

NOTICE OF MEETING

SCRUTINY HEALTH AND SOCIAL CARE REVIEW GROUP

Date : TUESDAY, 17 NOVEMBER 2015

Time : 18:00

**Place : COMMITTEE ROOM 3
TOWN HALL, LUTON, LU1 2BQ**

**Members : AGBLEY (CHAIR) MOLES
CAMPBELL PEDERSEN
T. KHAN PETTS
LEWIS WAHEED**

**Co-Opted Members: Mr Norris Bullock (Healthwatch Luton)
Name to be confirmed (Healthwatch Luton)**

Quorum: 3 Elected Members

BERT SIONG (01582 546781)

EMERGENCY EVACUATION PROCEDURE

Committee Rooms 1, 2, 4 & Council Chamber:

Turn left, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St George's Square.

Committee Room 3:

Proceed straight ahead through the double doors, follow the green emergency exit signs to the main Town Hall entrance and proceed to the assembly point at St George's Square.

AGENDA

<i>Agenda Item</i>	<i>Subject</i>	<i>Page No.</i>
1	APOLOGIES FOR ABSENCE	
2	MINUTES	
2.1	Minutes 7th October 2015	4 - 12
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	
6	CHAIR'S UPDATE Chair to report on issues since the last meeting. REPORTS	
7	Non-Emergency Patient Transport Services (Report of the Chief Officer, Luton CCG)	13 - 16

8	“Halve IT” HIV Sexual Health Campaign (Report of the Director of Public Health)	17 - 19
9	Report of Work Programme (Report of the Service Director, Policy and Performance)	20 - 31
10	LOCAL GOVERNMENT ACT 1972, PART VA 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 Part 1 of Schedule 12A to the Local Government Act 1972.	

MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP

7th October 2015 AT 6.00 P.M

PRESENT: Councillors Agbley, Keens (substitute for Cllr Moles),
T. Khan, Lewis, Pedersen, Petts and Waheed.

CO-OPTED MEMBERS: Mr Norris Bullock (Healthwatch, Luton)

IN ATTENDANCE:

**SUPPORT OFFICERS/
ADVISORS:**

David Foord - Director of Quality, Luton Clinical Commissioning Group (CCG)
Simon King - Senior Locality Manager, East of England Ambulance Trust (EEAST)
Robert Morton - Chief Executive, EEAST
Michael Mullender-Francis - Chief Operating Officer, Healthwatch Luton
Linda Sharky - Service Director, Cambs Community Service (CCS)
Bert Siong - Democracy and Scrutiny Officer, Luton Borough Council (LBC)
Gerald Zeidman - Chief Officer, Beds Local Pharmaceutical Committee (LPC)

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		ACTION
56	APOLOGIES FOR ABSENCE (REF: 1)	
	Resolved: Apologies for absences from the meeting were received on behalf of Councillors Campbell and Moles	
57	MINUTES (REFS: 2.1 & 2.2)	
	<p>Resolved: (i) That the minutes of the meeting held on 10th September 2015 be taken as read, approved as a correct record and the Chair be authorised to sign them, subject to the following amendment:</p> <ul style="list-style-type: none"> That Mr N. Bullock (Co-Optee, Healthwatch Luton) be shown as having attended the meeting; <p>(ii) That the minutes of the meeting held on 21st September 2015 be taken as read, approved as a correct record and the Chair be authorised to sign them.</p>	
58	CHAIR'S UPDATE (REF: 6)	
	<p>The Chair updated Members as follows:</p> <ul style="list-style-type: none"> The Non-Emergency Patients Transport item mentioned at the previous meeting was due for review on 17th November 2015, when Senior Officers from Medical Services had been invited to attend; Information on the incidences of stroke admitted to the L&D had been provided by the CCG, as was requested at the previous meeting and 	

	<p>circulated to Members by e-mail. (Note: For ease of reference, information reproduced as follows: <i>“In 2013-14 emergency admission rates for Stroke were 125.2 per 100,000 population (175 admissions) which is significantly lower than England (174.3). 5.5% increase between 2003/04 and 2013/14”</i>);</p> <ul style="list-style-type: none"> As Professor Michael Preston-Shoot, the Independent Chair of Luton Adult Safeguarding Board and the Luton Children Safeguarding Board had stepped down, he requested the committee’s appreciation and thanks for his very informative reports and responses to Members’ questions over the years be recorded. <p>Resolved: That committee’s appreciation and thanks to Professor Michael Preston-Shoot, the former Independent Chair of Luton Adult Safeguarding Board and the Luton Children Safeguarding Board, for his very informative reports and responses to Members’ questions over the years be recorded.</p>	
59	REPEAT MEDICINES MANAGEMENT SYSTEMS – UPDATE POST-CHANGE (REF: 7)	
	<p>David Foord presented Luton Clinical Commissioning Group’s report (Ref: 7), providing an update on progress since implementation of the change to the Repeat Medicines Management Systems in Luton.</p> <p>He highlighted key points as follows:</p> <ul style="list-style-type: none"> The change in the system was prompted following an audit in 2013/14 showing concerns about the inappropriate scale of prescribing and the mechanism for re-ordering by some community pharmacists, leading to wastage and safety concerns; A scrutiny Task and Finish Review Group, involving Luton CCG, Healthwatch Luton, the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) examined the issues; The review was unable to arrive at a solution agreeable to all; GP Practices were given the choice how to operate the repeat prescriptions system, given that GPs were ultimately responsible for all prescriptions; The change adopted by the majority of practices meant that patients or their carers were required to order their prescriptions direct from their GPs or make alternative arrangements with their GP if not able to do so; Workload for GP Practices increased initially, but as the new system settled down, workload had come down again to below the level prior to the changes; Feedback from GPs was very positive and levels of prescribing appeared to have reduced significantly, although this was only an early indication as the data used was taken from central sources where there was a time-lag of a couple of months; Luton CCG area stood out on recent data with a reduction of prescribed items and cost, even with the increase in the local 	

