCa. • Cross reference outcome of data review with KPIs being identified in the Luton 2040 Vision.- JW/BI team • Finalise the KPIs (including those that are less easily measurable) that will be used to measure our success. • Record priority areas of activity in the Education Service - JW. • Improve our communication with partners so that connections can be made and synergies exploited. • Strengthen engagement with the voluntary and charitable sector and build on the relationships that have been developed during the current pandemic.
6.	<p>Early Intervention and Presentation (including IFSS consultation) Presented by Damian Elcock</p> <p>As part of our target of savings we had to consider our statutory requirement. We reviewed our services across the organisation and looked at integrating those into one team along with a reduction of services to achieve the reduction in funding ask.</p> <p>We proposed a new team Integrated Family Support Service (IFSS) which will not deliver universal services. Elements of the offer maybe delivered by Public Health and we have given notice on the services and they are looking at alternative delivery options. We will be delivering out of two main contact hubs Manor Road Contact Centre and another in the Leagrave area along with two outreach bases.</p> <p>The consultation closes at midnight on Sunday 20 September 2020, there have been five Zoom public consultations.</p> <p>Significant focuses would be :</p> <ul style="list-style-type: none"> • Evidence based parenting programmes (such as Strengthening Families, Strengthening Communities, and Incredible Years) and parenting assessments (parenting adolescents, parenting children with disabilities, reducing parental conflict). • Domestic violence interventions and support for the whole family. • School readiness support. • Substance misuse guidance, advice and support for all family members that require it, through one to one and group sessions. • Life Story Work to support the children and young people going through fostering or adoption to gain an understanding of their personal journey, to help them integrate their past, enabling them to make sense of their present and develop a clear sense of identity for their future. • Personalised support to young carers and their families. • Mental health and self-esteem support for all family members that require it, through one to one and group sessions. • Personalised support to prevent teenage homelessness. • SEND. <p>All responses received will be gathered for presenting to Full Council. We will reduce all activities in February as we prepare for transition. We will work with statutory and other partners to look at how we support alternate delivery models.</p>

	<p>There will be a considerable reduction of universal provision for parents and families.</p> <p>Stake holder consultation LBC's members will need to determine next steps once they have received feedback from the public consultation this could lead to a detailed consultation with staff in October with the potential for a new service going live from 1 June 2021. We have spoken to other LA's who have also made this difficult decision to stop universal services and there are few different models which we are investigating to support the development of alternate services within the community.</p> <p>SH stated that health were already feeling an impact. Flying Start (universal service) staff are starting to leave and felt that some dates in practical terms were ambitious i.e. delivery in February if staff continue to leave. CCS Board are having discussions and will support a forthcoming programme.</p> <p>DE agreed that some staff have left and a reason why health were feeling impact now but we are still recovering from Covid outbreak and the closing of Children's Centres only just opening with a change in situation and clearly we don't know future it holds. Provision has never stopped us using other methods and ways to interact. The impact is not just staff lost as yet its more due to restriction in delivery to C19 position.</p> <p>SH requested that if we could try and be collective thinking how we could mitigate this giving him opportunity to feedback on interim planning to be ready for pressures that may be coming Health's way.</p> <p>Agreed – DE/SH/LH-public health to progress.</p> <p>AC enquired whether there had been identification of safeguarding risks and the impact it may have on vulnerable children.</p> <p>DE responded that no reduction of resources of this level is not going to be without risk. It is how we mitigate. The most vulnerable will be the area we will focus our resources on the flip it is the early intervention that we will miss. The biggest risk is missing families that may have been picked up earlier and reducing costs.</p> <p>AP reminded that we consider what can be achieved, social care resources are not the only resources in Luton and this is part of the new normal. The Troubled Families grant is coming to an end and looking at how we are using our resources to get the best possible outcomes from our children and are our programmes delivered effectively. Nationally Children's Centres have changed and they have achieved good outcomes. There are opportunities and we will need to look differently how we can promote for communities to help and deliver themselves, can we enable them to do that as we all understand our budgets are pressured.</p>
7.	<p>SEND Presented by Steph Cash</p> <p>SEND strategy and charter and outcomes framework. The Health and Wellbeing Board signed off the strategy and charter at last night's meeting.</p> <p>Raise working together charter at future CTB meeting it is vital that all partners are working together for SEND. This will be our first area of focus at our next meeting as CTB has responsibility of overall governance for decision and sign off for all partners.</p> <p>Action – Presentation by Steph Cash at next CTB.</p>