	<p>population, whilst nationally there had been an increase in both;</p> <ul style="list-style-type: none"> • There were some complaints to the CCG and GP Practices, but nothing that could not be resolved informally; • Every single patient who received a repeat prescription had been contacted and informed how to order their medicines and provided with a best practice guide; • Patients were getting their medicines when needed, which reduced wastage; • The system was user friendly and a small part of a wider programme. <p>David Foord then responded to questions and comments, providing further information as follows:</p> <ul style="list-style-type: none"> • All GP practices were required to have effective systems to manage repeat prescriptions ordering to safeguard patients safety and make effective use of resources; • 26 out 30 GP Practices had signed up to the change. Two were not going to change as happy with their current practice and two were waiting to see how the system developed before deciding; • As GPs were responsible for prescriptions, it was their decision. The CCG could only advise; • Electronically ordering was a different matter and just one way to order repeats; • The CCG had a good feel how patients felt about the change as the team was in daily contact with GP Practices and held regular meetings with PALS and patients engagement groups; • Data on benefits of the change were provided nationally and early indications suggested savings in the order of hundreds of thousands and potentially a million pounds. The primary aim was to simplify the system, improve patient safety and experience and to release resources; • Monitoring was through PALS, GP Practices' Patient Participation Groups, the CCG's Patients Representation Group, the LPC, feedback from pharmacies and Healthwatch. The CCG was happy to receive feedback from any other sources, if any could be suggested; • Luton was first and leading on this national issue and was being contacted by Heads of Pharmacy from elsewhere wishing to replicate the change; • There was no mechanism to monitor individual patients by the CCG, but the CCG was working closely with a network of colleagues from Community and Social Care Services, who went into people's homes, to get feedback; • Linda Sharkey, responsible for community health services in Luton confirmed her service was working closely with the CCG dealing with discharged patients, often on multiple medications, helping them to manage what they were provided by the pharmacy and their stock at home. Some patients had boxes of medicines, including 2-3 fridges full in one case, which was confusing and dangerous. She was working with the CCG and the LPC to educate patients to reduce stockpiling and reduce the risk of burglaries. She welcomed the 	
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	<p>CCG's work to reduce risks;</p> <ul style="list-style-type: none"> • There were mechanisms available to measure reductions across budget items, but difficult to measure waste as no baseline data available; • Arrangements were in place, engaging with teams of social care and community health service staff to support vulnerable patients unable to do their own ordering; • The CCG was happy to provide data at next review on levels of savings and waste reduction achieved; • The repeat prescription change was part of a bigger project to make improvement and not necessarily due to issues flagged up by the GP system. Medicine reviews involved patients and wider improvement of the end to end process; • Pharmacists could be better used in medicine reviews to help with capacity, a matter under consideration. <p>Gerald Zeidman the LPC Chief Officer representing Pharmacists addressed the Committee, reiterating that the LPC could not support the CCG led changes, accepting there was a need to use scarce resources to best effect. He made a number of points as follows:</p> <ul style="list-style-type: none"> • Pharmacist could not ensure there was no wastage, as difficult to say if patients were taking their medicine or not; • The action in Luton was excessive; • The LPC could go into Pharmacies to advise, but did not know which ones needed to improve; • Pharmacists could flag vulnerable patients to the GP Practices, but many had not been asked by practices to do this. • Patients needing to visit their GP to make a request for a repeat prescription were finding this hard, as they could not always afford taxis; • Relations between pharmacists and GPs were not very good and needed to be improved; • Relations between pharmacists and patients were strained as patients did not understand why the change was made; • Public funds needed to be protected, as well as patients' safety, but the Luton change was a step too far, as other CCGs had not taken same action and retained the middle grounds; • The LPC would question some of the savings shown in the report; • Data used were for a short period of time. Data needed to be examined and an independent report produced to show the benefits or otherwise to patients. <p>Responding to a question from the Chair, he said the LPC could not agree with the CCG and although they held very helpful meetings with the CCG, it was not about this issue, which had already been decided.</p> <p>David Foord stated the CCG had met with the LPC and that the decisions made was all in the interest of the people of Luton. GPs were</p>	
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	<p>given the choice and 26 out 30 practices had opted to change.</p> <p>As the matter had been previously reviewed at length by the Task & Finish Group set up by the Committee, the Democracy & Scrutiny Officer advised against re-visiting all the issues again. He suggested the Committee considered requesting Healthwatch Luton to work with all the relevant parties to identify a sample of affected patients and conduct an independent survey to gauge the impact of the changes on them.</p> <p>Michael Mullender-Francis, the new Chief Operating Officer of Health Luton commented they were moving away from big reviews and reports and do more short snap shot reviews and reports, which would fit with the suggestion made.</p> <p>The Chair supported the independent review by Healthwatch and a report back, which was agreed.</p> <p>Responding to further questions about the complaints received by the CCG, David Foord said work was still underway to categorise them.</p> <p>Gerald Zeidman added that patients were very unhappy, but many were too scared to complain to their GPs.</p> <p>David Foord requested sufficient time to complete the evaluation of waste reduction and financial benefits before reporting back.</p> <p>It was agreed that David Foord should report back in 6 months' time, the exact date to be agreed with Democratic Services.</p> <p>Resolved: (i) That Luton Clinical Commissioning Group's report informing the Committee of progress achieved since the implementation of changes to the Repeat Medicines Management Systems be noted;</p> <p>(ii) That the Chief Operating Officer, Healthwatch Luton be requested to lead an independent survey of a sample of Luton patients affected by the Repeat Medicines Management Systems changes, working with all relevant parties, particularly colleagues from the Community health Service and Adult Social Care, to identify people deemed vulnerable patients, to gauge the impact of the system change on them and report back to the Committee in 6 months' time, the exact timing to be negotiated with Democratic Services.</p> <p>(iii) That the Committee's thanks to David Foord, Luton CCG for attending the meeting and providing information on progress relating to the changes on the Repeat Medicines Management Systems and answering Members' questions be recorded.</p>	
60	EAST OF ENGLAND AMBULANCE SERVICE TRUST - UPDATE ON PERFORMANCE (REF: 8)	
	<p>Robert Morton, the new Chief Executive of the East Of England Ambulance Service Trust (EEAST) presented the EEAST's report (Ref: 8). He was accompanied by Simon King, the senior Locality Manager for the area.</p>	