8.	<p>Any other Business -</p> <p>AL enquired that in terms of areas covered in the meeting was it adding value? All confirmed that it was. AC stated that he found it valuable and much wider than safeguarding board to see the fuller picture. 'I can feed into it and ensure it feeds into safeguarding priorities as well'</p>
	<p>Date of next Meeting – Wednesday 9 December 2020 10.00 to 13.00</p>

Committee:	Health and Wellbeing Board			
Date of Meeting:	18 November 2020			
Subject:	Health and Wellbeing Board Draft Work Programme Report 2020-21			
Report Author:	Director, Population Wellbeing			
Contact Officer:	Bert Siong, Democracy & Scrutiny Officer Tel: 01582 546781			
Implications:	Legal	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>
	Equalities	<input type="checkbox"/>	Environment	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Consultations	<input type="checkbox"/>
	Staffing	<input type="checkbox"/>	Other	<input type="checkbox"/>
Wards Affected:	N/A			

Purpose

1. To enable the Health and Wellbeing Board (HWB) to plan and determine its work programme for future meetings.

Recommendations

2. That HWB approves its draft work programme 2020/21 with or without any amendments, as appropriate
3. That HWB notes forthcoming items in the Scrutiny, Health and Social Care Review Group draft work programme for 2020/21
4. That HWB delegates responsibility for making necessary changes to its work programme between meetings, to the Corporate Director - Public Health and Wellbeing, following consultation with the Chair and keeping Democratic Services informed.

Background

5. This report is submitted for consideration at every meeting of the Board.

Report

6. The HWB draft work programme 2020/21 with proposed items for future meetings is attached at **Appendix A**.
7. The Scrutiny, Health and Social Care Review Group's draft work programme 2020/21, showing proposed items for future meetings is attached as **Appendix B** for information and consideration.
8. Members are requested to review the documents and determine the items they wish to include on the HWB work programme and suggest any other emerging matters not currently listed.

Proposal/Options

9. For the Board to decide on its future work programme.

Appendices

Appendix A - Health and Wellbeing Board Draft Work Programme 2020-21

Appendix B - Scrutiny, Health and Social Care Review Group Draft Work Programme
2020-21

List of Background Papers - Local Government Act 1972, Section 100D

None

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2020-21 (DRAFT) – Item 14 – Appendix A

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting: 17 December 2020	Time: 6.00pm	Committee Room: Skype
Additional Covid update only meeting		
Reminder Date: 18/11/2020		
Deadline for Titles: 25/11/2020		
Deadline for Reports submission: 02/12/2020		
Democracy & Scrutiny Officer: Bert Siong		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER	PURPOSE/ COMMENTS
Update on Covid-19 in Luton and Health Protection Board	Lucy Hubber/ Director, Public Health and Wellbeing	
HWB Development Programme (tbc)	Sally Cartwright, Public Health and Wellbeing	Sally Cartwright/Laura Church
Information Only Items		
Work programmes: HWB/HSCRG Date of future meetings: 20/1/21 16/2/21 17/3/21 19/4/21	Director, Public Health and Wellbeing / DSO/ Leader of the Council	Standing Item

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2020-21 (DRAFT) – Item 14 – Appendix A

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting 20 January 2021	Time: 6.00pm	Committee Room: Skype
Re-scheduled from 5/1/21		
DSO to arrange meeting to Review the Work Program before the <u>17th December 2020</u> (EL/DJ)		
Reminder Date: 17/12/2020		
Deadline for Titles: 24/12/2020		
Deadline for Reports submission: 05/01/2021		
Democracy & Scrutiny Officer: Eunice Lewis		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER	PURPOSE/ COMMENTS
Update on Covid-19 in Luton and Health Protection Board	Lucy Hubber/ Director, Public Health and Wellbeing	
Joint Luton Safeguarding Children Board and the Luton Safeguarding Adults Board annual report 2019-20	Alan Cotton, Chair LSAB/ Vijay Patel, Safeguarding Children Manager/ Portfolio Holder – Children Services	
Joint Strategic Needs Assessment (JSNA) - Highlights of Key Work Undertaken	Zoe Bulmer/ Director, Public Health and Wellbeing	To be included in work programme every 6 months thereafter until further notice
Update on the JSNA Summary including proposed priorities	Katy Bodycombe – Information and Intelligence Manager/ Director, Public Health and Wellbeing	
Population Health and Wellbeing strategy - Progress	Director, Public Health and Wellbeing	
Information Only Items		
Healthwatch Luton Update	Lucy Nicholson, Chief Executive, Healthwatch Luton	Standing Item