He highlighted a number of key points as follows:

- Nationally performance benchmarked on times – how quickly ambulances got to patients, not what was done for them;
- Luton was best performing in the East of England, a great credit to Simon King and his colleagues who were doing a great job;
- Time taken to arrive was not the best way to measure performance, as one second under the target time of 8 minutes was a success, even if the patient died, but one second over was a failure, even if the patient lived;
- Resources had been increased, vacancies reduced and staff training improved in Luton, a credit to the local leadership team;
- Given the local cultural issues and staff reluctance previously to work in Luton, the positive effect of improvement had led to a waiting list of staff wishing to work in Luton;
- Student paramedics were recruited across the area. Current care staff were also being developed to progress to be ambulance technician;
- The Committee should be reassured the ambulance service was providing an effective service in Luton;
- Training staff had a consequent effect on abstractions, which was a challenge to maintain level of service;
- Recruitment and retention was significant challenge, as qualified staff was attractive to other emergency services;
- The blueprint for the future role of the ambulance service could mean community paramedics involved in more prevention work, as well as responding to life threatening situations. Cases, e.g. patients taking an overdose could be followed up or referred to community nursing, pharmacist or GPs;
- The emergency and urgent care review could make a difference to the current role and future direction of the service.

Responding to a question on measures to help staff retention, he responded providing further information as follows:

- Measures to retain staff included exit interviews to find out why staff wanted to leave. Paramedics were very capable and attractive to other emergency services offering better pay;
- High level of demand also affected retention, with staff required to work harder than they should;
- As many joined as a vocation and not for the money, training, career development and clinical development were very important;
- Utilisation rate was an issue, which could be addressed by increasing capacity and/or reducing workload;
- Inappropriate public use of the 999 system was a problem. EEAST looking at having a clinician 'navigator' in the call centre to triage calls and offer other solutions where appropriate, instead of face to face contact;
- In summary, to help with staff retention EEAST was working to

	<p>increase capacity, improve education and manage demand.</p> <p>Responding to further questions and comments, Robert Morton and Simon King responded providing further information as follows:</p> <ul style="list-style-type: none"> • Re-configuration of acute services meant patients having to be taken to where they would receive the best specialist care, which affected availability of ambulance. Additional capacity needed, a discussion to be had with the CCG commissioners; • EEAST had a very effective working relationship with the L&D Hospital, the best in the region; • The L&D was very busy and although struggled with capacity, had a 'can do' approach, working with the ambulance service for quick turnaround. Expansion of A&E and specialist pathways valued. Helicopter could be deployed if patients needed to be taken away quickly, if best for patients; • As working relationship very effective, ways would be found to get around disruptions due to re-structural work at the hospital. To help with the winter pressures, an ambulance liaison staff would work with the L&D; • Linda Sharkey concurred there was very effective working relationship with the ambulance service. <p>Resolved: (i) That the East of England Ambulance Service Trust performance update report be noted;</p> <p>(ii) That the East of England Ambulance Service Trust be requested to provide an update on its performance in Luton in 12 months' time;</p> <p>(iii) That the Committee's thanks to Robert Morton and Simon King for attending the meeting and providing information on the performance the East of England Ambulance Service and answering Members' questions be recorded.</p>	
61	HEALTHWATCH LUTON - GENERAL UPDATE (REF: 9)	
	<p>Michael Mullender-Francis, the new Chief Operating Officer of Healthwatch Luton presented his report (Ref: 9) to the Committee, which had submitted for information.</p> <p>He highlighted key points as follows:</p> <ul style="list-style-type: none"> • Healthwatch Luton had undergone a significant change of personnel, with his appointment and that of a new communications officer, with only Terri Brooks the volunteer co-ordinator remaining in post; • Except for the Chair, the entire Board had been dissolved as Members were not fulfilling their roles; • Change of direction included use of more young inspectors; • A better representation was sought for the Board, with one group 	

	<p>dealing with operational matters and another to drive strategies. Vacancies were yet to be filled;</p> <ul style="list-style-type: none"> • Healthwatch was moving away from large reports as took too long, but would work more with stakeholders to look into small changes; • Previous work plan did not meet the outcome set by the Council. The new work plan would fit around the Joint Strategic Needs Assessment and outcomes; • The Healthwatch In-patients review report was available. Most areas were rated good or excellent, except catering; • Healthwatch was looking to appoint young mental health ambassadors to help improve young people's access to mental health provisions to close the gap in Luton; • Other issues to be looked at were, respite care for carers, reducing isolation and loneliness and men's care. <p>Responding to questions/ comments he provided further information as follows:</p> <ul style="list-style-type: none"> • The young mental health ambassadors would be working with TOKKO under 18s, youth clubs and schools; • Linda Sharkey said work also done with CCS school nursing service, shifting interest to young people emotional wellbeing and mentorship, as their social needs were not being met, leaving them socially isolated. This was getting them out of their homes so that their issues were better managed; • Some funding was available; • There would work done with men over 65. <p>Resolved: (i) That the Healthwatch Luton - General Update report be noted.</p> <p>(ii) That the Committee's thanks to Michael Mullender-Francis for attending the meeting and providing information on Healthwatch Luton and answering Members' questions be recorded.</p>	
62	REPORT OF WORK PROGRAMME (REF: 10)	
	<p>The work programme report (Ref: 10) was received and approved, subject to inclusion of matters shown in the resolutions below.</p> <p>Members also request sight of reports going to Executive for decision on 16th November 2015 when ready as follows:</p> <ul style="list-style-type: none"> • Women and girls Participation in Sport and Physical Activity; • Restructure and Re-provide day care services in relation to African Caribbean and Milan Day Centres. 	

	<p>Resolved: (i) That the work programme report (Ref: 12) be received and approved subject to the following additions:</p> <ul style="list-style-type: none"> • Update on Safeguarding Adults in Luton; • East of England Ambulance Service Trust - Performance Update (for October/ November 2016); • Repeat Medicines Management Systems – Progress Update, including outcome of survey on the impact of the change on Patients (for June/ July 2016); • Men's Health. <p>(ii) That the below reports going to Executive for decision on 16th November 2015, when ready, be sent to Members of the Committee for information:</p> <ul style="list-style-type: none"> • Women and girls Participation in Sport and Physical Activity; • Restructure and Re-provide day care services in relation to African Caribbean and Milan Day Centres. 	
	Note: (i) The meeting ended at 7.35 p.m.)	



SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP	AGENDA ITEM 7
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DATE OF MEETING: 17th November 2015

REPORT OF: The Chief Officer, Luton CCG

REPORT AUTHOR: LCCG Contracting Team

TEL : 01582-532064

SUBJECT: Non-Emergency Patient Transport Services (NEPTS)

PURPOSE

1. To report on the delivery of Non-Emergency Patient Transport Services (NEPTS) provider, Medical Services Limited (MSL), covering the period from April to September 2015.

RECOMMENDATION

2. That the Health and Social Care Review Group reviews the information provided in this report and make comments as appropriate.

REPORT

Context

3. Following a procurement process for the NEPTS Service in late 2014 the contract was awarded to MSL for four years with an option to extend for another two years. The new NEPTS contract then commenced in April 2015.
4. Prior to April 2015, MSL had been the local provider of NEPTS directly managed by the Luton and Dunstable Hospital FT on behalf of the CCG/PCT.
5. Following a competitive procurement by Luton Clinical Commissioning Group in 2014, Medical Services Limited were successfully awarded a further contract for Luton for 4 years, commencing 1st April 2015.

Mobilisation Issues

6. In the mobilisation of the new contract, the CCG consortium agreed with the new provider MSL, that there would be a period where the failure to meet KPIs and other key delivery measures would not be dealt with by the issuing of fines or other penalties whilst the new contract was embedded.

7. In the first three months (Q1) the CCG identified a number of LDHFT patients who had historically received the NEPT service who did not appear to meet the eligibility criteria. Enforcing the criteria to ensure financial balance has led to a number of complaints from this group of patients, which also led to an increase in MSL's workload.

Finance and Commissioning

8. The agreed contract payment method is based on 'actual' volumes delivered under the new Contract. LCCG has procured the new service aiming to commission a more efficient service which also reduces the overall cost, whilst focusing on quality (National Policy document 'Everyone Counts: Planning for Patients 2014/1 to 2018/19.)
9. The Consortium and Medical Services have agreed that only SLA payments will be made as the data for Q1 is unreliable and therefore no underperformance or over performance will be paid.
10. From July 2015 data is reliable and the needs assessment was in line with the contract with the implementation of v6 Eligibility Criteria.

Performance

11. Although the overall standard of services has improved not all KPIs have been met and there has been an increase in number of journeys and mileage (Table 1).
12. For Q2, the consortium agreed that the focus should be on getting patients into their appointments and this has improved but has had an impact on discharges.
13. From October 1st 2015, the Consortium has agreed that new Local Quality Requirements will run as 'Shadow' KPIs to the contract. These LQRs will focus on outputs for the service and, as they are grouped (outpatients, discharges, renal, etc.), provide for quick identification of where any issues may lay.
14. It is worth mentioning that in the new KPIs, the consortium has agreed that it is not possible to meet 100% requirements or 30 minute discharges across the board and going forward this will be removed. It was also agreed that arriving into hospital between 40 minutes and 10 minutes before the appointment time is not a helpful measure of the service and this is also to be removed.
15. There is also some evidence to indicate a 'false' increase in the mobility requirements of the population which would support MSL's claim that Trusts are ensuring patients meet the criteria for travelling by elevating their level of need. A contract variation has been pulled together by each CCG which reflects the agreed changes to the contract. This is valid from 1st October.
 - 75 new vehicles will be available on this contract over the next 3 months.
 - A new Deputy Director of Operations for Bedfordshire and Hertfordshire was appointed from 2nd November for specific oversight on this contract.

Table 1

Luton CCG KPI 2015							
	KPI target and Description	April	May	June	July	Aug	Sept
KPI 8	99% Planned Inwards (on time)	74.31%	75.15%	76.29%	71.09%	69.35%	76.81%
KPI 8	Planned inward (-40 to -10)	30.67%	31.08%	32.55%	27.47 %	29.19%	33.50%
KPI 9	90% planned outwards (30mins)	67.76%	66.08%	65.01%	55.19%	44.08%	36.91%
	99% planned outwards (45mins)	80.53%	80.21%	78.33%	71.14%	62.20%	55.56%
	100% planned outwards (60mins)	88.62%	88.69%	87.33%	81.65%	76.60%	79.81%
KPI10a	0 to 5 planned miles (within 45min)	81.22%	85.59%	86.49%	84.46%	84.96%	84.44%
KPI10b	6 to 10 planned miles (within 60min)	77.52%	85.62%	87.33%	82.64%	86.55%	85.14%
KPI10c	11 to 15 planned miles (within 75min)	93.59%	91.49%	89.62%	85.11%	95.35%	99.03%

Complaints

16. The increase in complaints for Q2 relates, in part, to the application of the eligibility criteria; the number of complaints received by MSL has decreased in recent months from September onwards, see Table 2. below.