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2020-21 (DRAFT) – Item 14 – Appendix A

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Children's Trust Board	Amanda Lewis, Director, Children's Services	Standing Item
Transformation Board	Nicky Poulain/Nina Pearson, BLMK CCGs	Standing Item
Health Inequalities Delivery Board	Director, Public Health and Wellbeing	Standing Item
Health Protection Committee Update	Lucy Hubber/Patsy Richard / Director, Public Health and Wellbeing	Standing Item
Minutes from the Health and Social Care Engagement Board	Nicky Poulain, BLMK CCGs	Standing Item
Work programmes: HWB/HSCRG Date of future meetings: 16/2/21 17/3/21 19/4/21	Director, Public Health and Wellbeing/ DSO/ Leader of the Council	Standing Item

Date of Meeting: 16 February 2021	Time: 6.00pm	Committee Room: Skype
Additional Covid update only meeting		
Reminder Date: 18/01/2021		
Deadline for Titles: 25/01/2021		
Deadline for Reports submission: 01/02/2021		
Democracy & Scrutiny Officer: Bert Siong		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER	PURPOSE/ COMMENTS
Update on Covid-19 in Luton and Health Protection Board	Lucy Hubber/ Director, Public Health and Wellbeing	
Information Only Items		
Work programmes: HWB/HSCRG Date of future meetings: 17/3/21	Director, Public Health and Wellbeing/ DSO/ Leader of the Council	Standing Item

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2020-21 (DRAFT) – Item 14 – Appendix A

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

19/4/21		
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Date of Meeting: 17 March 2021	Time: 6.00pm	Committee Room: Skype
DSO to arrange meeting to Review the Work Program before the <u>16th February 2021</u> (EL/DJ)		
Reminder Date: 16/02/21		
Deadline for Titles: 23/02/21		
Deadline for Reports submission: 02/03/21		
Democracy & Scrutiny Officer: Eunice Lewis		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER	PURPOSE/ COMMENTS
Update on Covid-19 in Luton and Health Protection Board	Lucy Hubber/ Director, Public Health and Wellbeing	
Information Only Items		
Healthwatch Luton Update	Lucy Nicholson, Chief Executive, Healthwatch Luton	Standing Item
Children's Trust Board	Amanda Lewis, Director, Children's Services	Standing Item
Transformation Board	Nicky Poulain/Nina Pearson BLMK CCGs	Standing Item
Health Inequalities Delivery Board	Director, Public Health and Wellbeing	Standing Item
Health Protection Committee Update	Lucy Hubber/Patsy Richard / Director, Public Health and Wellbeing	Standing Item
Minutes from the Health and Social Care Engagement Board	Nicky Poulain, BLMK CCGs	Standing Item
Work programmes: HWB/HSCRG 19/4/21	Director , Public Health and Wellbeing/ DSO/ Leader of the Council	Standing Item

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2020-21 (DRAFT) – Item 14 – Appendix A

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Note: Due to Covid 19 and ‘purdah’ for the PCC election on 6/5/21, a decision will be made nearer the time if below meeting will proceed.