Table 2

2. Complaints (Month & Year)						
Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Total
2	14	23	23	42	20	124

Contract Management

17. The CCG Consortium meet MSL quarterly for strategic oversight. Each CCG meets with MSL monthly to discuss local delivery (including LCCG) Monitoring list below. The local MSL Service manager meets with LDHFT managers twice weekly to discuss system pressures including discharges, discharge planning and daily contact with the acute service managers (emails/phone).
18. MSL regularly meets with Commissioners/Contract Managers to discuss the following areas monthly (M) / quarterly (Q) / annually (A):
- Activity report (M)
 - Service Quality Performance Report (Q)
 - Details of and reasons for, any failure to meet requirements (M)
 - Complaints monitoring report (M)

- Service Provision Risk Assessments Incident reports (M)
 - Progress on data quality improvement plan against milestones (Q)
 - Demonstration of “Saving Carbon, Improving Health” (Q)
 - CCG commissioning intentions (A)
 - Review KPI’s (A)
 - PTS Staff surveys (A)
 - Service user surveys – (patients & NHS staff) FFT surveys from 1.4.15 (Q)
 - Performance against KPIs (M)
 - Consortium meeting (Q)
19. The LCCG contract manager also has “live feed” (emails) on the transport requests from LDHFT to MSL and the responses. Most of the responses from MSL are within 25 minutes of the named request – when, where and ETA and so almost all are within an appropriate time scale. There have been pressures particularly on certain days with discharge planning – Tuesdays, Thursdays and Fridays, and episodes of the Trust batching large numbers of discharges in the afternoon.

Conclusion

- 20 The CCG will continue the close contract management (weekly/daily) of the contract with MSL.
21. Contractual levers will be used to their fullest including issue of Contract Query Notices and application of penalties if overall delivery has not improved by the end of Q3 (December 2015) as agreed in the contract.



SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP

AGENDA ITEM

8

DATE OF MEETING: 17th November 2015

REPORT OF: The Director of Public Health

REPORT AUTHOR: Patsy Richards and Morag Stewart **TEL :** 01582 548456

SUBJECT: "Halve IT" HIV Sexual Health Campaign

PURPOSE

1. The purpose of the report is to ask HSCRG to agree actions and seek Council support to increase HIV testing consistent with the national 'Halve It' campaign.

RECOMMENDATIONS

2. That HSCRG:
 - (i) Notes and comments upon the content of this report;
 - (ii) Supports and encourages local actions to promote early diagnosis for those with HIV and participation in the national 'Halve It' Campaign;
 - (iii) Seeks a commitment from Luton Borough Council to support local actions to promote early diagnosis for those with HIV and participation in the national 'Halve It' Campaign.

REPORT

Background

3. Luton HIV prevalence remains higher than the national average; it is 4.1 per 100,000 compared to the English rate of 2.1 per 100,000 ([Joint Strategic Needs Assessment 2015](#)).
4. Late HIV diagnosis is a Public Health Outcomes Indicator in the Public Health Outcomes Framework and this is one indicator where Luton shows poorer than average performance. There is guidance designed to support local authorities to implement and monitor appropriate and effective testing. .

5. 51% of adults with HIV in Luton presented at a late stage of infection between 2011 to 2013, a slightly higher proportion than England (45%) for the same period ([Public Health Outcomes Framework](#)). Prevalence of HIV is rising as a result of improved survival and continued transmission of infection.
6. Health outcomes are better when people are diagnosed earlier. If diagnosed early, put on a clear treatment pathway and guaranteed access to antiretroviral therapy (ART), people living with HIV can expect to have a near-normal life expectancy and live healthy and active lives.
7. HIV testing in Luton is already widely available in health settings especially sexual health services, hospitals and general practice they also promote condom use and safe sex.
8. The Council also commissions additional outreach testing from the voluntary sector but about half of all new diagnoses are late.
9. Work is already underway to further increase access to HIV testing which includes pilot projects to deliver:
 - Rapid HIV point of care testing ("PoCT") in general practice for new patient's registering at a participating surgery
 - Rapid HIV PoCT in pharmacies for opportunistic testing
 - The offer of postal free home sampling kits via online web portal, as part of a national project
 - The flagging of clinical indicator conditions for HIV on IT systems to prompt testing and
 - High performance from the commissioned Luton sexual health services [the proportion of HIV tests undertaken is a monitored performance indicator]

Existing Borough Council Policy

10. Increasing HIV testing in Luton links to Luton Borough Council's corporate and public health vision:

Corporate Vision:

Improve the health and opportunity for local people and protect the most vulnerable

Public Health Vision:

Create an environment that promotes health and wellbeing and reduces inequalities
11. National experts advise local authorities with high HIV prevalence (>2 per 1000 residents) areas to take action to promote HIV testing to reduce:
 - The proportion of people diagnosed late with HIV

- The proportion of people living with undiagnosed HIV
12. The national 'Halve It' campaign is a coalition of national experts working to reduce the continued public health challenges posed by HIV by promoting and improving testing levels.
 13. The Public Health Programme Manager will identify and take steps to:-
 - Seek to halve the proportion of people diagnosed late with HIV in Luton by 2020;
 - Seek to halve the estimated number of people living with undiagnosed HIV in Luton by 2020; and
 - Ensure that rates of late diagnosed HIV are included as an indicator in its Joint Strategic Needs Assessment (JSNA).
 14. The Public Health Programme Manager would be pleased to provide an update report to the HSCRG in due course on the local actions and commissioning of HIV testing to address these targets, consideration to the Public Health Outcomes Framework indicator and available guidance and evidence.
 15. HSCRG is requested to support the 'Halve It' campaign to promote early diagnosis for those with HIV and participation in the national 'Halve It' Campaign and seek a commitment from Council to do likewise.