Date of Meeting: 19 April 2021	Time: 6.00pm	Committee Room: Skype
Additional Covid update only meeting		
Reminder Date: 17/03/2021		
Deadline for Titles: 24/03/2021		
Deadline for Reports submission: 31/03/2021		
Democracy & Scrutiny Officer: Bert Siong		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER	PURPOSE/ COMMENTS
Update on Covid-19 in Luton and Health Protection Board	Lucy Hubber/ Director, Public Health and Wellbeing	
Information Only Items		
Work programmes: HWB/HSCRG Date of future meetings:	Director, Public Health and Wellbeing/ DSO/ Leader of the Council	Standing Item

Items to be scheduled:

- Update on Dementia Strategy and Dementia Friendly Town - Mike Dolan (Date tbc)
- Review and Update of the Joint Health and Wellbeing Strategy - Director, Public Health and Wellbeing - Date tbc;
- Luton Mental Health and Wellbeing Services – Annual Performance Update – Deferred until further notice;
- Cambridgeshire Community Services (CCS) – Annual Performance Update – Deferred until further notice;
- Bedfordshire Police – Presentation - Deferred until further notice;
- Public Health Peer Review – Outcome – Director, Public Health and Wellbeing - Date tbc

Items for 2021/22 Work Programme:

- JSNA - Highlights of Key Work Undertaken - Zoe Bulmer / Director, Public Health and Wellbeing, (every 6 months after January 2021 meeting until further notice)
- ‘The Population Wellbeing Strategy Implementation – Annual Report and regular progress update’ at every meeting - requested at HWB meeting on 17/9/20 (Sept 2021 tbc)

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme – 2020-21 (Draft) – Item 14 – Appendix B

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Meeting Date: 25 November 2020	Time: 6.00 pm	Committee Room: Skype
Reminder Date: 27/10/20		
Deadline for Titles: 3/11/20		
Deadline for Reports submission: 10/11/20		
Democracy & Scrutiny Officer: Bert Siong		

Agenda items	Report Author/ Format and Comments
Chair's Update	Cllr Agbley Oral Report (Standing item)
Covid-19: Impact on the population of Luton	Director, Public Health and Wellbeing/ Lucy Hubber – Luton Council David Carter – Beds Hospitals Trust Nicky Poulain – BLMK CCGs Written Report
BLMK Integrated Care System (ICS) (former STP) Update	Director, Public Health and Wellbeing/ Lucy Hubber/ Sally Cartwright, Luton Council & Nicky Poulain, BLMK CCGs Written Report (Standing item, if required)
Updated population wellbeing strategy implementation plan	Sally Cartwright – requested at HSCRG meeting on 23/09/2020
Progress on the impact of Universal Credit in Luton)	Clive Jones/ Nikki Middleton Written Report (Requested by HSCRG on 16/1/20) (item moved from 30/06/2020)
JSNA update (tbc)	Eddie Holmes/Katy Bodycombe/ Zoe Bulmer Public Health Written Report
Progress on the outcome of the implementation of the enhanced 24/7 Mental Health Crisis Response in Luton	Lorraine Rossati, BLMK CCGs/ Michelle Bradley, ELFT Written Report (Moved from 23/09/2020 meeting)
Public Health Annual Report 2019 (TBC)	Director, Public Health and Wellbeing/ Lucy Hubber/ Sally Cartwright, Public Health (tbc)

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme – 2020-21 (Draft) – Item 14 – Appendix B

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

	Written Report
Performance data – Quarter 1 and 2 Resolutions drug and alcohol progress report	Sarah Pacey – Public Health Manager Moved from September meeting at officer request on 25/08/2020 Written Report
Work programme and Dates of Future Meetings: 14/1/21 3/3/21	Democracy and Scrutiny Officer Written Report (Standing item)
<u>Information Only Items</u>	
Bedfordshire Hospitals Inpatient Falls Monthly Reports	Liz Lees, Beds Hospitals Trust Written Report Liz.Lees@ldh.nhs.uk ; Jane.Payne@ldh.nhs.uk ; Direct dial: 01582 497012
Quarterly Luton Council Health and Social Care Performance Indicators (Quarter 2)	Democracy and Scrutiny Officer Written Report (Extract from OSB Performance Report)

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme – 2020-21 (Draft) – Item 14 – Appendix B

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Meeting Date: 14 January 2021	Time: 6.00 pm	Committee Room: Skype
Reminder Date: 11/12/20		
Deadline for Titles: 18/12/20		
Deadline for Reports submission: 29/12/20		
Democracy & Scrutiny Officer:		

Chair's Update	Cllr Agbley Oral Report (Standing item)
Covid-19: Impact on the population of Luton	Director, Public Health and Wellbeing/ Lucy Hubber– Public Health David Carter – Beds Hospitals Trust Nicky Poulain – BLMK CCG Written Report
NHS 111 Service	Nicky Poulain and Dr Nina Pearson - BLMK CCGs Written Report
BLMK Integrated Care System (ICS) (former STP) Standing Item Update	Director, Public Health and Wellbeing/ Lucy Hubber/ Sally Cartwright, Luton Council & Nicky Poulain, BLMK CCGs Written Report (Standing item, if required)
Primary Care/GP Access	Nicky Poulain, BLMK CCGs Written Report (Standing item)
Universal Credit – Progress on implementation	Clive Jones/ Nikki Middleton Written Report
Prosperity through Procurement – Performance Update	Jodie Yandall/ Catherine Southern Written Report
Healthwatch Luton Survey on the Impact of Covid-19 on the population of Luton	Lucy Nicholson, Chief Executive, Healthwatch Luton
Work programme and Future meetings	Democracy and Scrutiny Officer

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme – 2020-21 (Draft) – Item 14 – Appendix B

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Dates of Future Meetings: 3/3/21	Written Report (Standing item)
<u>Information Only Items</u>	
Bedfordshire Hospitals Inpatient Falls Monthly Reports	Liz Lees, Beds Hospitals Trust Written Report Liz.Lees@ldh.nhs.uk ; Jane.Payne@ldh.nhs.uk ; Direct dial: 01582 497012

Meeting Date: 3 March 2021	Time: 6.00 pm	Committee Room: Skype
Reminder Date: 2/2/20		
Deadline for Titles: 9/2/20		
Deadline for Reports submission: 16/2/20		
Democracy & Scrutiny Officer:		

Agenda items	Report Author/ Format and Comments
Chair's Update	Cllr Agbley Oral Report (Standing item)
Covid-19: Impact on the population of Luton	Director, Public Health and Wellbeing/ Lucy Hubber– Public Health David Carter – Beds Hospitals Trust Nicky Poulain – BLMK CCGs Written Report
Update on progress following the merger of the L&D Hospital and Bedford Hospital	David Carter, Beds Hospitals Trust Written Report (Requested on 5/8/20)
BLMK Integrated Care System (ICS) (former STP) Standing Item Update	Director, Public Health and Wellbeing/ Lucy Hubber/ Sally Cartwright, Luton Council & Nicky Poulain, BLMK CCGs Written Report (Standing item, if required)

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme – 2020-21 (Draft) – Item 14 – Appendix B

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Primary Care/GP Access	Nicky Poulain, BLMK CCGs Written Report (Standing item)
East of England Ambulance Service Trust - Performance Update (To include progress on areas for improvement identified by the CQC June/ July 2020 inspection, published on 30/9/20)	Simon King, EEAST Written Report (Simon made aware of additional information required re CQC findings- BS)
JSNA update	Eddie Holmes/Katy Bodycombe/ Zoe Bulmer Public Health Written Report.
Performance Data – ResoLUTIONs Drug and Alcohol Treatment Service progress update	Sarah Pacey, Public Health Manager
Work programme and Dates of Future Meetings:	Democracy and Scrutiny Officer Written Report (Standing item)
<u>Information Only Items</u>	
Bedfordshire Hospitals Inpatient Falls Monthly Reports	Liz Lees, Beds Hospitals Trust Written Report Liz.Lees@ldh.nhs.uk ; Jane.Payne@ldh.nhs.uk ; Direct dial: 01582 497012
Healthwatch Luton - Intelligence Log Summary (Quarterly Updates)	Lucy Nicholson, Healthwatch Luton Written Report (If available)
Quarterly Luton Council Health and Social Care Performance Indicators (Quarter 3)	Democracy and Scrutiny Officer Written Report (Extract from OSB Performance Report)

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme – 2020-21 (Draft) – Item 14 – Appendix B

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

List of Potential Future items for the work programme

- Public Health and Wellbeing Test of Assurance – Lucy Hubber, Interim Director, Public Health and Wellbeing (Date tbc when item is put back in the Executive Forward Plan after Covid-19)
- Progress of the Targeted Lung Health programme – Dr Ramsey, Medical Director, Beds Hospitals Trust (tbc)
- Progress on the Abdominal Aortic Aneurysm Screening – Director, Public Health and Wellbeing (tbc)
- Older People Day Care Provisions/ Centres Update Maud O'Leary (tbc)