Financial Implications

16. Reducing late diagnosis of HIV has been a public health priority for some time, Health outcomes are better when people are diagnosed earlier. If diagnosed early, put on a clear treatment pathway and guaranteed access to antiretroviral therapy (ART), people living with HIV can expect to have a near-normal life expectancy and live healthy and active lives.

The funding to support additional testing has already been identified within existing Public Health, Sexual Health HIV improvement budget for 2015/16.

APPENDIX:

N/A

SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP (HSCRG)		AGENDA ITEM
		9
DATE OF MEETING:	17 th November 2015	
REPORT OF:	Service Director, Policy and Performance	
REPORT AUTHOR:	Bert Siong	Tel: 01582 546781
SUBJECT:	HSCRG Work Programme and Dates of Future Meetings	

PURPOSE

1. To enable HSCRG to plan and determine its work programme for future meetings.

RECOMMENDATIONS

2. That HSCRG approves its work programme with or without any amendments, as appropriate;
3. That HSCRG determines whether to include for scrutiny on its work programme, any of the items from the Executive Forward Plan;
4. That HSCRG delegates responsibility for making necessary changes to the work programme between meetings, to the Democracy and Scrutiny Officer, after consultation with the Chair.

REPORT

5. The draft work programme with proposed items for future meetings is attached at Appendix A.
6. The draft Executive Forward Plan from 14th December 2015 is attached at Appendix B. The latest Plan will be tabled at the meeting if available.
7. Members are requested to review both documents and determine the items they wish to include on the programme and suggest any other emerging matters not currently listed.

(EXTRACT)

**Scrutiny: Health and Social Care Review Group
Work Programme - Municipal Year 2015/2016**

(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: 7 th January 2016	Time: 6.00 pm	Committee Room: 3
Reminder out: 08/12/15	Report in: 22/12/15	Despatch: 23-29/12/15
Democracy & Scrutiny Officer: Bert Siong/ Eunice Lewis-Okeowo		

Agenda item			Report Author and format
Chair’s Update (Standing item)			Cllr. Cllr. Agbley Oral Report
Regional Stroke Services Re-Design (tbc)			Carol Hill, Luton CCG Written Report
Progress report on the impact of the Luton & Dunstable Hospital’s outsourcing of Cleaning and Catering (tbc)			David Carter Written Report/ Presentation
Community Transport Service - Update			Mike McMahon Written Report
Learning Disability Joint Commissioning Strategy and Delivery Plan Update			Tracey Brennan Written Report
Work programme and Future meetings /Including Current Executive Forward Plan (Standing item)			Democracy and Scrutiny Officer Written Report
Date	C/Room	Comments	
29 th February 2016	3		
28 th April 2016	3		

APPENDIX - A

Meeting Date: 29 th February 2016	Time: 6.00 pm	Committee Room: 3
Reminder out: 02/02/16	Report in: 16/02/16	Despatch: 17-19/02/16
Democracy & Scrutiny Officer: Bert Siong/ Eunice Lewis-Okeowo		

Agenda item			Report Author and format
Chair's Update (Standing item)			Cllr. Cllr. Agbley Oral Report
Review of Men's Health in Luton			Morag Stewart, Deputy Director Public Health, LBC Written Report
Re-procurement of four GP practices in Luton - Consultation by Luton CCG (tbc)			Carol Hill/ Nicky Poulain, Luton CCG Written Report
Work programme and Future meetings /Including Current Executive Forward Plan (Standing item)			Democracy and Scrutiny Officer Written Report
Date	C/Room	Comments	
28 th April 2016	3		

APPENDIX - A

Meeting Date: 28 th April 2016	Time: 6.00 pm	Committee Room: 3
Reminder out: 01/04/16	Report in: 15/04/16	Despatch: 17-20/04/16
Democracy & Scrutiny Officer: Bert Siong/ Eunice Lewis-Okeowo		

Agenda item	Report Author and format
Chair's Update (Standing item)	Cllr. Cllr. Agbley Oral Report
Drugs and Alcohol Service: Performance Update	Ian Houghton, Public Health Specialist Drugs and Alcohol, Public Health, LBC Written Report
Mental Health Services - Update on Performance	John Wilkins, Deputy Chief Executive ELFT Written Report
Health Improvement: Provisions of Parks and Leisure Facilities	Adam Divney Written Report
Work programme and Future meetings /Including Current Executive Forward Plan (Standing item) Draft dates for 2016-17 meetings to follow	Democracy and Scrutiny Officer Written Report

List of Potential Future items for the work programme – Dates to be confirmed

- Alternative Provider Medical Services (APMS) – Re-provision of GP Contract by NHS England - Liz Fitzgerald, Greater East Midlands CSU (date tbc)
- Older People's Day Services: Update - Kim Radford (date tbc)
- Mental Health Crisis Concordat Action Plan - Progress Report – Pam Garraway, LBC (date tbc)
- Update on Safeguarding Adults in Luton – Brian Walsh, Chair of LSAB & Patricia Jennings (date tbc)
- Repeat Medicines Management Systems – Progress Report – David Foord, Luton CCG (date tbc June/ July 2016)
- East of England Ambulance Service Trust - Update on Performance – Robert Morton/ Simon King, EEAST - (Date tbc, October 2016)

FORWARD PLAN OF KEY DECISIONS FROM 14th December 2015 (Draft)

EXECUTIVE MEMBERSHIP: Councillors N. Ayub, Burnett, Castleman, Hussain, A. Khan, Malcolm, Dr. R. Saleem, Shaw, Simmons and Timoney.

Commencing from Monday 14th December 2015 the Council plans to make key decisions on the issues set out below. Key decisions relate to those which are likely:

- ◇ to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- ◇ to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Borough.

The Forward Plan lists the business undertaken by or on behalf of the Executive and will be published 28 days prior to each Executive meeting. Those items identified for decision more than 28 days in advance may change in forthcoming Plans. There may also be occasions where a key decision is deferred to a later meeting. Each new Plan supersedes the previous Plan. Any questions regarding individual issues should be addressed to the contact specified in the Plan. The agendas and Forward Plans for meetings of the Executive will be published as follows:

<u>Forward Plan Published</u>	<u>Publication of Agenda</u>	<u>Executive Meeting Date</u>	<u>Forward Plan Published</u>	<u>Publication of Agenda</u>	<u>Executive Meeting Date</u>
13 th November 2015	3 rd December 2015	14 th December 2015	5 th February 2016	25 th February 2016	7 th March 2016
11 th December 2015	w/c 21 st December 2015	11 th January 2016	4 th March 2016	22 nd March 2016	4 th April 2016
8 th January 2016	28 th January 2016	8 th February 2016	24 th March 2016	14 th April 2016	25 th April 2016

Link to published Executive Agendas, Reports and Decisions: <http://democracy.luton.gov.uk/cm5public/Documents/PublicDocuments.aspx>

Note:

From time to time there will be a necessity to consider issues which will result in key decisions being taken which are not included in the Forward Plan, e.g. items of an extreme urgency, consultation papers issued by Government. Executive meetings are open to the public except to the extent that the public are excluded under paragraph 4(2) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. (4(2)(a) Confidential information. 4(2)(b) Exempt Information. 4(2)(c) lawful power to exclude person to maintain orderly conduct of the meeting.))

This is a Formal Notice under the Local Authorities (Executive Arrangements)(Meetings and Access to Information)(England) Regulations 2012 that part of the Executive meeting listed in this Forward Plan will be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

The last page of this document sets out the definitions of Exempt Information under Paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972. Any correspondence to be addressed to: The Head of Policy and Performance, Luton Borough Council, Town Hall, Luton, LU1 2BQ unless otherwise stated.

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Exclusion of public required	Contacts/ Lead Executive Member(s)
Treasury Management decisions on borrowing and investments to optimise the Council's financial position	To borrow and invest, and to restructure borrowings where appropriate, in order to optimise the Council's financial position while minimising risk and ensuring that all actions are in accord with the Council's treasury management policy and strategy.	Head of Corporate Finance	Ongoing with dates dependent on financial market conditions	Record of decisions	N/A	Dev Gopal (01582) 546087 Councillor Malcolm
Anti-Social Behaviour Strategy 2015-2018	To seek Executive endorsement of the Anti-Social Behaviour Strategy 2015-2018	Executive	14 th December 2015 (19 th October 2015)	Report & Appendices	No	Vicky Hawkes (01582) 394189 Councillor Dr. R. Saleem
Adult Social Care Review of Scale of Charges	To seek Executive approval to the reviewed scale of charges for Adult Social Care.	Executive	14 th December 2015 (19th October 2015)	Report	No	Helen Lambert / Atif Iqbal (01582) 547531 / 547488 Councillor N. Ayub
Enforcement Policy	To seek Executive approval for the revised Enforcement Policy.	Executive	14 th December 2015 (16th November 2015)	Report	No	Paul Adams / Stephen Dibble (01582) 546173 / 547110 Councillor Burnett
Treasury Management Mid-Year Report 2015/16	To receive a mid-year update on treasury management activity for the half year ended 30th September 2015.	Executive	14 th December 2015 (16th November 2015)	Report	No	Barry Crick (01582) 546117 Councillor Malcolm
Finance and Performance: Quarter 2 (2015/16)	To note the Finance and Performance reports for Quarter 2 (2015/16)	Executive	14 th December 2015	Report and Appendices	No	Dev Gopal / Nicola Monk (01582) 546087 / 546073 Councillor Malcolm

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Exclusion of public required	Contacts/ Lead Executive Member(s)
Council Tax Reduction Scheme	To provide the Executive with the outcome of the consultation on the new Council Tax Reduction Scheme, for approval and referral to Full Council in January 2016.	Executive	14 th December 2015	Report	No	Arran Sharman (01582) 546446 Councillor Malcolm
Setting the Council Tax Base	To approve the council tax base for 2016/17.	Executive	14 th December 2015	Report	No	Sue Nelson / Clive Jones (01582) 547094/546450 Councillor Malcolm
Street Drinker Project	To provide an overview of the project and recommendations on how best to address street drinking across Luton	Executive	14 th December 2015	Report	No	Tim Archbold / Ian Houghton (01582) 548432 Councillor A. Khan
Equality Objectives and LBC Equality Charter	To approve the Equality Objectives and LBC Equality Charter	Executive	14 th December 2015	Report	No	Sandra Legate (01582) 546805 Councillor Burnett
Disposal of property - Land at White Horse Vale, Luton	To seek Executive approval to the transfer and disposal of land at White Horse Vale, Luton	Executive	14th December 2015	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972.	Roger Kirk (01582) 548268 Councillor Timoney
PREVENT	To seek Executive approval for the Local Authority Prevent Duty Plan.	Executive	14 th December 2015	Report	No	Sarah Pinnock (01582) 546774 Councillor Simmons

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Exclusion of public required	Contacts/ Lead Executive Member(s)
Housing Strategy 2015-2020	Further to Executive Decision EX/73/15 to agree the amended Housing Strategy for 2015-2020.	Executive	14 th December 2015	Report and Appended Housing Strategy	No	Alan Thompson / Mo Harkin (01582) 546232 / 546202 Councillor Shaw
NEW – Town Hall & Annex Refurbishment	To seek Executive approval to the Council entering into a contract for the comprehensive	Executive	14 th December 2015	Report	Yes - Paragraph ? of Part 1 of schedule 12A to the Local Government Act 1972.	Roger Kirk (01582) 548268 Councillor Timoney
NEW – Proposed budget reductions to Youth Work	To seek Executive approval to consult on the proposed budget reductions across youth work.	Executive	14 th December 2015	Report	No	Jo Fisher (01582) 548006 Councillor Hussain
NEW - Proposed Budget reductions to home visiting (portage) service for disabled children.	To seek Executive approval to Consult on the proposed budget reductions to home visiting (portage) service for disabled children.	Executive	14 th December 2015	Report	No	Jo Fisher (01582) 548006 Councillor Hussain
NEW – Highway Asset Management Strategy and Policy	To seek Executive adoption of the Highway Asset Management Strategy and Policy.	Executive	14 th December 2015	Report	No	Ali Ataie / Alex Constantinides (01582) 546047 / 547282
Land at Putteridge Bury	To seek Executive approval to the transfer and disposal of land at Putteridge Bury.	Executive	11 th January 2016 (24 th August 2015)	Report	Yes - Paragraph 3 of Part 1 of schedule 12A to the Local Government Act 1972.	Roger Kirk (01582) 548268 Councillor Timoney

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Exclusion of public required	Contacts/ Lead Executive Member(s)
Disposal of Bramingham Centre site, Weltmore Road.	To seek Executive approval to sell the site and for final terms to be delegated to the head of Fixed Assets following consultation with the portfolio holder with responsibility for Fixed Assets.	Executive	11 th January 2016 (16th November 2015)	Report	No	Rick Donnelly (01582) 547075 Councillor Timoney
Active Luton – Savings Proposals	To seek Executive views on savings identified by Active Luton.	Executive	11 th January 2016 (16th November 2015)	Report	No	Michael McMahon (01582) 546201 Councillor Burnett
Luton Cultural Services Trust – Savings Proposals	To seek Executive views on savings identified by Luton Cultural Services Trust.	Executive	11 th January 2016 (16th November 2015)	Report	No	Michael McMahon (01582) 546201 Councillor Burnett
Treasury Management Activity	To report the treasury management activity to date to the Executive.	Executive	11th January 2016	Report	No	Barry Crick (01582) 546117 Councillor Malcolm
National Non-Domestic Rates Return	To seek Executive referral to Full Council for approval and delegation to Section 151 Officer in future years.	Executive	11 th January 2016	Report	No	Clive Jones (01582) 546450 Councillor Malcolm
NEW – London Luton Airport Limited (LLAL) Partnership Fund 2016/17	To consider the recommendations for donations for 2016/17 proposed to be made by Theme Leads to LLAL	Executive	11 th January 2016	Report	Yes - Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.	Mark Turner (01582) 522458 Councillor Simmons

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Exclusion of public required	Contacts/ Lead Executive Member(s)
Luton Skills and Employability Strategy 2015 - 2018	To seek Executive approval for the Luton Skills and Employability Strategy 2015 – 2018.	Executive	8th February 2016 (16th November 2015)	Report	No	Paul Adams / Lesley Nicholls (01582) 546173 / 546271 Councillor Timoney
Treasury Management and Annual Investment Strategy 2016/17	To approve the treasury management strategy and recommend to Council approval of the annual investment strategy for 2016/17.	Executive	8th February 2016	Report	No	Barry Crick (01582) 546117 Councillor Malcolm
Rights of Way Improvement Plan (RoWIP)	To seek approval to a Rights of Way Improvement Plan (RoWIP) required by the Countryside and Rights of Way Act 2000, and prepared following extensive review of the rights of Way in and around Luton.	Executive	8 th February 2016	Report	No	Keith Dove (01582) 547211 Councillor Simmons
Capital Programme 2016/21	To seek Executive approval for the proposed Capital Programme for 2016-21.	Executive	8 th February 2016	Report & Appended Capital Programme	No	Roger Kirk (01582) 548268 Councillor Timoney
NEW – Housing Revenue Account (HRA) Estimates and Rents and Service Charges 2016-17	To seek Executive agreement to the 2016-17 Housing Revenue Estimates including Rents and Service Charges.	Executive	8 th February 2016	Report & Appendices	No	Mo Harkin / Atif Iqbal (01582) 546202 / 547488 Councillor Shaw
NEW – Asset Management Plan	To seek Executive approval for the Council's Asset Management Plan 2015-2018	Executive	8 th February 2016	Report	Yes - Paragraph ? of Part 1 of schedule 12A to the Local Government Act 1972.	Roger Kirk (01582) 548268 Councillor Timoney

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Exclusion of public required	Contacts/ Lead Executive Member(s)
Finance and Performance: Quarter 3 (2015/16)	To note the Finance and Performance reports for Quarter 3 (2015/16)	Executive	7 th March 2016	Report and Appendices	No	Dev Gopal / Nicola Monk (01582) 546087 / 546073 Councillor Malcolm
Treasury Management Activity	To report the treasury management activity to date to the Executive	Executive	4th April 2016	Report	No	Barry Crick (01582) 546117 Councillor Malcolm
			25 th April 2016			

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

**EXEMPT INFORMATION
SUMMARY OF THOSE MATTERS WHICH BY VIRTUE OF PART 1 OF SCHEDULE 12A OF THE
LOCAL GOVERNMENT ACT 1972 MAY BE DISCUSSED IN PRIVATE**

Paragraph
No.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour related matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.